Deer Park Patient Participation Group

Date of Meeting: 21 November 2019

Attendees

(AC)	Practice Manager
(JH) Chair	Patient Representative
(DS)	Patient Representative
(EG) Secretary	Patient Representative
(JM)	GP Partner
(MC)	Patient Representative
(PP) Vice Chair	Patient Representative
(RD)	Patient Representative
(TM)	Patient Representative

Apologies for absence

MJ; PW; NH.

Matters Arising & Actions

The Chair felt that any matters arising from the previous meeting would be dealt with through the agenda.

Agenda Items

1. **Appointment System**.

At the September meeting Dr Tao (WT) had outlined his experience of different ways of managing appointments. Ideas were put to the practice and were circulated with the minutes from 19 September. MC was concerned that she recently had a choice of one GP in four weeks' time: it was agreed that this was common. DS raised that although appointments came online at 08.30 each day, he had found an appointment online at 06.00 that had not been available the previous day. AC said that it must have been a cancellation. Cancellations of online appointments go back into Patient Access; those made in person return to that mode.

About one third of available appointments may be booked online: the actual number depends on how GPs are working each day etc. The practice keeps 12 appointments each morning and afternoon (24 per day) for emergencies. JM and AC stressed that the practice was keen to not disadvantage

anyone who may not use Patient Access. JH and EG both felt that better use of technology would help to develop solutions.

AC said that GPs usually have 13-14 appointments; two phone slots and four emergencies allocated to them each day. JM said that the bottom line was that there was always more demand than appointments available despite having new GP providing 4 extra surgeries each week: an increase of 10%. TM asked whether it was possible to allocate one GP, on a rotating basis, to emergencies only as happened at a nearby practice. JM said that GPs found this 'miserable'. The workload was untenable as the 'on duty' GP might have to see as many as 70 patients in one day.

The consensus was that something needed to change. JM thought there were enough GP slots that people should always be able to get an appointment within 48 hours if they called or visited the surgery. EG raised the point that many patients do not feel they need to be seen within 2 days but would like to be seen in under 3 to 4 weeks. DS and EG suggested that, in the light of long waits for routine appointments, it might be possible to change the ratio of appointments available. JM thought that this would be worth trialling: the 48- hour system was a hangover from an old government target and was no longer relevant. The group agreed that the practice should experiment with removing/amending the 48-hour slots in order to make more appointments available for pre-booking.

MC asked about booking nurse appointments on-line, but they are specific to the treatment required, for instance monitoring diabetes is allocated 30 minutes whereas a blood test may take only 5 minutes. JM and AC agreed that it might become possible to facilitate booking blood tests online if there is a way to stop people self-referring.

RD asked about data that might be used to clarify how the appointment system was used, and how many people felt unable to get an appointment within an acceptable timeframe: unfortunately, none is available. JM responded that if there were an 'event', that would trigger an examination of waiting times. Questions were raised about using pharmacists to diagnose and treat minor ailments. AC and JM said that unfortunately many patients were resistant to this. EG commented that there was therefore a need for patient education. JH said that this was also the way forward in the reorganised PCNs. AC said that persuading patients to use minor treatment facilities took a lot of time. JH felt that it was the responsibility of the practice to educate patients about alternatives and asked what the PPG might do to 'move patients on', he said that there were many ways to communicate this information other than face-to-face. It was hoped that, once there was an in-house pharmacist, patients would become more open to the idea of not having to always see a GP. As always, there are complications, such as the GP still having to underwrite an (in-house) pharmacist's actions.

JM has proposed that the noticeboards contain only themed information. He will take charge of the first new posting in December: this will be to raise awareness about drinking alcohol. AC said that in future noticeboards might be used to raise patient awareness about the role of pharmacists, nurses and Health Care Assistants in primary healthcare. PP said that in his experience at QMC, people were more likely to engage with information on a TV screen than on noticeboards. Unfortunately, it is still not possible to install a screen at Deer Park.

2. **PCN Developments**

JH and the Chairs from three other practices had a successful meeting with Katherine O'Connor (Clinical Lead of PCN7). JH wanted to know how they could work together to help Deer Park.

The names of the PCN have been changed.

3. **Car Parking**

DS and MC were both concerned about the difficulty in parking at the health centre. JH estimated that there were 50 spaces, but he counted only 5 patients. PPG members felt some places should be reserved for 'patients only'. AC said that the front car park was designated for patients and the rear for staff. There are 3 spaces in the front marked 'Doctor' (EG): it seems they are no longer reserved for doctors, but patients are not aware of that.

AC said that staff try to monitor parking and even put notices on car windows to try to stop/prevent parking by people not using the centre. JM wants NHS Property Services to talk to the manager at the Hemlockstone PH about renting spaces for use by staff.

JM would welcome patient 'Comments Forms' regarding parking problems so he can pass these on to the Health Authorities for action. Better signing might help the use / abuse of patient parking.

4. **Patient Access**

EG raised the lack of personal information available online. Some practices share more patient data than others. This may be resolved by giving the Practice Manager (AC) authority to 'release' a patient's information. JM warned that not all people wanted to see test results etc. and that some people might misunderstand data and be unnecessarily concerned. RD said that he would not want to see his data but asked for reassurance about what, say, a paramedic might be able to access.

AOB

It was agreed that the practice and PPG would take responsibility for the noticeboards on alternate occasions. JM will cover December and the PPG will create a display for January / February. EG suggested that themes were linked when possible to Health Action Days such as Mental Health Week. EG will locate appropriate calendars and share the information with JM for information and future discussion.

TM asked for information about volunteering for discussions abut the Integrated Care Systems. JM felt that now they are looking for interested parties and will eventually invite some of those people to join specific groups.

Meeting closed at: 14.15

Next meeting: 16 January 2020.

Any items for the agenda to Elaine Golding by 5th January 2020