

**Morden Hall Medical Centre**

Patient Representation Group – 22<sup>nd</sup> March 2012

Chaired by Dr Naheed Ahmad

Item	Subject	Action
1.	<p>Present: Dr Fiona Gibbs, Hyacinth Bell, Gillian Clarke, Subramaniam Sritharan, Mary Gell, David Arulanandam, Steve Hartley, Dr Amir Akhtar, Dr Paul Alford</p>	
2.	<p>The minutes of the previous meeting were checked and agreed as an accurate record.</p> <p>Attendance was somewhat down on previous meetings and Dr Alford acknowledged that there had been a number of apologies for very valid reasons but nevertheless thanked those who had attended for their commitment.</p>	
3.	<p>The main subject of the meeting was a discussion of the recently completed patient survey which is to be posted up on the practice web site and made available within the practice on demand and so won't be added to these minutes.</p> <p>Dr Fiona Gibbs began by running through the main points of the survey and clarifying what it showed and how it had been categorised. She first of all referred to the waiting room and its condition. Mary Gell made a comment with regard to the layout of the waiting room saying that she felt the information boards ought to be more issue specific, focussing on issues such as e.g. diabetes. David Arulanandam suggested that representatives of the practice should visit other GP sites to get ideas about layout of waiting rooms and types and quality of furnishings.</p> <p>Mary added that she felt signage was also important at the entrance of the premises to indicate the kinds of services that were available, along with opening hours. Both David and Mary felt the web site was vague and didn't show sufficient information about service available from the practice.</p> <p>Fiona went on to speak about the issues the practice had had with its public toilets and complaints that were made within the survey at an individual level about the lack of privacy at reception. Steve Hartley explained that there had been ongoing issues with the toilets and it had become apparent in recent times that many of the problems had been caused by casual users of the facilities who were not patients. He added that drug paraphernalia had been discovered in one of the toilets and at that point he had taken the decision to put coded locks on the doors with the codes available to patients from reception and doctors, and that this had had an immediately positive effect. Steve also explained the reasons behind the forced move of the reception desk and said that there was signage to indicate that private conversations could be had on request, and added that the partners were considering a proposal for the reception manager to have a dedicated office which could be used for this purpose.</p> <p>Another of the points raised in the survey had been receptionists' manner and Dr Paul Alford said that he felt there were mitigating circumstances since the receptionists bore the brunt of a great deal of abuse from some patients. Nevertheless Fiona said that she felt that the practice should ensure that its receptionists didn't respond in kind and said that the practice would undertake to ensure its reception staff received training in customer service and conflict management.</p> <p>Fiona went on to discuss another issue which had been highlighted by the survey, namely levels of access/lack of appointments. She said that the survey showed the practice was performing well on bookings for urgent "book on the day" appointments, but wasn't doing so well on bookable in advance appointments. Dr Amir Akhtar told the group that the practice was currently looking at solutions which included a triaging system which he explained would mean that doctors would phone patients booked into urgent appointments to see if their cases could be treated by doctors giving guidance over the phone. He said that experience at other practices had shown that as many as 30% of appointments could be freed up in this way and it was hoped that this would result in more advance appointments being made available.</p> <p>Mary said that she felt that the practice should be more transparent on what appointments it offered, and said that often there is no option but to book an urgent appointment even if your condition is routine as these were the only ones available. Paul added that some trials of triaging had already taken place with some degree of success. Amir added that there were also other kinds of issues which consumed appointments which included for example patients making appointments for blood pressure checks when these weren't really necessary and he said that this was an issue which he felt clinicians needed to be educated about.</p> <p>Gillian Clarke added a couple of further comments, saying that it would be helpful to know how late a particular doctor was running, and also that she hoped the check in machine would soon be operational again.</p>	

	<p>Therefore it was put to the vote that in response to the survey the practice should undertake to do the following:</p> <ul style="list-style-type: none"> <li>• Take action to improve the state of the practice toilets by means of fitting coded locks and making codes available via reception and clinicians to ensure only patients would be allowed access.</li> <li>• Take action to improve the behaviour of receptionists by arranging training courses</li> <li>• Embark on a project to refurbish the reception area and equip it with new furniture to improve the patient experience by means of inviting quotes for work.</li> <li>• Increase the number of appointments bookable in advance by undertaking a trial of triaging urgent cases.</li> <li>• Improve signage to ensure that patients realise they can ask for a private conversation away from the main reception area by means of signs at reception and on electronic display boards in waiting area.</li> <li>• Improve signage and web site to better display the services offered by the practice by means of signs at the entrance and on the front page of the web site.</li> </ul> <p>All these proposals were approved by the group</p>	
4.	<p>AOB:</p> <ul style="list-style-type: none"> <li>• There was a brief discussion about the prospect of holding a brief advance meeting of 10-20 minutes when only patient members of the group would be present. It was felt that this would enable patient members to get to know each other better and would allow them to formulate ideas in advance of the main meeting, so that they might feel more empowered. It was agreed that this should be trialled at the next meeting, and that the next meeting should also be after a gap of a couple of months.</li> <li>• Mary also asked that future meetings aim to close by 8pm.</li> </ul>	
5.	Next meeting – TBA	