

The Grey Road Surgery PRG Meeting
Monday 20th February 2012 @ 17:30
Breeze Hill Neighbourhood Health Centre

Attendees:

Dr Janet Bliss	GP Grey Road
Angela Howgate	Practice Manager
Liz Leonard	Senior Receptionist
Joanne Smith	Receptionist
Vikki Wilson	Receptionist
Gayle Coldron	Community Engagement Officer
Gillian Kinsella	PRG Member
Ann King	PRG Member
Rosaline Kewn	PRG Member
Sheila Caffrey	PRG Member

Apologies:

Lorraine Faraday	PRG Member
Laraine Reynolds	PRG Member
Susan Heenan	PRG Member

Non Attendees:

Leon Moore	PRG Member
Hassan Bader	PRG Member
Julie Bader	PRG Member
Stephen McCoy	PRG Member
Rita Pimblett	PRG Member
Ann Thomas	PRG Member
Derek Unsworth	PRG Member

Agenda:

PRG Groups – Gayle Coldron
Patient Survey Results – Angela Howgate

Following on from introductions as this was the first meeting for the Patient Reference Group Gayle Coldron Community Engagement Officer explained to the group the purpose, benefits and expectations of a PRG for both the patients and members of the practice e.g. patients will be more responsible for their own health, have a better understanding of the practice and staff, patients will have a forum to suggest positive ideas and voice concerns, plan patient surveys, get involved with community projects and help the practice promote health events etc.

The group discussed how the members would need to nominate a chair, secretary, decide on the frequency of meetings, times, virtual communication etc. As quite a few members had not attended the meeting it was decided that this will be decided at the next meeting (TBC), Angela will contact the members who had not been able to

attend to ask if they still wished to be a member of the PRG we need at least 10 members for a viable group with a maximum of 15 members, should some of the group members decide to decline Sheila offered to work with Gayle and come into the practice a couple of mornings to try and recruit new members Angela will let them know the response of the other members in due course.

Patient Survey:

Angela informed the group that she had emailed the results of the survey to all members the previous week so that they could raise any issues from this at today's meeting. Overall the results were positive, however Angela was concerned that 91% of the patients were satisfied with the opening hours but 62% didn't know what those opening hours were and despite the 91% of patients being satisfied 61% said they would like additional opening hours so that seemed quite contradictory and was the practice doing enough to ensure patients were aware of the opening hours?

Currently the practice is open from 8am to 6:30pm HCA's start clinics at 8:30 and the GPs just after 9am, opening hours are advertised on the TV screens, on the website, practice leaflet and a standard message re opening hours is given to patients when they telephone the practice, there is also signage on the front and rear of the building. Unfortunately we are unable to place posters on the wall at the health centre, there are notice boards in the waiting area but due to the design of the area for health and safety reasons they are not positioned ideally.

Dr Bliss then went on to explain to the group about the 'Liverpool GP Specification (spec)' and how all practice across Liverpool have to provide minimum outcomes for certain areas of patient services with opening hours and appointments (Access to services) practices have to be open between 8am to 6:30pm, deliver a minimum of 10 bookable GP clinical sessions per week, across mornings and afternoons, Monday to Friday, offer 70 GP telephone consultation appointments per 1000 (weighted) patients per week, offer 25 Practice Nurse appointments per 1000 (weighted) patients per week, with a minimum of 15 minutes per appointment, triage is available by a clinician within one hour where clinically necessary, GP bookable appointments are a minimum of 10 minutes long, appointments are available for booking up to a minimum of 2 weeks in advance, urgent or unplanned appointments to be available throughout the day either via walk-in, face-to-face sessions or telephone triage. Telephone triage by a clinician should occur within an hour of the patient's request and a same-day/next day appointment offered if clinically appropriate, offer patients the choice of a bookable appointment with either a male or a female member of the primary health care team when requested, the procedure for patients joining the list is transparent and open and that the practice catchment area is clearly defined, Dr Bliss felt it important the PRG are aware of the practice commitment to the GP spec and for them to develop ideas on how we can inform the patients better of Access arrangements. Sheila suggested an information card, the size of a credit card that patients could put in their purses and wallets, one side could have practice details and the other could have local information i.e. Aintree Hospital, telephone numbers etc. The group thought this was a very good idea. Dr Bliss said that the practice could look into the cost of this and would give this consideration. Gill had noticed that only 0.96% patients booked their appointments online, whilst 14.17% would like to book appointments online, she recalls using a service that allowed direct booking of appointments. Angela explained that there are 2 ways to book online, one way is via the practice website, the patient can request an

appointment the request is emailed to the practice and we aim to respond within 30 minutes if the request is received in hours, if out of hours it is dealt with the next working day, the other way is via EMIS Access this is supported by the clinical system provider 'EMIS', the patient requests a PIN number from reception and the patient can then logon to book appointments, when the practice had EMIS LV clinical system the patients also had access to order repeat prescriptions, send messages etc and we had over 800 patients registered however when we moved to Breeze we had to change clinical systems to EMIS PCS and the functionality only allowed booking of appointments which was a real shame as it had been a very popular service, again this information is available on the website, practice leaflet etc.

To conclude the following actions were agreed:

- Email members unable to attend meeting today to ask if they still wished to be members of the PRG request replies by 2nd March 2012.
- If member numbers fall below 10 to contact Sheila and Gayle to arrange in-house recruitment
- Remaining members to email each other re suggestions and improvements if any from the patient survey by 9th March 2012 for action and input onto the practice website
- Angela will look into the cost of information cards as per the minutes.

Next PRG meeting: TBC