

South Molton Medical Centre

P3 Group Meeting

Thursday 31st August 2017

Staff Present: Maria Hosegood, Dr Jonathan Pike, and Kirsty Penno (receptionist)

Patients Present: Louis Hunt, Hazel Snow, Jaquie Footman, Jane Kent, David Goodman, Lyn Hill, Hugh Keatings, Margaret Harley, Anna Brayley, Gay Middleton, John Middleton, Paul Ellis, Ann Wilson, Tony Lowe, Jane Penfold and Tricia Palk

Apologies: Jayne Measures, Karin Barton, Andy Jarvis, Sue Dsouza, Judith Lister, Caroline Wright, Maureen Watt, John Averbs

Question from a patient: Why has Ruth Henry Disappeared;

A concern was raised that Ruth Henry has disappeared especially after all the training she has had. MH explained that Ruth left due to personal reasons but that they are interviewing for a new diabetic nurse to take Ruth's place next week.

Telephone System

The issues with the telephone system are still on-going but have been improved since the last meeting. A message is now at the beginning of the call informing patients they are through to the Medical Centre and in peak times a pole position message is given to tell patients where they are in the queue the group agree that it has vastly improved the system but that MH will continue to work on the telephones.

Booking Nurse Appointments Online

MH apologised that this hasn't been done as of yet due to the difficulty in how to set this up. However flu appointments will be available to book online which should make things easier. It was asked whether phlebotomy appointments could be added also as they are only 5 minute appointments, MH explained that they are actually 10 minute appointments but that it would still pose problems for other longer appointments being booked into them

ACTION: MH/LEAD NURSE

Flu Campaign

The flu campaign launches next week and it was discussed whether using the pharmacy takes the pressure off the surgery. JP explained that we allow extra staff and time to do these as we have targets we have to reach and have already brought the vaccines in so it is better for the practice to have the flu jab done in surgery although it is up to the patient and their individual preference where they go.

Build Project Update;

The planning application came through as approved on the 19/07 and we still have the funding in place. Due to some problems work will start on site on the 16th of October and during the first phase we will lose the back end of the South Molton Medical Centre.

Patient concerns and feedback

One concern that was raised is that we are 'running before we can walk' by introducing the screen so early, that we appear to be less user friendly and it creates a cold atmosphere. Some of the group disagreed however that the screen is a good idea especially for people with social anxiety and when there is a queue. The general feel of the group is that they all miss the friendly face and a smile and sometimes a chat as for some people that may be the only interaction they get all day. MH agrees this is quite difficult as 50% like it and 50% don't. KP explained that everyone has a choice to use the screen or not you won't be forced to if you would rather wait to speak to a receptionist that is ok and that we still try to greet people even when using the screen and offer to help patients with the screen if they would like some guidance.

ACTION: MH

It was mentioned that a patient witnessed a blind man enter the building with the taxi driver having to clerk him in on the screen as no receptionists were available and that when a nurse called for him she walked away back to her room before the gentleman knew where he was going which left him confused. This was discussed as being quite a common occurrence where the nurses will only enter the 1st part of the waiting room to call for patients and quite often the patients cannot hear what is being said if they are in the far waiting room which is why patients are not utilizing the far waiting room instead crowding in the nearest one. The nurses are then walking away from the patients without giving them a chance to catch up.

ACTION: MH/LEAD NUSRE

A worry with the group was the financial health of the practice as they are concerned about the practice going bust due to lack of public funding and the merger after a merged practice in Plymouth has had to close due to going bust. JP explained that if you combine two struggling practices it will still struggle but we are two strong

practices that are financially ok so the merger won't cause that. MH explains that the accounts have been produced and are looking ok and we are in a good position.

A query was raised with the online access to record as the forms seem to imply that the whole record will be available online but actually that is not the case. MH explains that the initial level for the online access is to order prescriptions, book appointments and to view summary care (allergies, medication and key history), the second level is access to detailed coded record which is often one sentence with a diagnosis or pathology results only. Eventually you will be able to view your whole record online but this process is being piloted in the UK but not available in North Devon currently, we are pre-empting this with the extra security processes and the forms so that when it becomes available anyone who has already signed up will be able to view this.

It was noted that recently a member of the group had been pressured into giving a reason for a routine phone call despite stating it was personal. MH explains that receptionists have been asked to ask this question to make sure the right appointments are being booked into the correct time slot with the right person. But that if a patient says they would not like to they shouldn't be asked again. JP explains that for the same day team or duty Dr it is important to know so they can triage the phone calls and see if it's appropriate for the duty Dr but that it is helpful to know for routine appointments so they can get things ready or look up letters if needed but that it is not essential to be noted down. KP explains the only time we would try to gather more information is if a female asked to see a female GP or anything along those lines as if they do require an examination we need to allow longer time for this to be done and it is better to gather more information or ask if it is for an examination then have the patient come in to be told they need to rebook for a longer appointment to be done and have to wait longer.

Notes taken by Kirsty Penno

Date of Next Meeting: Thursday 16th November at 6pm.

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