

## **Chew Medical Practice**

### **Patient Reference Group Meeting 3 February 2016 at 7.00pm**

Present:

Richard Ainsworth, Upper Littleton  
Edwina Morris, Clutton  
Annie Sherborne, Chelwood  
Gwyn Riches, Regil  
Stephen Meale, Chelwood  
Judy Dury, Ubley  
George Dean, Winford  
Elmira Moore, Chew Stoke  
Raynor Nixon, Stanton Drew  
Dr Nick Alexander and Kate Davenport, Chew Medical Practice

Apologies received from Julian Poole, Cath Reed, Lynne Joyner, Vernon Madge, Hilary Padfield, Holger Laux, Brian Hawkins

#### **1. Update on GP team**

Dr Katharine Shorrocks left last November, reluctantly, to move to Australia with her partner. She was replaced seamlessly by Dr Deborah Morgan, who has settled in really well.

#### **2. Care Quality Commission inspection**

The meeting was planned at a time when it was known that a CQC inspection was likely within the next 6 months, and was intended as an opportunity for patients to feed in to the preparation process. In the event, the inspection was booked in for today.

Kate and Nick extended their thanks to those patients who had been in during the day to talk to the inspection team (Richard, Judy and Raynor).

The first half hour of the inspection morning was an opportunity for the practice to present its strengths and challenges to the team. Nick gave an inspirational presentation that set the tone for the rest of the day. Although at times it felt as if the inspectors were putting staff under considerable pressure, the feedback at the end of the day was almost entirely positive. The final outcome will not be known for at least 2 months.

Nick repeated the presentation for the Patient Group, which took 2 hours because of the interest shown by members of the group. The presentation is attached.

Some of the points raised during the discussion were:

*Q: How is the decision made about which hospital patients attend?*

A: In general the patient chooses for themselves. Most people have a preference for Bristol or Bath, based on where they live and where they are used to going. Occasionally the GP will recommend a hospital based on knowledge of waiting lists (eg while there was a long wait for dermatology at Bath and Bristol, there was a much shorter wait at Tetbury), services provided, or follow-up arrangements (eg the Parkinsons support service in Bristol won't accept BANES patients, so there is no point in referring Parkinsons patients to BRI). If a patient prefers, they can choose a hospital outside our immediate area, eg close to relatives.

*Q: What services are provided at South Bristol Community Hospital, Hengrove?*

A: Hengrove is part of the BRI, and replaced the General, so provides in-patient beds, mainly for rehabilitation, and a range of outpatient services. It also has an Urgent Care Centre and great access to diagnostic tests.

*Q: It is a nuisance that we can't collect hospital prescriptions from the surgery dispensary.*

A: You can! As long as you are a patient here, you can ask us to dispense any prescription for you, including hospital and dentists. What we can't do is dispense any prescriptions for patients who are not registered with us.

*Q: What has the impact of Chew Pharmacy been?*

A: Less than we expected. 225 patients are using it regularly for repeat prescriptions, but almost all of them are still registered here for dispensing if they choose, for instance to collect an acute prescription when they have just seen a GP. Some new procedures have been put in place, and the relationship seems to run smoothly now. There are as many patients coming back to the surgery as there are new people choosing to use the pharmacy, so the numbers have been stable for several months.

There was a general discussion about how the Patient Group could do more to support the surgery. Ideas included:

- Helping to promote services, perhaps having a small stock of leaflets to give to people moving into the area, or to patients who don't know what the surgery offers
- Supporting patients with complaints
- Suggesting ideas for issue-based meetings

Kate pointed out that there is no reason why the meetings should be organised and chaired by the practice – members of the group could take on these roles.

It was agreed that the group should meet more often, and Kate suggested that the next meeting should be in May.

### **3. Patient feedback and significant events**

Kate had planned to circulate and discuss the complaints and Friends & Family Test feedback received during the year, and to share the list of significant events discussed in the practice this year. However, as time had run out, these were handed out for information. They are attached to the notes for those who were not at the meeting.

The meeting closed at 9.15pm.