

Manchester Road Surgery
Patient Participation group meeting
15th October 2013

In attendance:

Surgery: Dr Marshall, Alison Broadhead.

Patients: Mick Bradley, Tony Day, Pamela Leon, Giles Morrison, Lloyd Snellgrove, Anja Spreng, Janet Walker.

Apologies: Elaine Henderson, Sue Warwick, Christine Tooze

- 1) AB opened the meeting by thanking everyone for attending and welcomed Janet and Mick to the group as it was their first attendance at the meeting.
- 2) AB gave details of some changes that had been made to the surgery mainly as a response to the requirements of the Care Quality Commission.
 - New floor in corridor which now complies with infection control regulations.
 - Fixed wiring test completed
 - Access audit completed, still lots of jobs to do as a result of this, such as a new baby change table, disabled sign for door, floor length mirror etc.

JW asked if the surgery had given any thought to her proposal to install a rail in the corridor to assist patients who had difficulty walking, AB said she needed to check whether the rail would leave sufficient room for wheelchair access but would report back when she had found out.

Other changes were that the surgery now has a new chaplain (Jan Miles), the district nurse team that were based at the surgery were moved out in April and are now working as part of a larger team based at Brincliffe House in Netheredge. Community support worker (Thando) has been working since January for 7 practices and sees patients referred to her mainly by Gps/community nurses etc.

- 3) New services that the surgery is participating in and will receive extra funding for are:
 - Improving patient on line access (surgeries are being asked to set up websites and to enable access to booking appointments and ordering prescriptions on line).
 - Remote care (preparation scheme), a move towards monitoring patients with long term but relatively stable conditions remotely.
 - Risk profiling, identifying patients who are at risk of hospital admission and working with other agencies (mainly community nurses) to avoid this.

4) Website and leaflet improvement.

AB had asked the group to look at the website prior to the meeting and give feedback on content and layout. Aside from spelling, grammatical and other minor problems that were highlighted several really good suggestions were made as follows.

- On the home page under accessibility it should be mentioned that the surgery only has on street parking and that it can sometimes be difficult to park.
- Discussion about the weather information on the bottom of the page and whether it was useful.
- Facebook and Twitter, suggestion that the surgery sets up accounts and add links to the website, this would be another way to quickly communicate with patients. Caution was advised as this form of media needs to be monitored regularly.
- Some of the PDF guides have out of date information e.g still have reference to NHS direct. Not all of the hyperlinks work, suggestion to add new links to BHF, Breast aware, British hypertension society and also to have some way of directing none English speaking patients to information in other languages. PL did point out that patients could use the 'Google translate' facility.
- Staff list should include names of all staff not just GPs and photographs.
- Check the website is user friendly for those who are visually impaired/dyslexic or Autistic. (Suggestion that Sheffield Hallam may have student who would look at this for us).
- How to get emergency contraception and who will prescribe it should be mentioned, wart clinic is under Liquid nitrogen and this isn't obvious enough.
- Commonly asked questions page would be useful, e.g, I'm pregnant should I see a GP or a midwife? How do I get telephone advice? Suggestion to look at other surgeries websites to see if they have a similar page.

5) AOB

AB asked if anyone would be able to act as a spokesperson for the group when the CQC inspect. All present were happy to do this depending on availability.

How to recruit more patients to the group? Put up a poster in the waiting room, raise profile by becoming more involved in the Crosspool forum community, could have a stall next year?

TD thought that a useful question to incorporate into the questionnaire would be to ask if a patient has understood what the doctor has said to them during a consultation. If not did the patient ask for clarification and if they didn't why not.

MB asked if the group had a formal declaration of aims and objectives, Dr M said originally it was based on the objectives outlined in the patient participation initiative (another enhanced service). AB will draft a document and send it out to the group.

Meeting closed