

Deer Park Patient Participation Group



Date of Meeting: 16 January 2020

Attendees.

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

Apologies for absence

PW; MJ; TM; DS

Introductions

There were no introductions.

Matters Arising & Actions

(i) Appointment System

AC reported that the practice had reviewed the current system of appointments and there were now 15 appointments per day of which 10 were pre-bookable and 5 per day set aside for emergency/same day visits. Five appointments could be booked online and five in person, by telephone or at reception. Online bookings were increasing year-on-year and NHS set practices new annual targets however, slightly fewer appointments were still made online compared to in person. JH asked how the practice might increase the number, AC replied that all new patients were given a form to complete and sometimes details were entered on the system at the outset: people cannot be made to use the system. Currently, at Deer Park about 30% of bookings are made online. JM reiterated that it is not possible to include nurse appointments in online bookings. Nurse appointments vary from diabetes

reviews to asthma checks. JM said it might be possible to put phlebotomy appointments online, although INR appointments were usually booked when patients were given their results. There was some concern that an online appointment system (for blood tests) might be abused by patients self-referring. EG questioned why the IT systems could not detect that a request did not originate from a clinician: unfortunately, AC said, the systems are archaic, and elements cannot 'talk to each other'. Members asked if there was a way to use the noticeboard to highlight the appointment system (see below).

(ii) Noticeboard

There had been several suggestions made on topics for noticeboard displays. EG had supplied information from various organisations including NHS Health Awareness and WHO (World Health Organisation). There are almost too many events to cover and the PPG need to prioritise its focus. AC and JM reported that downloadable resources supplied by the organisations were often A4 sized and lacked impact. The cost of producing larger posters was prohibitive although MC thought that she might be able to address this.

EG suggested that raising awareness through social media was cheaper and quicker and pointed out that the last post from Deer Park was 28 September 2019. AC said that it was very time-consuming unless 'tick-box' links were included in the health calendars.

(iii) Practice update

JM reported that by the end of May this year, three GPs would be on maternity leave. This represented 16 surgeries per week, a third of the total at Deer Park. JM was hopeful that all sessions would be covered but stressed how difficult it was to find suitable new doctors.

The practice was still waiting to hear if the unused rooms would be allocated to them. There was an offer to rent the space, but the cost was prohibitive and would not be reimbursed by the NHS despite pressure on the group to accept new patients JM said that on Fridays, there were more people working at the centre than rooms available. JH said that he had seen an NHS webpage that cited Deer Park had 'open' rooms available to use as surgeries: this is not wholly true as the rooms are available to rent only at high cost. JH asked whether other practices in the PCN were similarly affected. JM said they were not: Deer Park is the only primary care centre in the group who use a health centre, i.e. they do not own the building. Across the country, other practices in health centres are also in dispute with NHS over room allocation. A room will be needed for the on-site pharmacist – an NHS initiative – however, there is no space available and the NHS is not providing any funding to help.

Members were amazed that the NHS should require improvements in service without facilitating the practice to do so. JM said that basically, doctors' surgeries are businesses: £6k spent on renting rooms, meant less money to spend on patient care. A permanent solution to the rooming crisis is needed: one which is funded by the NHS. JM explained that NHS funding mechanisms were complicated and sometimes strange. For example, hospitals often receive drugs free of charge and prescribe to patients on discharge. However, the same drugs are a cost to the community as they are not free when prescribed by a GP.

JM summed up by saying that regrettably some of the newly formed Primary Care Networks (PCN) were already unviable and on the verge of collapse. Government was making demands, such as monthly checks on local care homes, which were unachievable without additional funding. AC said that the amalgamation of the Clinical Commissioning Groups (CCG) was resulting in lowest costs being implemented without consideration of the needs of individual practices. JM recognised the need to save money/use public funds wisely, however under-funding made some practices unviable. Fortunately, this will not affect Deer Park as careful management of funds means that they are currently in a good situation. PP thanked JM for the reassurance and hard work.

It has been agreed at Deer Park that there is a need to 'shrink the practice': no new patients will be taken on for a while. This means that planners etc. must take this into account when siting new housing developments. Once NHS funds are available for opening rooms at Deer Park etc. then the practice can once again open its books. This decision has not been taken lightly.

AC was pleased to announce that a recent inspection by Care Quality Commission (CQC) rated the practice GOOD.

Agenda Items

1. Car park

DS has offered to monitor the use of the car park. RD and NH both thought this was a good idea and offered to help. EG offered to develop a pro-forma and/or questionnaire for observers to use. JH asked whether, if we could supply evidence of parking problems, the NHS would help. JM thought this would really help.

AC said that the car park was not owned by Deer Park but by the Wollaton Vale Health Centre (WVHC). This complicates any action as it must be agreed by the centre manager. The centre manager has also conducted a review of car park use. Half of the car park, the rear section, is for use only by centre staff. This leaves very few places for patients. The District Nursing manager has been able to organise parking for some staff at the nearby Hemlockstone Public House. The nature of district nurses' jobs means that they must have convenient access to parking.

MC wondered whether it was possible to write to the Fernwood schools asking for the Head Teachers' support in raising awareness among parents and appeal to their 'better nature'. She also showed the group a poster that she had drafted which she hoped would encourage centre visitors to write to NHS about the problems they encountered with parking. The poster was warmly received, and members made some suggestions about content and layout. RD said that people would need to include the time and date of their attendance. EG suggested that a pro-forma letter was attached for people to take and an email address supplied. Centre staff would collate letters and send to the NHS once enough had been collected, if emails were sent a dedicated email address would need to be set up.

AC suggested that the PPG take ownership of the noticeboard in the waiting area.

2. Health Awareness displays

JM said that producing a quality display would be costly. AC has only five A3 coloured posters, sent by groups. Generally, the expectation was that centres would print their own resources. A3 printers are available but restrictions on set-up at health centres meant it was prohibitively costly to use them.

AOB

- JH enquired whether Kate Horton leaving would affect Deer Park/PCN. AC said that there had been several new initiatives but without finance they could not be implemented. There were still many changes afoot and no clear remits: AC did not expect any noticeable problem with KH leaving.
- AC said that future meetings might have to be relocated and/or dates changed. JH said that was not desirable, but discussions are needed.
- RD said that the GP waiting area could be an unhealthy environment, especially for people who were unwell with non-viral conditions. AC said that, after signing in, patients could tell reception staff that they would wait in the larger, main area: staff would message the GP who would collect the patient for their appointment.

Actions

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| (i) | Complete the poster on car parking issues. | MC |
| (ii) | Research cheap printing of A3/A2 posters. | MC |
| (iii) | Set up email address to receive comments about the car park. | AC |
| (iv) | Create questionnaire/pro-forma for car park survey. | EG |
| (v) | JH, NH, RD and DS to liaise over a survey of the car park. Discuss possible actions with the WVHC manager (AC) and bring ideas to the next meeting. | JH, NH, RD, |

Meeting closed at: 14.25

Next meeting: Thursday 19 March 2020.

Items for the agenda to Elaine Golding by Monday 4th March 2020.