

Elm Lodge Surgery

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Patient Feedback Group

Reminiscence Group

Wednesday 26 September 2012 2-3.30 pm
Practice Conference Room

Those attending: Pam Cooper, PM (f), Peter Hall, GF (f), JC (f) BS (m), MT (f), DB (f), CC (f), BW (f), CR (f), DE (f), DS (f), RR(f), MM (f)

Minutes

1. Online appointments/appointments system
2. Issues of concern - MOTs
3. Diabetes care – finding the missing diabetics (faciliated by Linda Drake)
4. Disabled access – building changes

1. Online appointments / appointments system

Peter provided a summary of our plans to introduce online booking. He was interested to hear what comments the group had.

He was concerned to know how many appointments should be set aside for booking, also when the appointments made available, probably a good number on the same day, although possibly some the afternoon before. A straw poll indicated 4 or 5 people out of 14 would use the system. The point was made that many people did not use the internet.

Peter stressed he was keen not to disadvantage people who did not use the internet. He also noted that a good proportion of the people at the meeting were regular users of the surgery and would not be able to benefit, so we had to be careful the system was not discriminating against them.

It was agreed that it would be acceptable for early and late appointments to be set aside for internet booking as these would be particularly useful for working people.

Peter asked for volunteers to trial the system.

There were general comments about the problems in booking ahead for appointments. Doreen made the suggestion that for those who needed to be seen again the doctor perhaps give a slip of paper authorising reception to book them in.

Could there be a system where a patient said if it was urgent that they needed to be seen? Peter 's experience, when this used to happen, was that it was difficult for patients to know how urgent their issue was in medical terms. He gave instances of his errors in this respect with his own children.

Peter explained the origin of the current system and the strain placed on the doctors by the previous system where demand for current day appointments was greater than the slots available after the slots taken by advance bookings. He worried about the effectiveness of doctors where they had long surgeries. At the root of the system was the problem that demand seemed to exceed availability of appointments and the practice are looking at ways to meet this demand, especially as winter came.

Gillian mentioned the advantages to be obtained by transferring some work to good administrators. Peter noted this, but said there were some clinical governance issues as the doctors were responsible for what the staff did and their registration was at stake. There were also resource issues (the lack of them) for administrators. Peter though expressed his keenness to explore this further.

Could we have a telephone system where patients queued and knew what number they were in line? Although some said they did not have a problem getting through, others found they waited ages some mornings and didn't get through.

Pam and Pam expressed the view that we got a good service from the surgery compared to others. Peter thanked them but said our aim was not to compare but we saw areas to improve.

Peter mentioned the move to move work eg blood pressure reauthorisation towards the nurses where this was appropriate. Interest was expressed in talks from the nurses explaining what they do, although the possibility was raised that people might not attend.

2. Issues of concern - MOTs

Would it be possible to have MOTs? Constance thought this would be of help in allaying patients concerns, which was seconded. Peter mentioned the Integrated care scheme, in which we are hoping to participate. This provides funding for extended health checks for people over 65.

3. Undiagnosed diabetes

Linda Drake provided a background to the consultation. Statistics suggest that in our practice population there are perhaps 200 extra undiagnosed diabetics, perhaps double our current register. She led a discussion on how these patients may be found both in the practice and in the wider Southwark population. A wide ranging discussion followed.

The symptoms of diabetes were discussed (eg thirst, tiredness, frequent urination), some misconceptions and the general features of the disease. She also explained how diabetics are usually discovered usually, by a test initiated by a doctor or because of coming into contact with some information about the disease either from acquaintances or the media. The main point is that it is often hard to discern at an early stage by way of symptoms.

Key indicators include ethnicity (Asian/African origin) obesity, large waist circumference, family history, diabetes in pregnancy etc. We are offering health checks but the problem is that it is often those who are health conscious who present. The key aspect of avoiding the serious complications of diabetes is early diagnosis. How should the surgery look to find those with pre-diabetes and how more Southwarkwide?

The use of libraries was mentioned, and articles in Southwark and Lambeth Life. However there is some resistance on the part of bodies of having too much health related information. Letters written in a personal capacity to editors was also mentioned as a possible avenue to explore.

Information could be provided in black churches, clubs, etc. as well as by word of mouth.

Also information could be provided in pharmacies. The use of invitation letters was mentioned but this often does not provide the right response.

In the surgery it was thought a display board would be helpful, supported by leaflets, asking people also to consider whether families and friends might be affected.

As a footnote Linda mentioned that the key to controlling diabetes was diet and exercise and gave some basic tips.

Linda received a round of applause for her presentation!

4. Disabled access

Peter advised that the surgery had plans to replace, subject to funding bids, the two toilets with one unisex toilet which had disabled access, also that the front doors were replaced with automatic doors, again subject to successful funding bids. There was brief discussion and no objections were raised.

Peter closed the meeting at 15:31 and thanked everyone for coming.