

Ashville Medical Practice Patient Reference Group Meeting Minutes 17th April 2014

17th April 2014

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (12)

No Actions brought forward from last meeting on 16th of January 2014

Agenda Items Patient Reference Group Meeting 17th of April 2014

Practice News

- Dr Mba left the practice on the 31st of March.
- Dr Campbell starts her maternity leave at the end of May and will be taking holidays from the 25th of April until her maternity leave starts – A Locum Doctor Dr Kouchouk covering from 2nd June.
- Dr Wong and Dr Ennals who are our current GP Registrars, will be leaving in August. Dr Wong has just passed her final exams – congratulations to her.
- In August we will be having 3 new GP Registrars, Dr Wardle who will be with us for 6 months, Dr Mahmood will be with us for 12 months and we will have another Registrar for 6 months, Dr to be confirmed. We realise that it seems the practice has a high turnover of doctors due to the registrars, however this cannot be helped as we are a training practice and this will always happen.
- Patient Partner – the practice has chosen not to use patient partner (telephone key pad service for patients). The practice conducted a survey and asked patients if they would use the service. The results of the survey showed that 80% of patients would not use the service; therefore we decided not take up this service that was offered by the CCG. It was felt that monies could be better used elsewhere within the CCG.
- Dr Recruitment – Dr Mba left the practice at the end of March. The practice acted quickly to recruit another salaried GP; however Dr recruitment has proved more difficult than anticipated. Dr James Pringle who will join the practice on the 18th of August and until then the partners will work extra hours to fill any gaps in resource. The pressure is on surgeries to open later and also offer Saturday surgeries. The practice currently works extended hours (early mornings and late Monday evening) however have declined the Saturday morning surgery, as it would not be appropriate to remove a Dr from a clinical session during the week where demand is high to work on a Saturday morning.

When Dr Mba left the practice lost 8 sessions per week, we shall be recruiting two GP's to work 6 sessions each per week to improve appointment availability. (gaining an additional 4 sessions per week)

In addition to offering Dr appointments on a daily basis, the practice also offers telephone advice, minor operation clinics, baby check clinics, post-natal clinics. Drs are also required to deal with administration work on a daily basis, e.g. action blood test results; review external post, deal with patient / hospital queries, complete insurance forms, and the demands on a Drs working day are very high.

A new contractual arrangement from 1st April 2014 is that all patients aged 75 years and over must be allocated a named GP. The patients will be allocated against the Partners only and not the salaried GP's. The practice will write to all patients aged 75 and over informing them of their named GP. We currently have 931 patients in this age group. Patients will still be able to see any Dr of choice at the practice depending on appointment availability.

Another new service the practice will participate in is patients at risk of emergency admission. In agreement with patients identified care plans will be put in place and their care reviewed at agreed and appropriate intervals, in order to try and reduce emergency admissions.

3. Appointments

We have faced huge pressures since September of last year with a very heavy demand for appointments on a daily basis. The number of same day appointment requests has increased, and the winter months have been extremely demanding. The appointment system was changed 2 years ago and now we are seeing cracks in the current system appearing, it would be irresponsible for us not to do anything about this. Currently all the available morning appointments are being taken within in the first 15 minutes of the phone lines opening at 8am, and the same with the afternoon appointments at 2pm.

We have maximised the current Dr resource however, but we still do not have enough appointments to meet demand on a daily basis.

Mel and the partners met with regards to the current situation to brainstorm ideas to increase the current Dr resource on a daily basis to meet the increasing demand. A proposal of a new appointment system to start week commencing 28th April was put to the group.

The new system would mean that we would offer a mixture of pre bookable appointments and same day appointments as we do now however the number of appointments would increase on a daily basis. The same day appointments would be offered in half hour time slots (as we did at the flu clinic which worked well) and would be with the next available Dr.

Pre bookable in advance appointments would be with a Dr of choice depending on Dr availability.

Patients booking an appointment to be seen on the same day would be seen by any Dr, or the Nurse Practitioner. (not all presenting conditions need to be seen by a Dr).

The receptionist would ask the nature of the condition so Drs and the Nurse Practitioner would be able to view this information, to ensure patients saw the most appropriate clinician, and also on clinical need as some presenting conditions may need to be seen sooner than others.

In summary clinicians would see patients within a 30 minute time window, and in order of arrival time / clinical need.

E.g. patients asked to attend an appointment at 10am you would be seen between 10am and 10.30am.

The above would not apply to booking appointments with the Practice Nurses or Healthcare Assistant.

Appointments with the Practice Nurse / Healthcare Assistant can be booked up to 1 month in advance.

It is also hoped that within time the practice will be able to move away from ringing at 8am and 2pm to book appointments, and that afternoon appointments will be available to book in a morning, however is not appropriate to do this at the moment, as all the appointments for the day would be taken at 8am.

The rationale behind the new appointments system is we can increase the appointment availability on a daily basis, as some patients take longer than others to be seen and we would be able to increase appointments taking this into account.

The new system would also be better for DNA's because if a patient does not attend the next person would be seen without wasting time.

Group members agreed to the implementation of the new appointment system and offered their support in displaying posters amongst groups they attend and public areas. Mel also informed the group the same would be done in surgery, and notices of the change would be attached to prescriptions. Staff would also verbally explain to patients.

Mel thanked the group for their support in this change and will feed back at the next meeting, as well as continuous monitoring of the changes.

A+E Attendances and DNA's

It was agreed that the number of did not attend appointments would be removed from the display board in surgery and also the posters had been removed with regards to attending A+E and the cost.

It was explained that displaying this information had a negative impact, as the practice were frequently being threatened by patients saying they would attend A+E if they could not get an appointment, and the practice felt that the information was exacerbating the situation instead of reducing the numbers.

4. Terms of Reference

The Patient Group Terms of Reference was reviewed and discussed, and the outcome was to give a timeframe of one week after minutes of meetings had been distributed for any amendments to be made. Also a cut-off date for any agenda items to be added is to be one week before the Patient Reference Group meeting is to be held.

5. Priorities for next Patient Survey

The patient participation enhanced service will change this year and a practice survey is no longer a requirement. The practice would have liked to complete a further survey this year however at the moment we do not have the resource to do this, and need to concentrate on meeting the new requirements as a priority.

From December 2014 practices will have to undertake a friends and family test and display the results. We are awaiting further guidance on this from NHS England and when received Mel will share the information with the group.

One of the questions that we are aware of at the moment is 'Would you recommend your surgery to Friends and Family?'

Another requirement is to agree 3 priority areas for the year and to report on actions taken to address the priority areas.

The 3 priority areas agreed were:

1. Appointments
2. Patient Reference Group – Increase the number of members to enable more diverse representation of the practice population.
3. Obtaining Feedback / Communication – Encouraging feedback in the form of suggestions and comments.

6. Patient Council

One member gave an update and informed the group that Barnsley Independent Alzheimer's and Dementia Support (BIADS) can visit different groups to give talks about their services. Also that at the last patient council meeting members were informed that some GP Surgeries will be opening for four hours on a Saturday.

Actions from Meeting

1. Distribute revised terms of reference
2. Distribute patient information with regards to new appointments system

Next Patient Participation Group Meeting to be held on: -

Thursday 17th July at 13.00pm