

## Northgate Surgery Patient Participation Meeting

### Minutes of Practice Meeting: Wednesday 13<sup>th</sup> June 2018

**Present:** A Kemshell, A Sugarman, C Pearce, J Clayburn, L Froude, A Jarratt, C Eades, G Ivey, S Eccles.

**Apologies:** Nil

	<p><b><u>Introductions</u></b></p> <p>AK and AS welcomed the group and thanked everyone for attending the meeting. Attendees were asked to introduce themselves.</p> <p><b><u>Previous Minutes</u></b></p> <p>AK went through the minutes from the last meeting dated Thursday the 15<sup>th</sup> March 2018 and they were agreed as a true record, apart from some minor discrepancies raised by GI in regard to DNA rate statistics. The last minutes stated that 161 hours of clinical time was lost due to 104 appointments been missed but in actuality it was 17 hours of clinical time. AK then told the group that in 2.5 days of the week commencing the 11<sup>th</sup> June, 56 appointments had already been missed. There was a brief discussion about how this could be improved and a conclusion was drawn that not much could be done without analysing the statistics and demographics, i.e. weather, age, mental health and chronic diseases. AK and AS said that they would look in to this. GI stated she wished that they had more time to cover Urgent Care Pontefract in the last meeting. The group briefly touched upon the GP being the first point of call to avoid A&amp;E attendance rising. The network patient group initiative was discussed. AS said that she had spoken to the CCG and the scheme has ended. AS said she had told the CCG that schemes needed a long life span or patients will become irritated, especially as they give their time to attend.</p> <p><b><u>Practice Update</u></b></p> <p>The roof and proposed extension of the surgery was the main point of conversation. AS told the group how the work had increased in price from the original quote by £100,000 and the NHS wanted justification for the price, hence the hold up. AS informed the group that she was meeting with the NHS, landlords and Architect tomorrow to discuss the plan of action and she was hoping that the conclusion would be signing off</p>	<p>AK &amp; AS to look into</p> <p>AS to inform any updates at next meeting</p>
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on the project and getting the go ahead to start the work. JC asked how long this would take and AS explained approximately 4 months from start to finish, taking us in to the winter. AS also explained that they would give the surgery extra rooms, as we are getting very crowded.

### **Staff Update**

AS explained that there has been a total of 3 new staff members since the last meeting. Jemma replaced Isabel as Secretary, Michelle replaced Gemma as Administrator and Lucie replaced Jess as Administrator. AS informed the group that the new members of staff had come from different practices and have previous experience, so the transition has been a smooth one. AS told the group that Dean, the Clinical Practitioner is doing brilliantly on triage with Jayne. AS and AK explained to the group they were hoping to apply and receive funding to eventually get a trainee clinical practitioner and were hoping to find a paramedic or physiotherapist for this role, as they were hoping to improve Musculoskeletal services within the surgery. The post would be for a trainee, so they would be able to triage and organise scans but not able to prescribe until they had completed the mandatory 2 years training. JC asked why there were 3 Pharmacists and it was explained that there are 2 permanent ones, Sebeca and Mohammed and that the others do work for other surgeries across the local CCG also. They are doing a brilliant job at working with things such as medication reviews so they are picking up on bloods needed for certain medications, 90% of their work is done over the phone. They are also doing medicine management work which looks at things such as over ordering and stock piling which results in saving the CCG money.

### **Online Services**

The problem of being locked out of online services if not logging in once a month was discussed. This was considered a problem for patients that would be on two monthly repeat prescriptions and not having a reason to log on once a month. AS stated that this is due to email addresses not being verified by the patient and this is easily solved with education on the matter. JC raised the subject of the PPG coming in to help people with online services and the event being publicised to the patients to try and reach as many as possible and try and do at a busy time such as flu vaccination season. Many attendees agreed that this was a good idea. AK informed the group that on quiet days where

	<p>appointments are left more are released and available to book online. These are not exclusive to online users as reception can also book into them. AK said there are also no online slots for locum GPs unless they are regular locums at the surgery. The group also discussed receiving medication at different times, when ordered at the same time. It was explained that some people order acute medication which needs to be approved and signed off by a GP before the prescription can be done, this means that it is a lengthier process and the reason why medication is not received at the same time.</p> <p><b><u>Late Visiting</u></b></p> <p>The late visiting system was discussed. AS explained that there is now a service, where the community nurses can go on visits to see patients after 1PM and until 6PM. This is run by the community nursing team. The Matron can be the GP's "eyes and ears" and call the GP from the patient's house to requested prescriptions and query hospital admission etc. AS went on to say that this system already seems to full to capacity as there was a case where a visit was rejected as there was no spare appointments and the service was too full but the call for the visit was at 1PM and the service only opens at 1PM.</p> <p><b><u>Did Not Attend (DNA) Appointments</u></b></p> <p>AK told the group that in 2.5 days of the week commencing the 11<sup>th</sup> June 2018, 56 appointments had already been missed. There was a brief discussion about how this could be improved and a conclusion was drawn that not much could be done without analysing the statistics and demographics, I.e. weather, age, mental health and chronic diseases. AK and AS said that they would look in to this. A dedicated extension number for the cancelling of appointments was discussed. Multiple members of the group also asked about removing patients that DNA their appointments 3 times. AK said that it would be difficult to do that, as it has to be taken in to consideration things such as mental health and chronic conditions. AS said that we cannot charge and we cannot refuse appointments so it was hard to come to a solution without looking in to all the appointments and patients properly.</p>	<p>AS &amp; AK to discuss</p>
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**AOB**

GDPR was briefly touched upon in regard to text messages to patients from the surgery. The surgery was originally informed that they had to have consent to send text messages, we do not. Our service is protecting health and wellbeing and we do not need permission or consent to contact our patients. Unfortunately this was thought to be the case at first and some patients have declined to receive text messages. AS said that we may be able to rectify this, with a search of the patients that declined consent and giving them a quick call to explain and highlight the benefits of the messaging service etc.

**The PPG attendees set the agenda for the next meeting which was confirmed for Wednesday 12<sup>th</sup> September 2018.**