

Twickenham Park Surgery Patient Participation Group

Meeting 4

15<sup>th</sup> April 2013 7.30pm

Facilitated by:

Chaired by:

Present:

Apologies from:

(the above has been anonymised for website publication)

Welcome and Introductions:

Welcome to Tony from the CCG.

Patient Survey:

The survey results have been collected and patient comments were discussed and actioned (see attached).

CCG

Mr Tony Moss, the CCG body lay member for Patient and Public involvement attended to give us more information regarding his role. He explained that his role is to gather views from various Patient Participation Groups and feedback our comments to the CCG. Please see link with more information about his role.

<http://www.richmondlink.org.uk/?nuc=news&func=view&id=50&item=189>

BJ felt that rather than funding a person to collect information from the PPG groups and report back to the CCG that each group could nominate its own member who could then attend the CCG meetings. BJ felt this would not only save money but ensure that our opinions were heard and we were not miss-represented. EWG and NC agreed with BJ and asked that our discussion could be passed to the CCG for comment.

Waste within the NHS

BJ raised the issue of waste, particularly with regards to unused medications. MU (pharmacist) confirmed that each month he has to dispose of a huge amount of unused medication. This is often caused by patients over-ordering or no longer taking a medication but not advising the Doctor or Chemist. BJ felt that an educational programme to make patients aware of the cost of medication would be beneficial. NC shared her first-hand experience of requiring a high-cost drug and felt that because she was made aware of the costs she appreciates the medication and is very conscious of usage and waste.

As a group we will think about a solution and ways of reducing this.

Next Meeting:

Monday 9<sup>th</sup> September 2013 7.30pm

### Patient Survey Comments and actions

1. Patients felt they waited too long to be seen at the Walk-In blood test clinic.

We used to operate on a first come first served basis for this clinic, and as it was done by the nurses patients often wanted other things done at the same time, Blood Pressure etc. this caused the nurses to run late for the next patients. We could not predict how many patients would attend each morning and this resulted in the nurses being either over worked and risked rushing, or their time was wasted with empty slots.

We have now employed a Phlebotomist, her job is ONLY to do the blood tests, she is with us four mornings a week and you can pre-book appointments with her. Patients do not have to wait around and because she can only do the blood tests, her appointments have been running to time.

2. Patients want to book appointments on-line.

Our current clinical software does not have a facility for on-line booking, however we have sourced and appropriate piece of software to allow this. We have submitted an application for funding to the CCG to enable us to install this facility and we are hoping to hear back from them with a decision and approval to install in the next month.

3. Patients wanted a better range of magazines in the waiting room.

We rely on the kind donations of magazines and books from our patients and do our best to ensure that good quality, up to date magazines are kept in the waiting room.

4. Patients feel it is very difficult to get through on the telephones at 8.30 for a book on the day appointment.

We are in the process of installing a telephone system that offers a queuing facility as we feel this is a fairer way of getting through rather than hearing the engaged tone. This new telephone software will also enable patients to book appointments using an automated system 24 hours a day. While this is being installed we have added two more phone lines to our existing system which are answered by administration staff at busy periods and we have found this has eased congestion during the morning surgery. Our new telephone system should be up and running w/c 27<sup>th</sup> May 2013.

5. Patients wanted to speak to a GP between 13.00 -14.00.

Tuesday to Friday we close our doors and phones are off from 13.00-14.00, this is actually to allow staff to complete essential paperwork, referrals and hospital correspondence. The Doctors also use this period to do attend home visits for patients unable to come into the surgery. We also look after a local nursing home and the Doctors usually attend during this time. Between these times if you need emergency assistance our telephone message will give you the phone number for our out of hour's service.

6. Patients need to obtain their prescription on a Saturday.

We ask that you allow us 48 hours to prepare your prescription which can be collected from us Monday to Friday. If you are unable to collect during our opening hours you can send an SAE for us to return the prescription to you. We can send directly to your nominated chemist so you can collect directly from them. If you have not ordered your prescription in time and need medication over the weekend you can contact your local chemist as they are able to give an emergency supply for most medications. If you have been released from hospital with instructions to start a new medication, the hospital pharmacist should give you the first two weeks medication so you have time to contact the surgery for further issues.

7. Patients wanted anti-bacterial hand rub available in the waiting room and a more hygienic light pull in the toilet.

We have now installed anti-bacterial hand wash in the waiting area, at the reception desk and at the check in screen. They have also been installed in the public toilets for patient use. We have replaced the light pull for a longer steel one that can be cleaned more efficiently.