

Patient Participation Group

Minutes of meeting:

26.05.2011 1pm held in Conference Room at Ashville Medical Practice.

James Logan thanked everyone for attending.

Dr Rainford was thanked for attending as requested in the last meeting.

Firstly the group discussed the minutes of the last meeting and went through the following points.

Flu Vaccines

Flu vaccines have been ordered and will incorporate the swine flu again this year.

Telephones

Shaun Logan (care taker) and Denise Worstenholme (office manager) are having training on the phone system starting in June. They will give feedback at the next patient group.

Appointments

There have been lots of changes which should have made some improvements to the waiting times. A member asked has the waiting time changed from what it was one month ago to what it is now. Debbie (reception supervisor) advised that there is roughly a two week waiting time at the moment. Debbie advised that the best time to call for an appointment is 8am and 2pm.

It was asked could we do posters to advise patients of this and inform them that they can ring for an appointment on the same day and it is not just for emergencies. We will look into the cost of this.

Debbie advised the members that we have a two week rolling rota as this stops appointments being booked up for the whole month when they are added. Dr Rainford advised that rolling rota's seem to be working for her as she can still ask her patients to book in one month to two months if she needs to and she just adds a note to the patients' consultation. Dr Rainford is going to mention to the other Doctors that it would be good to document that they want to see a patient again so that reception can unblock an appointment for them. The rolling rota has cut down on the amount of patients not attending booked appointments.

We are a very busy practice and we will still keep trialing new ways to make improvements. We are actually over doctored; we have 7 doctors to roughly 10321 patients.

Joint Injections

A member asked if they are allowed to ask about other medical problems when they attend for a joint injection. Dr Rainford said it depends how long the injection takes as the appointment slots are only 10 minutes and if appointments take longer then it is unfair for the other patients who are kept waiting. One member asked if we allow patients to book double appointments. We do not offer this as we have to offer a certain amount of appointments per day and if we give double ones out this then cuts the amount

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that we offer to other patients. The doctors have other duties each day such as home visits, prescriptions and other administration work. The only time a doctor would offer a double appointment is if they have a difficult case to deal with that they know will take longer than the usual 10 minutes.

Telephones

The members were pleased how quick changes were made to the telephone system on reception, but patients are still having problems getting through. There is a dedicated receptionist who answers the telephone at the back of reception; we do have a problem in that sometimes she has to help reduce the queue at the desk. Jim said that we should promote using the self check in system to help keep the queue down. It was mentioned that we should have some signs above reception stating how easy the self check in machine is to use as some patients are probably afraid of using it. Jim said that we do try and promote the machine quite a lot.

Dr Rainford added that the reception staff work really hard, but things just need fine tuning to get everything working better.

Access Problems

A member asked if a patient could not get upstairs to see a doctor, would the doctor see them downstairs instead. This already happens and the doctors are quite happy to come downstairs if needed. We do have a lift in the building if any patient has a problem with using stairs.

Triage System

Jim informed the group that Alison Kilner our Practice Nurse is now a year into her Nurse Practitioner training, Dr Rainford is her GP Trainer. Alison is starting to see some patients in the emergency clinics, but you would be informed of this at the time of booking the appointment.

Barnsley Peoples First – BACTS

These two consortia's are trying to join together, it is slow at the moment but they will get there in the end. BACTS is now known as BCC.

Pain Management

Barnsley patients are no longer referred to this service. They would have to go to Montagu or another Hospital. Patients from other areas like Sheffield are still being seen at the Pain Management Clinic at Ashville. This decision was made by the Commissioning team at NHS Barnsley. The group were quite upset by this and said that they are going to write to NHS Barnsley and see if anything can be done as it is a loss to our patients.

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Care Quality Commission

The practice has done a lot of work for this. All information is to be submitted by October 2011. Jim said that it is very likely that the practice will pass CQC. The practice has to pay to have these checks done and the amount of cost depends on the amount of services that we provide. This cost has to come out of the doctors own pockets.

Referral Management

The Practice is looking at the amount of referrals that are made to the Hospital and also the amount people that attend A&E. The Practice is charged for every referral that is made to the Hospital and we are charged every time a patient attends the Accident and Emergency department. This money comes out of our budget and affects what we can offer to patients. We are sourcing posters and cards to give out to patients to stop inappropriate A&E attendances.

Hospital Prescriptions

As discussed before, we are charged twice if a patient brings a Hospital prescription into the surgery and asks to have it changed to a FP10 (practice prescription). This is still the same and we cannot accept them.

Bowel Screening

A patient group member asked if we are charged for this service. This is a Government lead scheme therefore the practice is not charged.

A member asked if we are aware of a new screening programme called Abdominal Aortic Aneurysm (AAA) Screening. We have now looked into this and the programme is only available in Rotherham at the moment.

Medication

We have now started synchronizing medication. There is a lot of work to do on this, but it will make a big difference to both the practice and patients when it is all done. The prescription clerk will be contacting patients asking them about their medication and then hopefully getting their medication to line up. We would like patients to make sure that once they have had their medications synchronized that they inform the doctor if they have a new medication started so that they do not get out of line again.

Patients can request to have their medication synchronized; they just call the prescription line between 11am and 2pm.

Not all patients will be able to have their medications synchronized as sometimes the pack size that their medication comes in will be not be able to be brought into line.

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Foot Path

The foot path is now complete. DDA has been passed. There were still some grumbles that the path is too steep. The path will not be changed again as it was confirmed that it does comply with DDA.

If a patient cannot come up the path then there is access around the side of the building. There is an intercom system and a receptionist will let the patient in through the back gates.

A problem was brought up that there is some tarmac missing at the bottom of the foot path. Jim asked Shaun the care taker to sort this out.

Any Other Business

Lavender Court

It has been discussed before that patients who are trying to get the surgery from Lavender Court have had problems with the drop curbs. This is being looked at by Steve Gibbons at Barnsley Council. We will update on this at the next meeting.

Road Signs

Karen Dyson informed Jim that if the practice wants to have some road signs on Doncaster Road he will have to pay for them himself.

Praise to A&E Department

A Patient collapsed in the car park at Barnsley Hospital and one of the patient group members alerted staff at the Hospital. The Hospital gave the patient excellent emergency care and they just wanted to pass this onto the group.

Next meeting - TBC