

**Northgate Surgery Patient Participation Meeting**  
**Minutes of Practice Meeting: Thursday 15<sup>th</sup> March 2018**

**Present:** A Kemshell, S Crouch, J Lane, G Ivey, C Pearce, A Jarratt, L Froude, C Eades, J Miller

**Apologies:** S Eccles, C Smith

	<p><b><u>Introductions</u></b> JM from Wakefield CCG introduced herself to the group.</p> <p><b><u>Urgent Care in Pontefract</u></b> JM explained her role within the Wakefield CCG. She discussed the changes being made to the Pontefract area. The Wakefield CCG want to encourage the public to use the services appropriately and aim to do so by enhancing their communication with the public and running campaigns. If the public use the service effectively then this will ease the pressure from Pinderfields Hospital which is more appropriate for serious health needs. JM discussed that new guidance has been released regarding Urgent Care services with the aim of the services being primary care lead. JM provided the PPG with a leaflet that outlines the different services available locally.</p> <p>LF asked why the services at Dewsbury were not highlighted in the Urgent Care leaflet that was provided. JM explained that Dewsbury Hospital is not commissioned by the Wakefield CCG.</p> <p>GI raised concerns over the staffing of the Urgent Care centres with it being primary care lead and if it will have an impact on the GP services provided. AJK explained that only certain GPs will want to work in the out of hour's services due to the type of work and hours it involves. AJ queried if any GPs from Northgate would be working in the Urgent Care centre in which AJK said no. JM reported that the changes would be coming into place from 1<sup>st</sup> April 2018 and that GP Care Wakefield will also be situated there.</p> <p>LF questioned whether the walk in service in Wakefield was still available. JM explained that confusion had arisen due to the closure of the attached GP surgery. However the walk in service is still available. CE discussed how confusing it is not being sure of which services to access. GI reiterated that it</p>	
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	<p>can be distressing when you don't know which service is the most appropriate for you. CE said that she was confused about the difference between the walk in centre and the Urgent Care services. AJK explained that no appointment is needed when attending the walk in centre.</p> <p>The group had a brief discussion regarding the GPs phone lines and what happens when the surgery closes. SC explained that no matter what time you ring, the message on the answer machine will direct you to the appropriate services. AJK emphasised that if you are unsure what to do then phoning the GP surgery should be your first port of call. GI asked if this could be displayed on the surgery website or on the call-screen to make more patients aware.</p> <p>LF queried where the NHS 111 offices are based. JM explained that even though it is a nationwide service, there are offices all over the UK. For instance, we have one in Yorkshire that is run by the Yorkshire Ambulance team.</p> <p>JM thanked the PPG for letting her come and talk to us and the PPG also agreed it was an interesting and useful discussion.</p> <p><b>The minutes of the last meeting were agreed as a true record.</b></p> <p><b><u>Practice updates</u></b></p> <p>SC explained that we now have a new clinical practitioner, Dean, who was previously a paramedic like Jayne and they are responsible for the triage system. AJ stated that it was good that the Practice has another male clinician employed so patients have more choice. LF asked if the triage nurses have separate lines to be able to triage patients. AJK confirmed this. SC also welcomed the new GP registrar Dr Sarah Mortimer and our new Practice Nurse Julie Hutchinson. SC explained that Julie has taken over Kelly's role; Kelly has gone to work at the hospital. SC also explained Janet, one of our receptionists, will be retiring after 39 years. The PPG wished Janet all the best in her retirement and will be sad to see her leave. SC explained that we should hopefully have someone starting in April to cover reception.</p> <p>AJK then went on to explain the new building plans. The PPG members were provided with a copy of the new plans. SC explained that we do not have a confirmed start date yet but it</p>	<p>SC/HG/JL</p>
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	<p>should be starting soon. CE asked what extra rooms or services this will provide for the surgery. AJK explained that there will be changes to the Endoscopy suite and 2 more clinical rooms on the first floor. LF asked if we had a builder in place and SC confirmed this and reiterated that all we are waiting for now is the go ahead to start the building work.</p> <p><b><u>Patient feedback</u></b></p> <p>SC stated that the feedback that we had got for February was positive.</p> <p>LF asked if the Practice was aware of the results of a survey published in the Pontefract and Castleford Express that stated we were in the top 10 worst GP surgeries in Wakefield District. AJK pointed out that the surgeries that appeared to be in the best top 10 were all in affluent areas. SC also pointed out that the survey is based on a percentage which comes from the comments that are published on NHS choices website which is why we try to encourage all patients to post their feedback on this website. CP reported that he believed the survey was linked to patient's access to appointments and being able to access their preferred GP. GI asked if the two points could correlate. AJK stated that it was difficult to assess this without a comparable surgery, which is difficult as they would need to have a similar process in place when booking appointments. AJK added that not all GPs are full time and some GPs are inevitably going to be more popular than others, making it more difficult to get an appointment with them. The patient would have to be willing to wait a little bit longer for an appointment if they had a preferred GP they wished to see. AJK said that as a surgery we could look at if there are any simple measures that could be implemented to improve the availability of routine appointments.</p> <p>CP reported that he had spoken with Hayley about making more information available on the website regarding the GPs availability. LF said that the surgery is normally very good at offering a choice of doctors when you are being triaged for an appointment. However, LF stated she does ask the clinician if she has a choice of who she has an appointment with. AJK explained that unless a patient tells us or asks us, then we won't know if they have a preferred choice. AJK confirmed that the surgery would look at the availability of routine appointments. LF stated that availability of routine appointments that are online has increased significantly.</p>	
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	<p><b><u>Patient network group</u></b></p> <p>GI stated that she had not heard anything regarding the Patient Networking Group and asked if we could look into if they are still having regular meetings.</p> <p><b><u>Online Services</u></b></p> <p>CP praised the surgery for increasing the amount of appointments that had been made available on the online services. CP asked if we were able to send reminder texts out to patients who had booked an appointment online to remind them of their appointment. AJK confirmed the system does this. CP asked if we had a system in place to confirm a patient's contact details in order to send reminder details to patients. AJK stated that we should be checking mobile numbers and this can be a verbal discussion when the online access forms are handed in at reception. SC also stated that reception do confirm telephone numbers when speaking with patient's over the phone.</p> <p>AJK discussed the results of the audit she had completed following the implementation of the new slots on to the clinics. After 2 weeks, 58 online appointments were made available. 50 (86%) of these appointments were booked appropriately, 3 appointments were DNA'd (5%) and 2 slots weren't used. CE asked if there was any early morning appointments with GPs. SC explained the only early morning appointments available are with the Nursing staff. AJK continued to discuss the results of the audit. 4 (7%) appointments booked through the online services were inappropriate and could have been booked with more appropriate clinicians. CP asked if we could see the reasons why people had booked the appointments and if we could intercept them if booked inappropriately. AJK stated that this is possible but it depends if the patient enters a reason.</p> <p><b><u>DNA rates</u></b></p> <p>AJK stated that since the beginning of January, 104 general appointments have been missed and this equates to 161 hours. CE asked whether we thought the problem of missed appointments was down to clinic appointments being made for patients and being posted out to them. AJK explained that we do encourage patients to ring up and cancel their appointments if they are unable to make it and the letters are actually one of the best ways to get patients in for the regular or annual reviews. CP explained that if people had a mobile number recorded a text reminder would be something that may help prevent people from forgetting their appointments. SC explained that collecting and confirming mobile numbers</p>	<p>SC</p> <p>JL to look in to this</p>
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	<p>is ongoing by the reception staff when booking appointments. GI said that she believed making appointments on behalf of a patient and sending it out through the post is more effective than writing a letter prompting a patient to book a review as those letters tend to get put to one side and forgotten about.</p> <p>CP asked if it would be possible to fine patients when they do not attend their appointments. AJK stated this would not be possible. SC explained the Practice has a policy in place for patients who do not attend on a regular basis and if this happens on a regular basis the patient is removed from the practice list. GI asked if the triage nurses can see if a patient has DNA'd an appointment and would they reiterate the importance of attending. AJK confirmed that they do and explained some people do genuinely forget. AJK continued on to say that all patients are encouraged to call the surgery if they are running late as most GPs will allow time for this if they have let them know.</p> <p><b><u>Website</u></b></p> <p>SC explained she had been passed on the details of the meeting between Hayley and CP regarding the website. SC explained that following the meeting, Hayley has checked through all links and downloads to ensure all the links are working. SC also explained Hayley has checked through all downloads to ensure that documents are in a PDF format. LF asked if the website appeared different on different platforms i.e. different on a mobile compared to laptop. AJK confirmed that there is a difference. CP asked if having information regarding our recent cake sale was the most relevant information to be putting on the scrolling system. AJK explained that having information how the surgery helps to support local charities helps people when deciding which practice to register at. CP said that following his meeting with Hayley he was able find out which other GP surgeries used the same website template. AJK asked CP to look at this and report any suggestions at the next meeting.</p> <p>CP said that he thought the call-screen is too slow. SC explained that when the call-screen was faster we had complaints from patient's stating it was too fast.</p> <p>CP stated that he had spoken with Hayley about publicising information regarding the Urgent Care services available in Pontefract. AJK explained that information about the services needs to be more widely available in order to raise awareness. LF asked if it could be printed on the appointment slips given out at reception. SC explained that it couldn't as the appointment slips are linked in directly with the appointment system.</p>	<p>AK to re-audit in 3 months.</p> <p>CP to look at other surgery websites and feedback to group.</p>
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	<p>The group discussed the new newsletter that has been produced for the surgery. CP asked if it was available on the website.</p> <p><b><u>AOB</u></b></p> <p>GI expressed concerns that she had received a letter from Pharmacy2u. GI asked whether we should put some information regarding this service on the surgery website. AJK agreed it was concerning and the surgery does not recommend patients use this service. AJK explained that if any issues arise with a prescription ordered through this service it is more difficult to make amendments to it. CE asked if this service enable patients to get 3 monthly scripts. SC stated that it didn't as the surgery only prescribes a one monthly script unless otherwise specified by the GP.</p> <p>LF asked if it would be beneficial for the PPG to promote the online services and use of the website one morning. SC and AJK said this was a good idea especially as the surgery now has free WI-FI in place. GI stated this could be a potential new project for the group. AJK also stated that it would be beneficial to do this now as we now have more availability for appointments online.</p> <p>GI asked if the SC was confident with the surgeries security programming. SC explained that the security system was updated last week so she is confident it is. AJK also stated that the free WI-FI available to patients is not linked to System One so would not interfere with patient records.</p> <p>The agenda and date was set for the next meeting. This will be held on: <b>Wednesday 13<sup>th</sup> June 2018 at 5pm.</b></p>	
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