

Addison House / Barbara Castle

Patient Participation Group

7th June 2023 | 18.30

Minutes

Acronyms used:

AH: Addison House

BCHC: Barbara Castle Health Centre

Attendees:

Chair: Daphne Pennick (patient)

Vice Chair: Christine O'Dell (patient)

Secretary: Cllr Aiden O'Dell (patient)

Practice Staff:

Dr Onuorah

Dr Qadir

Geraldine Acraman

Dawn Cunningham

Elaine Murr

Patient attendees:

John Goodman, Lynn Goodman, Frank Willmore, Joan Willmore, Diana Armstrong, Margarat Szabo, Weronika Nelson, Michael Green, Auria Green, Linda Leadbeater, Wilma Lavery, Nicola Court, Sarah Fisher, F Cox, H Cox, Pamela Stow, Theresa Harris, Paul Harrison, P. Young, Janice Gunn, Janet Garbutt, Tanya Witham, Harry Hodgkinson, Gill Santos, Alex Kyriacou, P. Witham, Kate Brine, Mandy Whiteland, Lydia Noon, Cllr Chris Vince

Agenda

There was no agenda, it was an open floor meeting to allow patients to raise matters at will.

Minutes

1. Patients raised concerns over the continued difficulties over accessing surgery through traditional means (i.e. not through online gateways).
 - a. Dr Onuorah acknowledged that access is still a problem. Confirmed that resources are limited
 - b. Dr Onuorah discussed improvements that can be made:
 - i. More clinicians
 - ii. Using resources surgery currently has more efficiently
 - iii. "No-show's" are a big problem and take up resources but do not currently penalise people for missing appointments due to the high amount of vulnerable to avoid further isolation (i.e. those in homeless charities etc).
 - c. Dr Onourah reiterated that those that can use online methods of access should so that traditional means (i.e., phones) can be freed up for those who cannot use online services
2. Patients raised that the lack of scheduled appointments affect their work/businesses. The specific patient who raised concern has had to take time off work (owns her own business) and lost business while waiting for clinician to call

- a. Dr Onuorah apologised to patient raising issue and have instructed receptionists to ask patient's preference. Dr/receptionist should call back the patient to reorganise the appointment without patient needing to rebook
3. Patient raised issue in communication between surgery and hospital; Issues due to lack of communication led to her unable to collect prescription from pharmacy as the prescription had not been updated in AH.
 - a. Surgery response: It is expected upon discharged that you should be given 14 days. All letters that come into surgery about the prescription changes should be actioned within 7 days. If there are rejections due, we should also be communicating. Active systems where changes made by pharmacist will be communicated to the patient.
4. Patient raised issue whereby she attended a leg clinic which required dressing changes. Raised request via online services on the Monday but could see in-app that the request was not processed until the following Sunday with dressing ready the following Tuesday/Wednesday.
 - a. Surgery response: Dressing requests go through a different procedure. Took 4 working days. 72 Hours should be the target. 48 working hours is routine for normal prescriptions. Advised patient to message to highlight urgency.
5. Surgery and patients discussed test results. Surgery needs to know how to communicate results back to patient. Commonly patients' details are incorrect. Discussed online GP access for medical records. How can we improve access to those without the digital access: Three ways to communicate results:
 - a. Results that need to be managed on day (i.e. cancer)
 - b. Had test but no issues or action required, we will not contact patient as no resources. Records are updated so can call receptionist / online visibility.
 - c. Call or email surgery to find out
6. Another patient highlighted a positive experience with BCHC, but also mentioned the issues getting an appointment unless he calls between 8-8.30 am. Can use app, but sometimes want to speak with someone and wants a Face-to-Face appointment
 - a. Surgery Response: Explained the booking procedures and discussed that patients can request a Face-to-Face appointment.
 - b. 24/7 access via online. It's not fair for those that are not online – we need to sharpen up access. Two things we have done: Improve online access to ease traffic to telephones and implemented the call back functionality
7. Patients raised need for a permanent Doctor to be stationed at BCHC
 - a. Surgery: we have a Dr here on Wednesdays; Many ANPs stationed at BCHC but lack on consultation rooms (just 4) makes it difficult to host staff
 - b. Patients confirmed this was not enough and a dr is needed at BCHC 5 days a week.
 - c. Patient at AH also mentioned there seems to be only 1 dr stationed at AH too.
 - d. After further discussion, Surgery confirmed that after July there will at least 1 Doctor stationed at BCHC 5 days a week
8. Patient raised issues with receptionist triaging patient.
 - a. Surgery response: Receptionists should not triage but are bound by same confidentiality rules as doctors are.

Next Meeting: 6th September 2023, 18:30 at Addison House