

Patient Participation Group

Minutes of meeting

27.01.2011 1pm held in Conference Room at Ashville Medical Practice

James Logan chaired the meeting.

Firstly the group discussed the minutes of the last meeting and went through the following points.

Flu Vaccines

An attendee asked how well the flu clinics went this year and how it compared to last year. Jim said that we did less in December; maybe this was because of the swine flu and the fact that there was no Government campaign.

Jim informed the group that we are now using last years stock of swine flu as we cannot get anymore flu vaccines.

It was asked if we will do the flu clinics on a Saturday again next year. Jim said yes we will and we might offer more clinics next time.

Doctor at meeting

At the last meeting the members asked if a Doctor could be present at the next meeting. Jim said that unfortunately it was not possible to have a Doctor here today, as we are very short of appointments and their time was needed for that. We will try and make it possible for a Doctor to attend at the next meeting.

Telephones

We discussed the problems that we are currently having with the telephones. Members of the group stated that they have had lots of problems getting through to the surgery and have had to come up on occasions.

It was also mentioned that the appointments line has been cutting people off. Jim will ask Shaun the care taker to sort this out with BT. Jim advised the group that there is going to be some restructuring within the practice and that this should help with the telephones as there should be more staff around to help with the volume of calls. There is a lot of work to do and hopefully this will make things better. We should have a better idea how the staff changes have helped at the next meeting.

Appointments

There is a very high demand for appointments at the moment and in the previous months. Jim informed the group that we do always have emergency appointments for the same day. It will always be difficult to see a particular Doctor. Denise informed the group that the Doctors have started to use a rolling rota for appointments. This will mean that appointments are only given out a week at a time, this should hopefully stop the whole month being booked up after the first week of the appointments being put on to the system.

Triage System

This system was put into place to try and take pressure off of the emergency appointment system. If a patient rings and asks for an emergency appointment the Nurse rings them back first and makes sure that it is not something that can be sorted out with them over the telephone. This has been working quite well, but it is getting well used. Patients sometimes come to the surgery and ask to be seen as an emergency; they are still seen by the Triage Nurse but at the surgery rather than dealt with over the phone. This sometimes can slow the Nurse down and it would work better if patients could ring first, though we do understand that this can be difficult with the present phone problems.

It was suggested that we should have a criteria flow chart so that patients can be educated when to book an emergency appointment, for example not to book in for a sick note.

Denise is currently doing an audit on the phones to see what the call volume is at certain times of the day. This should hopefully confirm when the busiest times are and then we can make sure that staff are available to assist. There were for example 150 calls between 2-3pm last Thursday. There were 85 calls by Heather the Triage Nurse on that day for advice.

The question was asked if we could employ another Triage Nurse. Jim informed the group that Alison Kilner our Practice Nurse is currently training, but it will be some time until she is up and ready to triage patients. Jim advised that we could not simply employ another Nurse for this as the Practice has lost a lot of revenue.

Doctors

Can we call Dr Mba, Dr Gabriel as this is easier for patients? This can be arranged.

The members asked if all the Doctors at the Practice were full time. No they are not, but if patients are ill they should be able to see any Doctor not their usual one.

Barnsley Peoples First

Discussion on how things were progressing and what has been happening with the Primary Care Trust. Jim said that 60% of the surgeries in Barnsley have joined Barnsley Peoples First consortia. There will be lots of change in the future. The BACTS consortia want equal billing in management structure. There will be a shadow PCT from 2012/2013.

The patient group asked if they could do anything to help push things forward for Barnsley Peoples First. One member mentioned Michael Dugher from Barnsley Council and said that we should lobby him to try and get things sorted out the way that will be best for our patients. There is a white paper regarding a new government consortium, but it contains a lot of information and it can be found on the Barnsley Peoples First website.

Care Quality Commission

GP surgeries have to be registered to this by April 2012. The information for this must be submitted by October 2011. GP surgeries need to be registered as CQC to be able to perform minor operations etc.

Pain Management

Pain Management Solutions are still working within Ashville Medical Practice. They are now registered as CQC. A member asked if they still perform radiofrequency and Jim said that they do, but not for every patient it goes on a case by case basis.

The member asked about when the new consortia take over and if things will still work the same for patients being referred to other Hospitals, like Sheffield? Jim said that he thinks that contracts will still carry on with other Hospitals but this will also be on a case by case basis. He said that as much as possible will be taken away from Hospitals. The Hospital might write to the GP asking them to refer the patient on to them and then the GP would need to write to a letter asking for funding for this. Emergency treatment would not stop.

Referral Management

Jim informed the group that GP's are currently working with Barnsley Peoples First to look at referral patterns. Jim said that currently GP's are charged when a patient from their practice attends A&E or Primecare. We have a budget for prescribing and Secondary Care and we need to try and find ways to save money. Currently we can identify a patient if they are abusing a service and this is looked at to see if they can be educated against it.

The group suggested that we should do a newsletter to our patients and add items about costs to the practice and how what they do affects our budget. Jim said that 8 billion pound per year is spent on GP budgets and $\frac{2}{3}$'s are to be saved. We are going to be looking at saving money on prescribing and stop patients ordering medication that they are not actually using.

Hospital Prescriptions

If a patient attends the Hospital and they find that they cannot wait to collect a prescription from the Hospital Pharmacy they come to the surgery and ask if we can prescribe this instead. This actually means that the medication charge is coming out of our budget twice. This should not be done if at all possible.

Medication

The Doctors have started to do some shorter courses when prescribing new medication in the hope to stop waste. There was a discussion over whether GP's should prescribe simple medication like Paracetamol as it can be bought so cheaply. Jim said that unfortunately we cannot stop prescribing medication like that.

Building Issues

The foot path on the drive way must be finished by the 8th of April 2011. It was mentioned that there have been problems with mobility scooters getting to the surgery from Lavender court. One scooter tipped over because of the uneven pavements. The Council did a visit to check this and they are having

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some drop curbs put in to help with this. Members of the council will need to be informed so that all parties can work in conjunction with each other – Karen Dyson said that she would email them. Hopefully after this the patients from Lavender Court will be able to get to the surgery without a problem. The footpath will comply with DDA after the changes.

It was mentioned that cars do park too close to the drop curbs which does stop access. Jim stated that drivers can be charged for this. The only way to stop this from happening is by putting bollards near the drop curbs.

Steroid Injections

Yes we will be continuing to offer this service.

Disabled Toilet

The handle has now been put on the back of the toilet door as requested.

Provisional date for next meeting
12th of May 2011
at 1pm