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**Practice Minutes**

**4<sup>th</sup> December 2012**

**Present**

**Practice Staff**

Dr N Razzaq – GP  
 Phillip Martin – Practice Manager

**Apologies**

**Patients Representatives**

RD  
 CB  
 BL  
 DW  
 GHF  
 PF  
 RPT

JB  
 DC  
 MK  
 MR  
 KG  
 AA

1.	<p><b>Welcome and Introductions</b>          The meeting was opened by Phillip; he thanked all members for turning up. He also thanked the members who had sent apologies.</p>	
2.	<p><b>Minutes of the Last Meeting</b>          These were proved by the group</p>	
3.	<p><b>Matters Arising</b></p> <p><b>SystemOne Online</b>          CB feedback that there was an issue with an appointment at 5pm which he had booked online.</p> <p><b>SystemOne Online</b>          The numbers of users is increasing. The number last time was 873. As of 4<sup>th</sup> December it stands at 932. This is 11.5% of the practice population.</p> <p><b>Music</b>          PRS is going to be expensive, as we have two waiting rooms in the building. This means we would have to have two licences. The PPG voted not to have music in the waiting rooms.</p> <p><b>Mobile Phones</b>          It was acknowledged that staff are now letting patients know that they cannot use their phones within the surgery. PF also informed us that she has told a patient that they should not be using their mobile within the surgery.</p>	<p><b>PM to look in to and contact CB</b></p> <p><b>PM to get percentages other surgeries have of online users.</b></p>

<p><b>4.</b></p>	<p><b>News Letter</b></p> <p>CB suggested that we should not use the title of Newsletter, as many people do not pick up newsletters. It should be more catchy or in tune with the practice. CB suggested “On Call” or “The Pacemaker.”</p> <p>The group decided that the newsletter would be “On Call.”</p> <p>The question of translation of the newsletter was asked. PM stated that using Google Translate only translate the words and not the grammar, as many posters that we have tried to put through it, have come back incorrect.</p> <p>NR suggested that we could ask some patients if they would be willing to come in to translate the newsletter, as it might not take them long.</p> <p>NR also suggested that bold pictures should be used. Patients that do not have English as their first language would be able to look at the picture, and ask family members what the picture was about if they were interested. NR also suggested that many that cannot read English might not even read their own language.</p> <p>The group thought of ways that “On Call” could be delivered.</p> <p><i>E-Mail</i> – the group thought this would be good, however, it should not be considered the only way, as many do not have email.</p> <p><i>Via Scripts</i> – We could attach it to the scripts. However, we would need talk to the pharmacies to make sure that it would not class this as advertising.</p> <p><i>Website</i> – It would automatically be available to download from the website.</p> <p><i>Via Post</i> – It could be included in to the letters we send out for health checks, as we are already sending them a letter. It would be one more thing to put in them.</p> <p>NR suggested that there might be money from the Luton Clinical Commissioning Group</p> <p>CB volunteered to be the editor and put it together.</p> <p>The new letter should be a quarterly item, unless there is important or vital information that is required to go out to the patients.</p> <p>NR asked if there could be room for her to put items about the new CCG (Clinical Commissioning Group) giving patients an update to what is coming up. This could be every 6 months.</p> <p>PM also suggested that we could get a community service to write a paragraph to explain what they do. This could run the opposite month to the CCG information.</p> <p>Please can we have all suggestions for the first edition by 7<sup>th</sup> January. Please can you get your suggestions to Phillip ASAP before this date.</p>	<p><b>PM &amp; NR to ask patients that are willing to help</b></p> <p><b>PM to look in to sending out leaflets by scripts</b></p> <p><b>PM &amp; NR to look in to this</b></p> <p><b>PPG Members to get ideas to PM ASAP</b></p>
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<p><b>5</b></p>	<p><b>PPG Questionnaire</b>  PPG members were given a sample of questions that other surgeries use. One was a simple yes/no questionnaire and the other gave 4 more options for them to rate the service, (Good, Fair, Average, Poor) and a space to add comments. Phillip talked about the last meeting and how the members agreed to helping us approach other patients with the questionnaires.</p> <p>RPT suggested that the second item was too long winded. It would be better to have the Yes/No one and give comments if required.</p> <p>DW commented that the first questionnaire was good, however, the second questionnaire needed some Yes/No questions in it</p> <p>NR suggested that section 2 of the second questionnaire would be what we really needed to know. We need the nitty gritty, rather than an overview.</p> <p>RPT suggested that the practice come up with some question. We need questions that would challenge the practice rather than easy questions.</p> <p>It was suggested that we need to look at the strike rate as some members might feel it hard to speak to someone else, due to cultural differences/language barriers/personalities/beliefs.</p> <p>NR suggested that if members did not feel comfortable then we would not push them, however, if people did want to help, it would be great.</p> <p>RPT brought up that her mother had gotten a survey this year, twice, with regards to her GP Practice.  NR explained that there is an annual GP survey that comes from the NHS and not the practice. The survey goes out randomly to patients. So it might pick up people that visit regularly and see changes in the practice but also may pick up people who do not come regularly to the practice and have not seen the improvements made. This is one thing that doctors all agree on, as it does not give a true reflection of the surgery. This will allow us to get an accurate sample and give us a true reflection on the surgery.</p>	<p><b>NR &amp; PM to come up with questions.</b></p> <p><b>PM to email group to find out who would like to help.</b></p>
<p><b>6.</b></p>	<p><b>Any Other Business</b></p> <p><b>Appointments</b>  A member brought up that the time it takes from booking to see a doctor seems to be stretching.  NR explained that as doctors go part time there are fewer appointments with them, however, there are other doctors within the surgery. NR also explained that there are two types of people, the ones that don't mind which doctor they see, who just want to get their issues sorted and go. There are those who like to see the same doctor for continuity of their care.</p> <p>NR also said that it is also getting patients to go and see the other doctors and build relations up with them.</p>	

	<p>It was also brought up that the receptionist should be letting patients know if the doctor they are seeing is running late.  PM asked for feedback if this is not happening.  The information is also available on the touch screen, as it tells you how many people are ahead of you.</p> <p>RPT mentioned that a particular doctor was running over 20 minutes late, and felt that she should have been asked to swap doctors if this was happening, as she saw other doctors around at the time. She was concerned that it was a 9.20am appointment. And if someone was running late, could someone else not of helped out.</p> <p><b>Door Signs</b>  PM brought up this subject, and explained that this is on hand to get sorted in the next couple of months.</p> <p><b>DNA Letter</b>  GHF mentioned this subject and asked if a letter had been drafted and completed.  NR said that she had it on her to do pile and will pass it back and get it emailed out for everyone to agree on.</p> <p><b>Practice Leaflet</b>  GHF mentioned the new practice leaflet.  NR explained that it was with her as we were awaiting confirmation on the NHS 111 service. This will be out asap.</p>	<p><b>Members to feedback</b></p> <p><b>NR to look in to this matter</b></p> <p><b>NR to pass draft back and PM to email it out.</b></p>
7.	<p><b>Next Meeting</b>  Tuesday 5<sup>th</sup> March 2013 at 6.30pm.</p>	