

Ashville Medical Practice Patient Reference Group Meeting Minutes 20th October 2016

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Kathryn Turton (Practice Administrative Staff Member)
Patient Reference Group Members (13)

AGENDA ITEMS:

1. Actions Update:

There has been not been any contact regarding the PRG at Wombwell, so this matter was deemed to be closed.

2. New Members:

Mel welcomed three new members to the group, and introductions were made by all attendees.

3. Practice News:

- Jim Logan, a business partner in the practice, has resigned with effect from 30th September, 2016, in order to focus on his role as Chief Executive of Barnsley Health Federation.
- Dr. Gibbins, having completed his training, is now a permanent GP partner.
- A new practice nurse (Laura) took up her appointment on 16th September 2016, and is currently undertaking general practice training.
- Kirsty has been appointed as a new member of the administrative team.
- A new telephone system has been installed, advising callers to give as much information as possible regarding their request to see a doctor; a wish not to divulge details will be respected. This is followed by a message from Dr Scargill, explaining why information is needed, and how it helps the staff and doctors to ascertain the most appropriate course of action for the patient.
- Mel thanked Jean for attending meetings along with her daughter Pat; it is now more appropriate for her to continue participating as a virtual member.
- “First Port of Call Training” was held at the surgery on 19th October; this consisted of a three hour session, with role play to help staff understand matters from the point of view of the patient. Staff members were praised for the good service already offered, and Kathryn added that the training was useful and beneficial in helping to communicate meaningfully and empathetically with patients.

At this point some discussion took place regarding the special needs of wheelchair users at the reception desk; Mel welcomed comments and agreed to discuss this further on an individual basis.

Another member raised an issue about sensory needs training, and Mel again agreed to discuss this individually, pointing out that the emphasis of the training on 19th October was about face to face contact with patients, and telephone skills, rather than special needs and disability issues.

4. Patient Survey:

Mel introduced the spreadsheet detailing results from the patient survey which covered 283 responses from 1st September 2016, and showing comparisons with three previous years. It was noted that the survey this year was in the period following the introduction of the new appointment system which came into effect on 1st July 2016. The results are summarised as:

- (a) 80% of patients surveyed found it easy to book a same day appointment.
- (b) 42% of patients surveyed were able to book an appointment with the doctor of their choice on the same day; this showed a significant improvement on previous years.
- (c) 74 % of patients surveyed found the timescale of seeing their doctor of choice acceptable.
- (d) No patients are turned away, but are dealt with in an appropriate manner to meet their needs as presented; it may not be necessary to see a doctor immediately, such as if preliminary tests are required.
- (e) 92% of patients surveyed found the timescale for seeing any doctor acceptable; of the remaining 8%, 4% had not given a response and a further 1% stated that the question did not apply to them.

The survey results have demonstrated a significant improvement in all areas and the group agreed an action plan from the survey was not necessary.

5. Appointments:

Mel outlined the new system which came into effect on 1st July 2016, for managing acute day to day appointments. A spreadsheet of collated data was presented, detailing the number of telephone triage, telephone consultations, the number of face to face urgent appointments, the number of routine face to face appointments and the number of face to face appointments for the Advanced Nurse Practitioner. The figures had been totalled and summarised on a daily basis for three months since the introduction of the new system, and showed an average of 1,032 contacts per week over a thirteen week period.

The number of “8am and 2pm” peak time telephone calls has decreased, unnecessary visits by patients are avoided, GP sickness is covered in a more efficient manner and every patient is dealt with professionally to try to ensure the best outcome.

A member asked if this system had decreased the number of patients failing to attend for appointments, but Mel said this had not changed.

Kathryn said that the system had reduced problems from patients on the telephone in that staff were able to take action, often by using the triage system, and promising that a doctor would contact the patient by telephone, rather than having to state that there were no appointments available. Members reported that the system was working well from the patient viewpoint, and telephone consultations were useful and reassuring, and often avoided unnecessary visits to the surgery.

Mel said that the practice now had 11,200 patients and that the system had maximised the available capacity to a very high level.

Mel briefly summarised some of the other duties doctors had to fulfil as well as appointments:

- Dealing with faxes
- Sick notes
- Home visits
- Hospital discharge letters
- Prescriptions
- Blood test results
- Insurance reports
- Medical queries
- Referral letters
- Training tutorials
- Meetings – e.g. Palliative care,
- Other clinics such as minor surgery, smear, coils and implants, babies.
- Processing incoming post

A member queried the use of I-Heart; it was reported that 9,227 patients had been seen since the launch, and there was a good feedback from those people who had used it. However, a 5% DNA rate was reported, and a 1% cancellation rate.

At this juncture, a member raised concerns about an individual case, which was felt to be inappropriate for open discussion. It would be discussed personally by Mel if it was brought to her attention in a separate conversation.

6. “OPEN:”

A request had been received from the CCG asking for the publicity and promotion of “OPEN” which is aimed at people who are interested in their local NHS and would like to get involved in the work the CCG do to develop and improve health services in Barnsley. Any members and patients interested can access the website at for joining instructions:

<http://www.barnsleyccg.nhs.uk/get-involved/join-open.htm>

7. Patient Council:

It was reported that the September meeting had focussed on relations with care homes, encouraging GP practices to link in a better manner. There has been a suggestion of standardising, so that all residents of a care home are managed by one practice, but the group agreed with Mel that this was not in the best interest of the patients.

Mel informed members that the practice had links with 19 care homes (nursing and residential), and for continuity of medical care, maintaining links with the original doctor was preferable. She pointed out there would be delays in the transfer of records, and this could be dangerous for the patients in the home. Additionally the group was of the opinion that, where practical, most residents would prefer to remain a patient at the practice where they were known, than transfer to a new practice for administrative ease.

The Patient Council meetings are held on the last Wednesday of each month from 6.00pm until 8.00pm, at Hilder House and are open to anyone to attend.

8. Any Other Business:

- The flu vaccination clinics had been successfully held; text messages to patients asking them to book appointments were felt to be useful.
- A member queried whether telephone requests are permitted for prescriptions; Mel stated that written, or on line requests were preferable to avoid mistakes being made.
- A request was made for clarification of the frequency of pneumonia and tetanus injections.

9. Date of Next Meeting:

This will take place on Thursday 19th January 2017 in the Conference Room at Ashville Medical Practice at 1.00 pm.