

## FITZALAN MEDICAL GROUP

### Minutes from the Patient Participation Group Meeting – Wednesday 21.3.13

Present: FMG: -Dr Jane Gardner (JG), Dr Antony Harrison (AH), Joanne Stark (JOS)  
PRG: Roger Laker (RL), Chris MacDonald (CM) Clive Lemondine (CL)  
Paul Malyon (PM) Maureen Cooper (MC) Kathryn Chick (KC)  
Michael Chick (MC) Pat Tumber (PT)

Apologies: Debra Flynn (DJF), SB, MD,

1. Introductions
2. Aims of the meeting – to discuss the results of the recent patient survey.
3. Review and discussion of the last meeting minutes. The new express clinic booking system was queried and Dr Jane Gardner (JG) and Dr Antony Harrison (AH) explained how the new system worked. They also explained that the previous system had become unworkable and the Practice decided that a change was necessary. It was a mixed review from the PPG. One patient of the group advised that he had been misinformed when booking an appointment with a receptionist. All members of the group were reassured that training is on-going for all staff members. Members of the group were advised that patients had been given appropriate time for the booking system change
4. Provision of screen in the waiting room – all members agreed with the results and thought that a screen in the waiting room would be a useful way of communication with all patients. Joanne Stark (JOS) and JG informed group that the practice had been contacted with a company who have asked us to register an interest in them sponsoring a screen for FMC. The screen would be of no cost to the practice as the company providing the screen would contact advertisers. There would also be a function available for the practice to insert their own information eg: Dr/Nurse running late etc. The patients were advised that only appropriate advertising would be considered.
5. Options for doors at the main entrance – the patient group discussed this and agreed that access for patients using walking aids/wheelchairs/buggies could be a problem as the design of the building does mean that to access the waiting room means going through 3 sets of doors. JOS advised that quite often the door from the entrance to the reception lobby and then from the lobby into the waiting room are quite often hooked open. The group did suggest that an electronic door opening on the outside of the building could be helpful. To help and try and alleviate some of the pressure in the lobby which does get busy, it was suggested by JOS and JG that it would be quite easy to move the blood pressure machine into the waiting room (patients were shown where the proposed area would be). The group agreed that this would help in clearing the lobby. The second proposal from JG and JOS was the moving of the self check in screen from its present position to walk mount it on the opposite wall. This proposal was also welcomed by the group.
6. Parking – all the patients agreed that this is one area where it is almost impossible to police. AH did advise that there was no 'preferred parking' for any staff member including GPs. The group was advised that quotes had been obtained for painting the disabled bays and ambulance bays, but could not give any further information on how far this had reached.

7. Tannoy system – all patients agreed that this was not very good. Patients found it very hard to understand what was being said and that it was so loud. They would prefer all clinicians to come and get their patients as one of the problems they had seen/experienced was that when called by the tannoy, patients were unsure where to go.
8. Future communication with patients: patients present did agree that it should be down to all patients to remember their appointments and thought that of the comments they had read asking for text alerts to remind them was not acceptable. Emailing GPs was mentioned but GPs stated that they did feel that this is appropriate. Emailing was discussed but again the remarks were that this is not always a confidential way to communicate.
9. Ash Lane – proposed closure – The proposed letter was circulated for the group to read. The patients commented that they thought the letter was wholly appropriate to send out to all patients. The closing down procedure of Ash Lane was explained.
10. Agreed actions – to move the Blood Pressure machine into the waiting room. To look at moving the self-check in screen to wall mount in reception. To survey later in the year :  
booking system