

Northgate Surgery Patient Participation Meeting

Minutes of Practice Meeting: Wednesday 6th December 2017

Present: A Kemshell, A Sugarman, B Hinchcliffe, J Lane, G Ivey, C Pearce, J McNichol, A Jarratt, L Froude, C Eades, S Eccles, C Smith

Apologies: W Bailey, J Ellard

	<p><u>Introduction</u></p> <p>All members introduced themselves as some new members were present.</p> <p>Previous minutes were discussed and agreed as a true record. All actions were achieved.</p> <p>LF asked to recap on the research that she had done regarding appointment booking at other surgeries. One surgery had a sit and wait clinic where any patient could arrive without being triaged. AJK said it was hard to comment without knowing the size of the other practices as she felt having a sit and wait clinic here would be hard to cope with. AJK felt that patient queries would not be dealt with in an appropriate manner as GPs could be rushing in order to deal with the high volume of patients.</p> <p><u>Online Services</u></p> <p>Concern was expressed about the waiting times for routine appointments. AJK explained that the standard waiting time for a routine appointment is over three weeks. One member had waited five weeks and AJK and AS agreed five weeks was a long time to wait. AJK explained that she accepted the stress waiting for results can cause but that the doctors would only say it could wait five weeks if the results were ok. If not, the doctors will state that patients do need an urgent appointment.</p> <p>CP stated that it is still very difficult to get an appointment via the online system. AJK explained that the practice releases 175 pre-bookable appointments per week, of which 75 of these are made available online. AJK then explained how the other appointments that are not pre-bookable are only available for the triage nurse to use or reception can use these if a doctor has requested a patient to be seen.</p>	
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	<p>AS explained that the online service appointments are released as the rotas are put on but appointments can only be booked for four weeks in advance to prevent DNAs. AJK explained that the more online appointments made available for patients to book, the less triage appointments will be available. Therefore the triage system will suffer. AS said that we need to find a balance between the two systems and a way to protect the online appointments so that reception staff cannot book in to these. AS also explained the importance of educating patients as to what requires a routine or urgent appointment.</p> <p>Two members queried if appointments could be made available online to book with nurses. AJK explained that this would not be practical as patients would not be aware of the time that a nurse would need for certain appointments. For example, a smear appointment would last longer than a blood pressure check.</p> <p>CP queried if the practice has enough available appointments for the increasing number of patients registering. AJK explained that there is no guide on how many patients are allocated to one GP. However, many practices are closing their patient list as they are struggling to cope with the high volume of new patients.</p> <p>AJK also explained that the triage nurse will decide who needs to be seen as a lot of patients are unaware of which symptoms require an urgent appointment and which symptoms can be dealt with by a nurse or chemist. However, patients do need to take a bit of ownership and say if they are unable to wait three weeks for a routine appointment.</p> <p><u>Practice Update</u></p> <p>AS explained that our request for funding has finally been accepted by the CCG and the Practice will be working with the landlord to repair the leaking roof and put in a mezzanine floor. AS said this is not set in stone however we are on the final stretch and as soon as the funding is received this will be actioned. AJK explained there will be huge benefits to this such as better lighting and better ventilation in the reception area. AS recognised that there is an ongoing problem with the location of the call screen as patients are not able to see this from the nurses waiting area. AS is going to look at suspending the call screens from the new mezzanine floor when this is in place. This may allow us to have two call screens – one at each end of the waiting area.</p>	<p>AS to put protective system in place</p> <p>AJK to complete audit</p>
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AS explained that we are currently in discussion with Living Care regarding the National Bowel Screening programme being held here. However this will require major changes to the endoscopy suite such as better toilet facilities and access to more recovery rooms. CP queried how this will be funded and how this will be run. AS stated that these changes will cost the surgery £70,000 and the Practice is currently looking at different options for funding this. This service will be run by Living Care and we will not be required to employ new staff.

Staff updates

AS explained that BH will be leaving and that JL will be taking over the PPG meetings. AS also explained Kelly (the Practice Nurse) will be leaving the surgery to go back to the hospital environment. AS stated that she will hopefully be interviewing within the next few weeks for the role. AS also explained that Lee, an ANP, will be leaving the practice and also the Nursing Manager, Mel, who is retiring next year but will be coming back to see patients two days a week without the Manager role.

Patient Questionnaire

CP went through the results that he had collated using the completed patient questionnaires. CP reported that more patients had responded this year in comparison with last year. However, not all questions were answered on the questionnaires that were handed back. AJK commented that this may be because it was flu season and patients were being called in for appointments quicker and therefore may not have had enough time to fill out all of the questions.

CP reported some of the changes from the questionnaire in comparison with last year's feedback. For example, the number of patients using the online access service has decreased and the number of patients seeing their preferred doctor has also decreased. AS and AJK explained this may be because some doctors have had time of sick or had leave.

CP then stated that the number of patients that never see their preferred GP had increased by a significant amount and he commented that this was very disappointing. AJK agreed it was disappointing but pointed out that patients do not choose which doctor they see when they go to hospital and that if you are ill it should not matter which doctor you see at surgery. AS also commented that it is becoming more and more difficult to see the GP of your choice as more pressure is put Practices to open longer. Without being able to recruit extra GPs, the existing ones will be stretched even further and schemes to combat this such as GP care Wakefield and at Pontefract Hospital will provide more appointments, but not

<p>with your regular GP.</p> <p>CP reported that the percentage of patients being seen by a nurse instead of a doctor had increased. LF recognised that some appointments are more appropriate to be booked with a nurse.</p> <p>CP reported that there was an increase in the 'excellent' ratings for reception staff. AS said she was very pleased with this however, if there is ever any negative feedback AS does deal with this appropriately and uses this as a training exercise.</p> <p>CP stated that the keeping healthy question was not relevant as this did not provide any useful information.</p> <p>JM and CS gave their apologies as they had to leave.</p> <p>AJK thanked CP for collating all the data from the patient questionnaires.</p> <p>GI queried what happens with any feedback from patients. AS explained that CP has been asked to present the information from the patient questionnaire to all of the staff at the next TARGET date in January.</p> <p>CE asked if there is a box available when booking online appointments for patients to specify a reason as to why they want the appointment. AJK and AS confirmed that there is a box available and it is beneficial as we can see whether an appointment booked in with a GP would be more appropriate with a nurse and can be re-arranged accordingly. CE asked if it was possible to put a message on the online system stating patients have to specify a reason when booking the appointment.</p> <p><u>AF tool</u></p> <p>AJK reported that two people were found with the AF tool. However, when they had their ECGs these were normal. LF recognised that the AF tool was worth doing. AJ queried why the AF tool may not pick up everybody that already has a diagnosis of AF. AJK explained that not all types of AF will show, not even on an ECG.</p> <p><u>Patient Feedback</u></p> <p>AS reported that within the last three months the surgery has received a lot of positive feedback. However, issues regarding the car parking remain ongoing. AS reported that</p>	<p>CP to remove this.</p> <p>AS to look into this.</p>
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we have been receiving approximately 80-100 friends and family comments per month via text and the odd one which is handwritten.

Patient Network group/CCG/news from the network

GI explained that she was unable to attend the last meeting. However, GI has not received any details or minutes of this meeting nor, has she received the date and location of the next meeting.

AS reported that there was nothing significant to report back regarding the federation. However, the Federation has approached a retired ex Practice Manager to help move this organisation forward. AS discussed the severe funding issues that the CCG has which may result in NHS England taking more of an active role in the running of it. This would not be good news for Practices as there will be even less funding for them.

Cake Sale

AJK announced that the practice has raised £500 for the Prince of Wales Hospice through the Christmas hamper raffle and the bake sale. AJK also reported that the bake sale had been beneficial in raising the profile of the PPG group and meetings as four more patients have been recruited.

AS thanked AJ and LF for their hard work and contribution with the bake sale and presented them with a poinsettia. LF asked if the raffle for the Christmas hamper had been drawn. BH reported that the raffle has been drawn and the winning tickets are on display in reception and the winners had been informed. CP was presented with a bottle of wine for his hard work collating the feedback from the patient questionnaire.

AOB:

The date and the agenda were set for the next meeting.

The next meeting will be on: **Wednesday 7th March 2018 at 5pm.**