

Garswood Surgery Patient Participation Group Meeting

Wednesday, 3 June 2015

In attendance: Mr T Narayanan (TN) – Chairperson
Cllr B Ashcroft (BA)
Mrs J Evans (JE)
Mr J Evans (JHE)
Mr J Rice (JR)
Mr D Chesworth (DC)
Mr D Bruce (DB)
Mr E Ranson (ER)
Mrs R Chapman (RCh)
Mr B Knowles (BN)
Dr H Parr (HP)
Mrs J Bryan – Health Care Assistant
Ms Janet Roberts – HealthWatch Representative
Mrs S Greenwood (SCG) – Practice Manager
Miss Lindsey Clayworth – Reception Manager

Apologies for Absence

Apologies for absence were received from: Dr J Holden (JDH), Dr D Lawson, Mrs T Peet, Mr K Cleary, Mrs S Cleary, Mrs R Chesworth, Mrs K Gaskell, Mrs P Williscroft, Mrs A Clark

Minutes of Last Meeting

The minutes of the meeting held on 3 December 2014 were agreed. There were no matters arising. The group asked if the minutes could contain page numbers in future. SCG advised she would ensure these were added to future minutes

Garswood Patient Survey & Friends & Family Test Results

SG presented the results of the most recent local patient survey and the Friends & Family Test results.

The results remained consistent with previous local surveys and the majority of patients are happy with the service provided.

SG advised that our survey results and the comments we received are published on the practice website.

Practice Update

Practice List

SCG advised that the practice list continued to rise and currently stood at 4483 patients.

Funding Issues

The group were advised that the practice currently held a Personal Medical Services (PMS) contract which gave us a premium payment for providing services that were outside of the expectations of the standard General Medical Services (GMS) contract.

The Government intended to phase out the payments that PMS practices currently enjoy and that this was likely to be a significant cut to our current income.

The current funding was used to facilitate our in-house phlebotomy service which was integral to the effective functioning of our birthday reviews recalls system and 15 minute appointments.

At this time we were awaiting clarity on the situation. An update would be brought to the next meeting.

New GP Contract

The new GP contract changes for 2015 included, amongst other things, ensuring that all patients had a named GP and continued engagement with patients via PPGs to ensure that we obtain the views of patients and obtain feedback from the practice patient population on services we deliver and to make every reasonable effort to meet at agreed intervals and ensure the PPG is representative of the practice patient population and review patient feedback (from all sources) with the aims of the practice and PPG agreeing improvements that could be made to services. The practice was required to declare in the annual electronic practice self-declaration (eDEC) that we have fulfilled these requirements.

Appointments System Trial - Duty Doctor

HP described proposed changes to the appointment system involving the introduction of a duty doctor triage. The aim was to try and provide appointments in a more responsive way as it was acknowledged that the current system mainly offered routine book ahead appointments, potentially, but not necessarily, with the GP of choice, with the alternative being emergency same day or next day slots.

In future the whilst existing system still stand, things that required on the day attention would be placed onto a 'same day' duty doctor task list by the receptionist following the usual signposting processes rather than the existing system of ad hoc messages with no proper audit trail. The duty doctor for that day would have some protected time to deal with the task list which could include requests for urgent appointments, medication queries, acute medical advice queries, etc., The duty doctor would have a cohort of appointments protected for allocation as they deemed appropriate or they would send a task back to the reception for us to relay a message on to the patient, etc. It was proposed to trial the

system which could be 'tweaked' as necessary until it was established and accepted as the preferred system

In addition there was an acknowledged need to provide some protected appointments for acutely ill children who might need an appointment after school or nursery and additional baby immunisation appointments would be provided on Thursday evenings to help working parents who struggled to attend the Monday afternoon baby clinic unless they took time off work.

Telephone Call Recording

The call recording was now successfully implemented and it was now possible to replay calls for training and quality purposes. It was also useful if there was any dispute between what a patient understood the receptionist to have said and what was actually said. It was not intended that the call recording be used as a 'stick' but a tool.

The subject of disruptive and abusive patients was raised. The group felt that patients who were abusive towards the staff should be asked to find another GP. SCG explained that this was not as straightforward as it seemed, that there was a process which needed to be followed but fortunately there was not a high incidence compared to some surgeries but that each individual case was considered and dealt with as applicable to the circumstances.

NHS Texting Service

SCG advised that the current texting service, which formed part of the clinical system and confirmed a patient's appointment time by text message if they had their mobile phone registered with the practice, was being withdrawn. The service was currently being provided free of charge via the NHS Net mail service but by the end of September the service would no longer be available and it was already being steadily withdrawn. The group felt strongly that this was a useful service which they would like to see continued, however, based on current available information it was likely that if the practice wished to maintain a texting service this would become a chargeable service from private providers and the cost of individual text messages was likely to be in the region of 4p per message. This was cost prohibitive to the practice. SCG advised that there was a possibility that some alternative provision could be in the pipeline but that there was at this time no concrete assurances to that effect. An update would be brought to the next meeting in December.

Appointment No-Shows (DNAs)

The issue of DNAs continued. Notices in the waiting area were having no measurable effect in reducing the numbers of wasted appointments and it was felt that the imminent withdrawal of the texting service could exacerbate the problem. TN asked if the CCG had any statistics whereby the number of DNAs across the patch had been collected but SCG advised that she was doubtful that such information existed as she was never asked to provide any data in this regard and that would be the same across all the practices.

CQC Inspection

SCG advised that the routine inspection that the Care Quality Commission was mandated to conduct for all GP Practices was likely to take place in September. She advised that it was likely the inspectors would like to speak to any member of the patient group who could spare the time. SCG advised that she would write out to all members when we received a visit date and that anyone who was available could elect to speak to the inspectors but at this stage she did not know whether this would involve a meeting with the group, a face to face meeting with individual volunteers or a phone or email conversation.

CCG Update

TN advised that he had attended the Patient Power event and described the event which included a description of the new hospital discharge plan following an in-patient stay and also how Patient Power could be the driver for change in the NHS. He advised that whilst the 2012 Health & Social Care Act aspires to put patients first it does not say that it will or that this may even always be possible and patients needed to understand the problems and issues facing service provision in a climate of cuts, targets and ratings.

Date & Time of Next Meeting

It was proposed that the next meeting be held December 2015. The date would be confirmed nearer to the time but it was expected to be the first Wednesday in December.