

Park Grove Surgery
Dr C A Bridger, Dr S Chikthimmah, Dr C Tadi & Dr R Hariharan
94 Park Grove, Barnsley, South Yorkshire S70 1QE
Tel 01226 704343 Fax 01226 785228

Minutes of Patient Group Meeting 17.02.15 12:00

Present

Michelle Field
Ann Gillott
Ian Gillott
Sheila Hayward
Cyril Duffy
Diana Wells
Lisa Whitehead

Apologies

Dorothy Hayward

Not in attendance

Brian Lowe
Raisa Morgan
Jennifer Baker
Dana Crooks
Carolyn Clay

Michelle thanked the group for attending and introduced Diana Wells and Lisa Whitehead from Grimethorpe surgery who were in attendance to observe. Diana provided the group with a short background of the surgery they represent and area/population covered.

All - The group had a general discussion regarding recent news topics concerning GP practices and national shortage of Doctors, we discussed how everyone was experiencing the same problem and the problems with DNA (Did not attend) rates where patients book appointments and then don't turn up and those who don't really need to come to surgery and could source help from elsewhere such as pharmacy.

Friends and Family Test

MF – This was discussed as an area of priority at the last meeting to try and push this to gain a meaningful number of responses. We had not had many although this had only started in December and we collated January's to discuss today.

All – The results were tabled into graphs and discussed at the meeting, the majority of patients were extremely likely or likely to recommend the surgery to family or friends. The responses were mainly from female patients and we said that we would ask receptionists to ask more men to fill them in. There were more in the mid section of age groups that answered and a high percentage of patients had answered that they considered themselves to have a disability. The group wondered what instances came into this category ie physical, mental disability etc but we agreed that we couldn't see the reason for asking this question with the answers being so broad and not breaking it down into categories. The sheets that had been produced by MF had not asked this question only the ones that had been provided by the local team. We discussed the number of responses and how some may feel bombarded with surveys in every aspect such as when they purchase car insurance etc, some take them home and then don't bring them back and some probably think "why bother", "is it going to change anything".

The group went on to discuss some of the free text comments, the majority of which were very positive. We discussed the negative ones and one had mentioned about electronic prescriptions going to the chemist, AG raised a problem that had been ongoing for some time where the pharmacy continually bring medication that is not required and stocks build up. MF explained the process and that pharmacies who order on behalf of the patient should ring each time and ask what it is that they require but understood that this doesn't always happen, when this has been raised in the past with the pharmacy they have said that they couldn't get hold of the patient so had ordered everything. The group discussed wastage and impact on budget and the NHS in general, everyone suffers. CD also mentioned this could be a problem when the pharmacy use locum pharmacists.

This also raised a matter of Birthday Month Review/or "MOT" whereby patients are sent letters to invite them to surgery for regular review. CD mentioned that letters were received despite clinicians postponing them for a short period, MF explained that this is probably because the letters are generated by admin staff who will sent 3 and then a risk/benefit letter until the patient attends and that we have a duty to send the invites and that if it ensured the patient attended then it was worthwhile.

The group went on to discuss the number of patients registered at the surgery, MF advised that over the 5 yrs she had been there the list size had remained the

same. IG asked about forward planning for population increase and MF advised that if necessary and the practice had to expand, we would take on more GPs and there was always the option of opening a further branch site. MF advised that another issue relating to access was that GP practices have been more proactive in case finding of Diabetics, Dementia etc rather than many years ago where we just waited for patients to present with symptoms. The group discussed the service from years ago where diagnosis where probably not accurate and cases of consumption were probably lung cancer. IG also raised that people are now living longer because of advances in treatments. AG stated that these "MOTs" nip things in the bud before they progress. DW look at the shingles vaccine now being provided, advances all the time. AG felt that the group it was offered to should be widened, MF/DW restrictions implemented by government and vaccine provider. CD collections are taken for cancer studies but don't seem to get any further with treatments, AG as it mutates, DW like the flu vaccine, changes every year. CD shared a personal experience of a cancer patient. DW we are fortunate to have bowel, breast, cervical, prostate screening etc now, CD explained that some are frightened to find out still.

The group discussed past experiences, homeopathic drugs, cough medicines previously prescribed.

Another comment concerned on line booking however MF said that the practice had offered this since 2010 and had not had any other comments of a similar nature, MF explained this could be issues with the patients own personal computer and firewalls etc.

One comment was regarding appointments and the waiting time for them, the group understood the issues that can hold up clinicians. CD explained that one patient in front of him had turned up late but within the time slot so had to be seen, MF explained that another example was if other teams need to be contacted because of the needs of the patient ie need to contact emergency teams or admit the patient, the clinician doesn't know what is going to walk through the door although MF explained that other clinicians will help out if able and see the patients (Dr Bridger saw one for Lynne the other day) DW said that in the past patients just used to wait in the waiting room for hours until they were seen and this was the norm but that all surgeries have the same issues. CD mentioned that at Barnsley A&E department two weeks ago the waiting time was 14 hours!

MF asked how often the group would like the results of the FFT fed back to them and we agreed that twice a year in the meetings would be sufficient and we could assess a meaningful amount of answers. AG felt the name "Test" put patients off from answering but this is something we can't influence at this time.

Access/Working with the CCG

The second area of priority was to work collaboratively with the local CCG to offer key principles and obtain funding for the workforce. By agreeing to this the practice had taken on a further ANP and so we now had three GPs and three ANPs, the new ANP was also doing a late evening surgery. DW asked the group how long it had taken them to get used to seeing an ANP, CD stated immediately, they are brilliant. CD mentioned an example of where one of the ANPs had tried options but admitted they were baffled and so asked a GP for a further opinion, so helped for the clinicians to discuss and share ideas. IG stated that things will change and people will get used to it and newer generations will become normal to them. AG said that if the name wasn't on the door she wouldn't know that they were not a GP. DW said it was clear that the GPs had confidence in the ANPs. MF believed that taking on the new ANP had improved access from the practice point of view and this was felt by the GP on call not having to see as many extra patients, CD said that he had phoned through the other day, got straight through and got an appointment 30 minutes later and was happy with this.

Newsletter

This was the third area of priority discussed at the last meeting and a further newsletter had been produced for the winter season. MF explained that the letter was added to the website and a number of copies placed in the surgery for reading. Some of the group did not have access to the website and it was agreed to send these members copies in the post.

Relocation

We also agreed at the last meeting that we would continue to try and push forward the relocation of the surgery. MF showed the group some plans and asked if there were any questions to take back so that she could feedback the answers. The group mentioned about the parking facilities and how this was going to work considering we would be near to the town centre and people may use it to go into town. A number of options were discussed including a token system with barrier and wheelclamping. The group wanted to know the number of spaces available. The also wanted to know: Number of clinical rooms, if reception was closed off for confidentiality, how the area of expansion was accessed and the potential completion date.

DW mentioned that in past builds they were expected to offer open reception areas and this had been out of the hands of the practice however a separate room was offered to use for confidential matters. AG said that it was hard to discuss private matters in open areas and it wasn't discreet, even giving address details was a breach. AG said there was just one clinical room on the first floor

and MF explained this would be accessed via a lift. IG asked if it had been planned for staff and population levels as they currently are and AG asked if we were still keeping New Lodge, MF confirmed we would. IG asked if there would be a pharmacy and MF said that she didn't think so at the moment, the group discussed how these would be accessed and MF explained they would be sent electronically to one of the patient's choice either near their home or work. CD said that most pharmacies deliver now, free of charge. SH stated the important matter she wanted to clarify was the car park. CD said it is also easier access at the new site for pedestrians.

Template completion

The standard reporting template was shared with the group and the group reviewed this page by page and added in information where necessary. The areas of priority were populated as per the action plan and agreed areas with the group. MF stated that she would type up the template as it had been discussed today and if agreed get one of today's attenders to sign it before it went onto the website, the group agreed this.

We briefly mentioned the DNA rate that had gone down to 200+ from 300+ but MF explained that this number fluctuates, the agreed efforts were still being taken in this regard, DW said that this may be because it has not been a bad winter.

DW thanked the group for welcoming her and her associate LW to the meeting.

MF thanked everyone for attending and would be in touch about the next meeting date in view of impending leave.

Next Meeting

To be announced.