

## **Ashville Medical Practice Patient Reference Group Meeting Minutes 23<sup>rd</sup> April 2015**

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Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)  
Ruth Nowodny (Practice Administrator)  
Patient Reference Group Members (15)

### **Update on Action Points from last meeting 22<sup>nd</sup> of January 2015**

- Mobile phone poster – Mel emailed this out to the group members for approval. A brief discussion took place about the poster and the wording was finalised. Mel informed the group that we can only politely ask people not to talk on their mobile phones, but we cannot insist on this as it may not only be Ashville patients who are in the reception area as other businesses use the building.  
Mel informed the group about recent training that we held at the practice for safeguarding and informed them that GP's might in some cases ask patients to switch off their mobile phone if they feel that they might be at risk of someone listening in to their consultations.

### **Agenda Items Patient Reference Group Meeting 23<sup>rd</sup> of April 2015**

#### **Practice News**

- Mel welcomed two new members to the Patient Participation Group and thanked existing members for attending today. There are now 36 members in the patient reference group.
- We have a new GP Partner starting in August this year, Dr George Cooke. Dr Pringle will also become a GP partner in August and he currently works at the practice as a salaried GP. The GP structure will then be 6 GP Partners, Dr Scargill, Dr Rainford, Dr Ainsworth, Dr Mills, Dr Pringle and Dr Cooke and 1 salaried GP Dr Campbell.
- We will have 3 new GP Registrars in August, Dr M Sheikh, Dr A Gibbins and Dr C Kukstas. Our current GP Registrars Dr Mahmood, Dr Magadza and Dr D'Cruz will leave the practice in August. Dr Mahmood has passed his final exams and will start a new post at a practice in Hoyland when he leaves us in August.
- Urines Bottles – A patient suggestion was that we made urine bottles available on reception instead of patients having to queue at reception to obtain them. Since we started to do this the amount of bottles that we are having to order has risen significantly, we usually order 300 per month, but since putting them on reception the amount required to be ordered has increased to 500 per month and last month it was 1000 bottles. The bottles have now been removed from the reception desk. Patients will need to ask the receptionist if they require a bottle.
- Mel is looking to recruit a new member of staff to join the administration team. Mel will be conducting interviews later today. If successful at recruiting we should be able to have two receptionists on reception to alleviate the queues.
- The last appointment survey that was conducted showed that Dr of Choice was still an issue. When Dr Cooke starts in August it is highly likely we will need to re visit the

appointments system due to increased Drs and also to build on comments from the survey and provide more appointments with a Dr of choice.

- CQC report – The Practice had a CQC visit on the 16<sup>th</sup> of December 2014 and this visit went very well. We have not yet received the final CQC report due to a member of the inspection team being ill. Once the report is received we will have to display it on the practice website. Mel will update the group at our next meeting and hopefully by then we should have received the final report.
- New Financial Year – NHS England are in the process of sending new contractual information out to practices. The Patient Participation DES will cease and will become a contractual requirement for the practice however the details of the requirements have not yet been received. Mel thanked all members of the group for all their continued support and help over the last year. The Patient Participation report has now been submitted to NHS England. Mel will update on this at the next patient participation meeting.
- QOF Year End Performance – Maximum available points were 559, the practice achieved 558.29 points.
- Patient Group Member to chair the meeting –Mel spoke about the patient group and how hard everyone has worked to build it up to what it is today and our group has a very high profile. We are now a well-structured and organised group. Mel stated that now things are more organised and structured it would be more appropriate for a member of the group to chair the meetings and have a vice chair. It was decided that any member who wished to volunteer for chair or vice chair could let Mel know by email by the end of May, and then an election would take place. It was also agreed that members would write a short paragraph on why they would be suitable.

### **Complaints and Suggestions**

There has been no trend in the complaints received. Some complaints are due to patients misunderstanding or not being happy with information given to them especially if they are not able to receive what they want. There is a difference between want and need and it is not always necessary for a patient to need what they want. We did have one complaint about incorrect medication issued, and this was a misunderstanding by the patient as the medication was issued as per correspondence received from the hospital.

We have had two compliments from patients that have now moved out of the area, they wrote in to thank the surgery for the care they had received from the Practice.

We have also had good feedback from the Barnsley Vocational Training Scheme. GP Registrars who have previously worked at the surgery gave feedback stating that the practice was excellent with very good equipment and they felt that they had been welcomed by all at the practice. They commented that they had received a good induction when they joined the practice, a clear timetable and rated their GP trainers very helpful and flexible and they thought that it was very well organised with having video surgeries, debriefs and tutorials. The registrars said that the practice was very good at meeting their educational needs.

## **Friends and Family Test**

The friends and family test results are looking good, looking at patients being likely and extremely likely to recommend the practice to a friend or family. The last 3 months results are as follows:

January – 85.6%

February – 89.58%

March – 86.77%

## **Notice Boards**

It was brought to the meeting by a group member that the practice notice boards could be better organised. Mel informed the group that we have a limited amount of space for notice boards at the practice with it being a shared reception area. Mel ensures that the information on the boards is up to date. CQC did comment when they visited the practice in December that they thought our notice boards were very informative. Action point closed agreed by all.

## **Patient Council**

The next meeting will be held on the 29<sup>th</sup> of April at 6pm at Barnsley College. A group member who attended the last patient council meeting informed the group that they talked about an ‘Innovation fund for practices’. Mel explained more about the Practice Delivery Agreement (PDA) and that practices have to achieve certain indicators in order to be paid. The PDA commenced last year and will be available this year and next year. All practices have signed up and this will provide better outcomes and improve services for patients in Barnsley.

## **A.O.B**

**Poster ‘Not to bring lists of problems to appointments’** – Mel informed the reason for posters of this nature is that the consultation time is only 10 minutes long and patients have to be realistic of what can be discussed in this length of time. Not all consultations only last this amount of time as sometimes conditions could be complicated and take longer. Also it is not appropriate to have a list of problems in an urgent appointment, as that appointment is for an urgent problem only.

**Home Visits – Are they age related?** – One member asked if doctors routinely visit elderly patients. Mel briefly spoke about this and stated that not all elderly people need a home visit as they are able to get out and about. Home visits are only for housebound patients who are too ill or immobile to come to the surgery and are based on clinical need and not age. A home visit is not always the most appropriate course of action, and if patients are able to come to the surgery this is the safest place for them to be reviewed. The surgery has relevant equipment, medications and additional staff members if required, therefore it is more appropriate to assess and treat a patient in the surgery rather than at home if possible.

**Access Issue** – A group member wanted to report that the gap between the café and the row of seats that backs on to the café has got smaller and has now reduced the access for a wheelchair. Mel stated she would report this to the Landlord of the building.

**Post Meeting Note-** the space has been reported.

**DNA Appointments** – One of the new group members asked if we displayed the amount of wasted appointments due to patients not attending. Mel informed the member that we used to however due to the information having a negative effect it was agreed with the patient group to remove the information in the surgery.

**Swing doors in reception** – A group member asked if the inner doors of the entrance to the building could be automatic to help patients with wheelchairs and pushchairs. Mel explained that this has been explored in the past and because it would cause a wind tunnel effect and had health and safety issues, therefore at that time an assistance button was added so that patients can press this button if they need any help with the doors. All building issues should be directed to SJM Developments who are the landlords at the Oaks Park Primary Care Building address.

#### **Action Points**

- Update on CQC final report.- Mel
- Update on PRG report and results.- Mel
- New Chair of meetings – All patient group members

**Next Patient Participation Group Meeting to be held on  
Thursday 16<sup>th</sup> July at 13.00pm**