**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**Held on Wednesday 20th February 2013**

Present: Dr Kandasamy, Jackie Whillock – Practice Manager,

Cheryl Holland – Senior Receptionist

 Sam Roberts – Secretary and PCT Lady Joanne Realy

 Patients – see attached list.

Apologies: Mrs & Mrs Barrow, Glenda Blake, Valerie Humphrey,

 William Patterson, Mr & Mrs Christian and Mr & Mrs Maidment.

**PATIENT SURVEY 2013 RESULTS**

All discussed survey results. Over all, we have scored excellent again. Regarding ‘phone access’, patients that took part within our survey, some experienced getting through via telephone between 8.30-10.00am was busy. Briefly discussed 2012 survey ‘phone access’ and even though we have improved from last year’s survey, this issue still needs to be addressed.

Both Jackie and Sam explained to all the problems having with BT in finding a suitable solution.

**OUTCOME:** to carry on perusing a new BT phone line.

**CANCER SCREENING**

Dr Samy explained update on cancer screening programmes to all. Cervical screening has come down. Also discussed breast and colorectal screening and that when we started screening, our practice was low, especially on breast screening. But to date breast screening has gone up.

Prostate screening is still a grey area, as the PSA test is not always conclusive.

Colorectal screening, the uptake is not very good, as not very pleasant test to do. But patients that have done colorectal screening, have been good and actually caught a few cases that needed attention. Discussed where to get kits from and how to do the test.

**OUTCOME:** All agreed to ‘spread’ the word around to try and get more patients involved in screening.

**TERMS OF REFERENCE – JOANNE REALY**

Joanne explained why she was present and what ‘terms of reference’ means. Its aims and objectives of the patient reference group.

**OUTCOME:** Maynard Court PRG ‘terms of reference’ to be put on our website.

**CQC**

Dr Samy explained to all care, quality and commission. That we need to register which we have done, then after April, surgery will be inspected.

**OUTCOME:** to make sure ‘terms of reference’ are completed and on website.

**COMMISSIONING – ESSEX COUNCIL**

Dr Samy explained public health matters and how managed. Smoking etc. Essex Council now manages such issues, to enable help with social care/public health. Integration of social health.

**OUTCOME:** nil.

**NHS HEALTH CHECKS**

Health checks are aimed at 40-70 year old patients that do not have chronic diseases. To check lifestyle and cholesterol etc. Explained that we are trying to contact patients that fall within the criteria to offer health care check with our healthcare assistant.

**OUTCOME:** to carry on with health checks

**NEW STAFF – DR VISHA & HCA**

Jackie explained to all Dr Visha and Pauline who is our new healthcare assistant. Both are available.

**OUTCOME:** nil

**PREMISES**

Both Jackie and Dr Samy mentioned newly decorated waiting room and patient’s toilet. Also explained that we are looking for bigger premises, which is proving to be a little difficult.

One member of PRG group expressed her concerns about lack of space/privacy when waiting to be booked in at reception. With suggestion of making serving hatch bigger. All discussed and agreed not enough space really to change this.

**OUTCOME:** carrying on looking for bigger premises.

**ACCESS TO SURGERY**

One of the questions within patient survey was ‘surgery opening hours’. Where patients happy with hours offered. Overall most of our patients, from 2012 and 2013 surveys are happy with opening hours. Some members of PRG group queried Thursday afternoon opening for which Dr Samy advised may start in the summer. Also possibility of early morning appointments.

**OUTCOME:** to organise a trial of early morning appointments with receptionist cover.

**AOB**

Jackie advised that surgery has own defibulator and all staff have been trained to use this.

Also a 24hour ambulatory machine has also been purchased for surgery for patients to use.

Dr Samy explained to all about new service starting in April 2013. Called 111 service and NHS Direct will no longer be available. When patients phone and contact 111service, their call will be triaged and patient will be given further advise.

DNA’s text message reminder service. PRG member expressed her concerns and experiences with text message reminder service, as she works for NHS surgery. Text service is not always successful, especially if mobile number given; patient’s partner etc. actually has the mobile. Therefore patient does not receive text reminder. Both Dr Samy and Jackie explained how we deal with persistent DNA’s.

Alcohol related admissions are still high, but since PAH has an alcohol relations nurse, admissions have gone down.

PRG member expressed concern with Glennon’s chemist. Advised of other chemists that collect prescriptions. Jackie advised that is patient is still unhappy with Glennon’s, must either complain direct to Glennon’s or PCT. Dr Samy and Jackie to organise a meeting with Glennon’s

PRG member queried that she did not know how many doctors here at surgery or days worked.

Sam to do a poster detailing all. To be displayed in waiting room.