

**Northgate Surgery Patient Participation Meeting
Minutes of Practice Meeting held on
11th January 2016**

Present: A Sugarman, S Crouch, Dr R Vega, B Hinchcliffe, C Birch, S Smith, A Jarrett, L Froude, S Eccles, C Pearce, G Ivey.

Apologies: B Dunderdale, W Bailey, J Warrington, C Eades

	Minutes of Last Meeting: Agreed as a true record.	
	<p>Everyone present introduced themselves as there were new members.</p> <p><u>STAFFING</u></p> <p>AS said that staffing was still a problem and that the Practice is still struggling to recruit another Partner. The new Doctor that was due to start may not now be starting. The time that it would take to find a new Partner and get them started could be six months and it would be June or July. AS said that the lack of Doctors would have an effect on the number of appointments meaning that we would have to employ locums. AJ mentioned that having locum doctors makes some patients feel like they don't have continuity with an ongoing problem. AS agreed that it was not ideal. While on the topic of locums, one member asked how long Martin Gray would be staying, to which AS replied that he would be leaving in the middle of March as had been with us nearly a year. AS told the members that Dr Riddett had come back from maternity leave on the 7th January 2016 so this would help to make more appointments. LF mentioned that Dr Wilson and Dr Eccles still appeared on prescriptions.</p> <p>AS mentioned that Anne Green had left and has a new job so we now have a new health care assistant called Katie that started on 11th January 2016. AS also said that since Mel Bingle who started recently as our Advanced Nurse Practitioner and Nurse Manager, we now have a good team of nurses. AS said that Kate Drye, who used to be a paramedic before joining Northgate is doing well and now has her own clinics. She is also doing home visits as well as triage.</p>	<p>ACTION SC – get names removed</p>

<p><u>BUILDING</u></p> <p>AS stated that the car parking is still an issue but there is very little that can be done about the fact that the car park is too small. The Practice has already paid for all staff to have passes to the gym car park next door to alleviate the situation in the main car park but it is still a problem.</p> <p>It was also mentioned that Northgate has joined a federation (group of Practices) along with other local Practices. This only happened in December and the Board has not yet been elected although AS thought it might be a good idea for one of the Northgate Partners to put them forward. AS said the federation was a good idea as surgeries would be able to share resources at a time when recruitment is an issue and 24 hours opening is on the horizon. Some members mentioned it might be a good idea for the practices to join together and become one big surgery. AS responded with saying that that is difficult to achieve as some Practices are owned and some are leased</p> <p><u>ACTION PLAN – APPOINTMENTS</u></p> <p>AS mentioned that although there is no national requirement to carry out an action plan this year, she felt that the lack of appointments is still a key issue and DNAs need to be decreased so that appointments are made free. She suggested that the group keep appointments as a key priority for discussion in the coming year.</p> <p>RV said that it could be an idea that students could take blood pressures and see patients with very minor illnesses to free up some appointments with the doctors and nurses.</p> <p>AS pointed out that issue of 24/7 opening would only create more pressure on the appointments. She said that it would be difficult to staff, and doctors who worked weekends, would have to be given time off in the week meaning there would not be as many appointments throughout the week. The only way she could see it working is if Practices worked in networks or federations but patients would not always see their own GP.</p> <p>AS told the PPG members that she had been on a stand at a careers fair at Huddersfield University trying to encourage nurses to go into practice nursing rather than into hospitals. There was a lot of interest and a lot of people went onto the mailing list so they</p>	<p>ACTION RV</p>
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	<p>will be informed about future job opportunities.</p> <p><u>NETWORK PPG UPDATE</u></p> <p>CB informed the group that he is still happy to be the representative and is happy to attend every meeting he can and report back to us. The idea of the network group is to act as a channel of communication from the network to the practice population. CB had also created a presentation which explained the group’s Terms of Reference. These were discussed and GI suggested that rather than the wording saying that ‘meetings are held on an ad hoc basis’, additional wording should say ‘with a minimum of two meetings per year’. CB said there is a maximum of two members per surgery but non-members may attend as an observer or a guest speaker. AS said at the next meeting a chairman will be elected and thanked CB for going to the meetings.</p> <p><u>PRACTICE SURVEY</u></p> <p>AS told the members that practice surveys have been handed out during flu season and that we have now the results of the survey.</p> <p>Members asked if it would be better for doctors to hand out the surveys as patients are survey weary. RV said this would not be practical as doctors already give out their own surveys so it would be confusing for patients.</p> <p>AS then went over the results saying they were very similar to last year regarding the comments about the lack of appointments and car parking being an issue. One comment that was mentioned is that it is hard to see the call screen from the nurses waiting area as if it is busy people queue in front of it. One member also added that it is difficult to see the dark blue colour that one of the messages is in. GI said that she is not keen on the call screen and it is not up to date. There is one message that always says Dr Davenport is running 30 minutes late even if she isn’t in. GI also said that it would be a good idea to put how long a wait patients should expect before they are seen on the check in screen so patients aren’t getting impatient. AS said that she would stress to reception how important it was to tell patients how long they are expected to wait or how far behind doctors are. RV mentioned it is also a good idea for receptionists to inform patients that some doctors may have a medical student sitting with them and that a sign should be put up at the check in screen</p>	<p>CB to raise at the next Network PPG meeting</p> <p>ACTION BH to change colour</p> <p>ACTION AS to check this</p> <p>ACTION AS to inform reception</p>
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<p>and on reception.</p> <p>CB has started working on a new patient questionnaire that has four sections. He said his idea is for the survey to be more user friendly and will not take as long to fill in. AS said it would also be useful to know what patients felt about in-house services such as audiology and ultrasound and aftercare at the surgery in section 3. CP mentioned it would be a good idea for it to say at the top of the survey how long it will take to fill it in. CP/CB/GI all said they will meet on Wednesday 3rd February 2016 to work on the survey. A member of Practice staff was also asked to join this.</p>	<p>Action BH</p>
<p><u>CONTRACTS (National Development Framework and unplanned admissions)</u></p> <p>AS explained that both contracts are involved in care planning but the NDF also provides funding in order to create extra appointments and this contract is due to end at the end of March. AS said that Unplanned Admissions service also finishes at the end of March but may well be renewed. The extended hours contract also is due to finish which will mean that late evenings and early mornings will end but there will most likely be something to replace it based around the Government's plan for 24 hour opening.</p>	<p>ACTION CP/CB/GI/AS</p>
<p><u>WEBSITE</u></p> <p>CP said there should be an option of 'Online Services' on the home page as it is not clear that such things as summary care records are accessible unless you choose appointments or prescriptions, which take you through to the online service.</p> <p>CP also said it would be a good idea to have a summary and a picture of each doctor on the website which would make patients feel more relaxed about would they were seeing. Many members thought this was a good idea. AS said she didn't think Partners would want their pictures on the website but more background information about them would be a good idea.</p>	<p>ACTION BH</p>
<p>CP mentioned that when googling Northgate Surgery it still says Dr Eccles and Partners instead of Dr Davenport.</p>	<p>ACTION AS</p>
<p><u>NAMED DOCTOR</u></p> <p>CP asked how patients would know who their named GP was. SC explained that that the Practice automatically sends a letter for patients over 75. CP said that the named GP for over 75s is a</p>	<p>ACTION AS</p>

<p>good idea as it is important to see the same doctor, ideally of your choice, as you can get to know the doctor better especially if you have an ongoing problem. RV informed the group that generally, when a Partner leaves, all patients are evenly distributed between the remaining doctors so everyone does have a named Doctor anyway. CP added that the over 75s' named Doctor has added responsibilities and AS agreed, but commented that patients will not always get to see their named Doctor and will naturally gravitate towards the Doctor they prefer, regardless of if they are their named Doctor. She also commented that having a named Doctor that patients expect to see all the time is going to be more difficult with 24 hour opening.</p> <p><u>ONLINE APPOINTMENTS</u></p> <p>Members in general stated that having the online system is a lot better way for patients to book an appointment with the doctor that they want to see as they can see exactly which appointments are available. However AS said that only 8% of patients are registered online. CP suggested this might be because they have to come into surgery to register. SC said that this system now needs a bigger push to get more people registered.</p> <p>LF said that another surgery have early morning appointments available to book online for each day. AS said that this idea might be a problem as these patients would not be triaged and SC feared that some of these appointments might go to waste if they are not used.</p> <p>AOB:</p> <p><u>FRIENDS AND FAMILY SURVEY</u></p> <p>CP said he is concerned about the Friends and Family results, as the amount of patients that said they would not recommend us puts us at the top of bad practices on the NHS Choices website. He said that he had collated the figures for the Practices in the area and nationally for October, Northgate were the worst. He commented that the results for November for Northgate were poor, however December's figures are a lot better. It was also mentioned that even though the survey was sent to everyone there was a low response rate, members thought this might be because those who have nothing to complain about are less</p>	<p>ACTION AS/SC</p>
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	<p>likely to fill it in.</p> <p>AS said that she was happy to share any comments that had been given about the Practice for discussion at the next meeting. Members commented that CBs new survey might give a better insight. Some members thought the Friends and Family survey is unrepresentative and unfair as not a lot of patients will make a general comment. AS commented that the process is frustrating because it would also be useful to be able to contact a patient who makes a negative comment in order to resolve the problem but there isn't a section where the patient can leave their contact details. She has the same problem on NHS Choices – patients leave comments, which aren't always fair eg complaining we don't have a lift when we do, and if the comments are anonymous, she has no way of answering them.</p> <p><u>MEETING MINUTES</u></p> <p>CB pointed out that he had been referred to as CF in the minutes of the last meeting and CP pointed out a typing error. BH said she will get those changed and altered on the website.</p>	ACTION BH
	AS thanked everyone for attending.	
	<p><u>Date of Next Meeting.</u></p> <p>To be confirmed.</p>	