

**AUDLEY MILLS USER GROUP**  
**Wednesday 13<sup>th</sup> March 2013**  
**AUDLEY MILLS MEDICAL EDUCATION CENTRE**  
**MINUTES**

**1. Welcome and apologies**

Brian Dawbarn (BD) welcomed everybody and read out the apologies.

**2. Minutes of last meeting**

BD went through these for accuracy and they were agreed.

**3. Action from minutes**

• **Opening hours**

Steve Doherty (SD – Business Manager) said that the Practice had gone ahead with the proposed change to the opening hours. He said that now there were two doctors working late on Monday and Thursday evenings and that the Surgery was closing at the normal time on Tuesdays and Wednesdays. He confirmed that the Surgery was still opening at 7am every morning.

• **Quarterly progress report**

SD apologised for not producing this and promised to try harder.

**4. Patient Participation Scheme**

SD explained that this scheme was an Enhanced Service agreed with the Primary Care Trust and involved setting up a Patient User Group (if one was not in existence), developing a patient questionnaire with their assistance, sending the questionnaire out, responding to the results and making recommendations, which would then be put into place. All of this was to be put on the surgery website and sent to the PCT.

He said that this had worked well last year and at the request of the User Group he had sent questionnaires to the following patients :

100 random patients with e-mail addresses  
40 patients on the COPD register  
40 patients with four or more repeat prescriptions  
20 pregnant women.

He said that it had been very interesting to write to patients who were actively visiting the surgery, as opposed to the traditional questionnaire which goes out to patients on a random basis and more often than not gets responses from patients who only visit the Surgery very infrequently. As a result of writing to these categories, although there were only 82 responses out of 200 sent out, there had been a lot of feedback.

BD had summarised the results and pointed out that there were 47 people making 63 positive comments, 38 people making 59 negative comments and 29 making positive and negative comments.

BD said that although the overall scores had confirmed that the Surgery was providing a good service, he suggested that the User Group focus on the four main areas where several patients had raised concerns. These were;

- waiting time trying to make an appointment –( 10 patients )
- the cost of the phone system (seven patients)
- the attitude of receptionists (seven patients)
- some doctors appear uncaring (five patients)

BD said that before discussing these, he firstly would like a question to be added to the next questionnaire along the lines of “ When did you last attend the Surgery ?” as he felt that this would be relevant when interpreting the replies.

- Waiting time trying to make an appointment.

It was firstly clarified that this meant waiting time hanging on the phone, as opposed to time waiting for an appointment to become free. SD said that the phone system was on the agenda to be discussed at a later time in the meeting. He said that without doubt, because a Book on the Day system is in operation for about half of the appointments, there will always be a problem with many patients phoning as soon as the phones go over from the out of hours service at 8.00am each morning, particularly on a Monday morning. He said there are four incoming lines covered by four members of staff and it would not make any difference if there were additional members of staff. It was however suggested by BD that it might be helpful perhaps to have more book on day appointments at the beginning of the week, particularly on Monday, so that at least there were appointments to be offered if patients were waiting for a long time on the phone. SD said that although he already offered 30 to 40 more than on a normal working day, he would increase these numbers.

It was also suggested that perhaps be a book on days could be released on a staggered basis, with some in the morning and some in the afternoon. However, SD said that the problem with that is that once the morning appointments had gone patients would then be asked to phone back later to use the afternoon appointments, which would result in them having to phone twice.

There was also a question about why nurse appointments couldn't be made using SystemOnline. SD explained that the problem was that there were too many variables -- depending on what patient needed to be seen for, which nurse, which room and what length of time was involved and this is something that the receptionist had to decide. BD said that he understood this, but suggested that an explanation could be produced to go in the practice brochure, on the website and perhaps displayed in the waiting room as this would help patients to understand. Ideally, it could go on SystemOnline as well. SD wasn't sure that it was possible, but would look into it.

- Attitude of receptionists

It was noted that there were some good comments regarding the improved attitude of receptionists, but there were also a number of unfavourable comments and some of them quite vehement. Sally Downs (SAD – Practice Manager) and SD said that this was a continuing issue and that the receptionists were in a very difficult position in that if they were unable to offer appointments, this was not well received by the patients and this may sometimes explain their comments. However, they accepted that ideally it should be possible to still give an impression of being polite and helpful even if there were no appointments available. SAD said that she would discuss the questionnaire with the receptionists at the next meeting.

- Cost of 0844 system

See further in the minutes

- Some doctors appear uncaring

Dr Wright noted the comments and said that with 15 doctors and with some difficult consultations it was no doubt inevitable that some patients would be unsatisfied. However, appearing uncaring was not acceptable and he would discuss this with his colleagues.

BD asked if it would be possible for him to have a short slot at one of the forthcoming doctors meetings and this was agreed.

BD said that the questionnaires were very useful and asked if they were to be continued. SD said that it was his intention and asked the user group which group of patients they would suggest he should write to. It was agreed that :

100 patients who have email addresses  
40 on the CHD register  
40 males between 55 & 65  
20 parents of children between 5 & 12.

It was felt that this would provide a good cross-section.

## **5. Complaints summary**

SAD had prepared a summary of complaints in the last six months. There were not many of these and it was agreed that there were no particular conclusions to be drawn that hadn't already been discussed in respect of the questionnaire.

## **6. Comments/ suggestions from group members**

There was some discussion at this stage about problems with ultrasound requests being sent to Southend Hospital and then being cancelled without either the patient or the doctor being informed. SAD said that this was a continuing issue and she was trying to get it resolved. It was suggested that perhaps putting something in the leaflet to advise patients to contact the hospital or their GP if they hadn't heard within a few days.

There was also mention of the difficulty in making a nurse appointments for stitches to be removed as they had to be done at a particular time and it was agreed that this if necessary the nurse would have to fit the patient in, although this may not be on the exact day that the hospital suggest.

## **7. Update**

- Workload/ appointments

SD said that are the Surgery had done quite well for five of the last six months, but that in the last month the demand had increased and that unfortunately there just weren't enough appointments. He said that this should improve in the next couple of weeks when a doctor returns from maternity leave.

- Care Quality Commission

SAD said that the Practice had registered and would become subject to the CQC from 1 April 2013. It remained to be seen when and if an inspection will take place as each Surgery could be inspected, but there were over 20,000 of these in the UK! SAD pointed out that the patient user group may be asked to participate.

- Clinical Commissioning Group/ Patient Reference Group

SD said that the Castle Point & Rochford Clinical Commissioning Group had been fully authorised and would take control of commissioning for the area from 1 April 2013. He said that Dr Taylor from Audley Mills surgery was one of the GPs on the board and that he himself was a practice manager representative on the board. He agreed that in the very short term it was unlikely that patients would notice any difference, but in the medium to long term he wasn't so sure. A lot of the emphasis seemed to be on staying within budget, if necessary making cuts.

There was some discussion about the Commissioning Reference Group which had been set up by the CCG and several patients from Audley Mills had attended some of the meetings. BD was concerned that representation should include our patients, but he was concerned that it was not clear exactly what the purpose of the CRG was. If they were representing all the patients from different practices for all the areas and they were being consulted by the CCG and others, then BD thought it could work, but he was concerned that it was not representative. SD said that he thought it possible that for the time being it may seem ineffective, but it is possible that in the future they will be asked to approve or disapprove commissioning proposals and they would then have more of a purpose. At least one member of AMUG agreed to continue attending the meetings.

- Staff and Doctor changes

SAD said that a new additional secretary had been taken on and a further member of the reception team. SD said that Dr Rehal how would be returning from maternity leave at the beginning of April and that from 1st May she would become a partner at the practice.

- 111 service/out of hours

SD said that the NHS Direct phone line would be replaced from 19th March with a new national service for patients to phone - NHS 111. This service would also link to the out of hours service so that anybody who required non urgent clinical help or advice would be able to phone 111. They would then either advise the patient or put them through to the relevant department. He said that patients phoning the surgery out of hours would be advised to phone 111. He said that the out of hours service had just changed for this area, having been transferred from Essex Ambulance to Southern Care.

- Pathology Services

SD said that's no doubt members of the group were aware of the publicity surrounding the decision to possibly move pathology services for this area from Southend Hospital to Bedford. He said that that the centralisation of pathology services is a national project started by the Department of Health a couple of years ago and that the PCT had asked the CCG's (even though they have yet to be authorised) to agree to the proposal. He said that although this would no doubt save money and benefit many areas, it was difficult to see how it would benefit this area. He said that if it did happen, wouldn't happen at least until 1 April 2014 as yet the contract had yet to be agreed.

- Premises

SAD said that the surgery had recently refurbished the seating in the waiting room. SD said that although it has nothing to do with premises, the surgery had also started to use text messaging for all appointments for patients with a mobile number on record and that the patient would have the

appointment confirmed to them when making a the appointment and will also be reminded a day or so in advance.

- Telephone system

SD said that the user group were aware of the feeling against 0844 numbers, but that the surgery was contracted for a further three years and that it would be very expensive to get out of the contract. However, the doctors were sympathetic to the problem of patients with mobile packages having to pay higher rates and were looking into ways of dealing with this. He said that the current supplier was suggesting an additional line or lines with a local number, but that also other phone providers have made suggestions. He said that this was due to be discussed by the partners at the next practice meeting, but he was aware that one of the things that patient user group previously insisted on is that the queueing system is of benefit patients, particularly in view of the book on day system.

#### **8. Date of next meeting :**

**6.00pm on Tuesday 24th September 2013** (and SD was asked to produce a quarterly report on 13th June 2013.)

BD thanked everyone for giving up their time.