

## **Ashville Medical Practice Patient Reference Group Meeting Minutes 26<sup>th</sup> May 2016**

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)  
Ruth Nowodny (Practice Administrator)  
Patient Reference Group Members (8)

### **AGENDA ITEMS:**

#### **Actions Update:**

- Posters had been obtained and were in the waiting area regarding screening for aortic aneurysm, as raised in A.O.B at the last meeting of the PRG. A member asked if anyone with a family history was eligible for screening, as well as those aged over 65 years. Mel felt that this would happen if a clinician felt it was appropriate.  
A member also mentioned they had received some good feedback about the service and according to the British Heart Foundation people with a family history may possibly be able to be screened.

#### **Practice News:**

- Dr. Alex Gibbins, currently a GP Registrar has passed his examinations, and is to become a GP Partner at the practice from September 2016.
- Dr. Clements, who has been working on a retainer scheme has now completed this, and is working at the practice as a salaried GP until the end of June.
- Dr. Sheikh who has been a GP Registrar at the practice leaves at the end of May.
- Two new GP Registrars will start work in August. Dr Philip Bessant will stay until April 2017, and Dr Christopher Allen until August 2017.
- Laura Cooke will start work in September as an additional Practice Nurse.
- Mel explained that Ruth Nowodny worked part time, and in future would have other afternoon commitments, so may not always be able to attend PRG meetings. She suggested that different members of the administrative staff be invited to attend in turn, so that they knew how the PRG functioned. It would also allow PRG members to become known to administrative staff and vice versa. It was agreed as a good proposal which would be of benefit to all.
- In her role of Practice Manager, Mel aims to deliver the best service possible for patients – acting on feedback, keeping people informed etc. She explained that the CCG holds Primary Care Development Meetings, but had found that there was no input from a Practice Manager. She felt that this was a shortcoming, and having made an approach she now attends the monthly meetings, and is in a position to influence better care in Barnsley by working on ideas that are deliverable in General Practice. The local Practice Delivery Agreement (PDA) aims to deliver better care and consistency across all GP practices in Barnsley

- A capacity and demand pilot scheme has been trialled by an external company well versed in this work, at the Practice during April, concentrating on the appointment system. This had shown that the Practice had gained an additional 620 patients in four and half years. The company involved found that the GPs were working at 100% capacity, in that 665 patients were seen in one week, but the demand had been for 928 appointments. This meant an average shortfall of 263 each week, and there was no room for manoeuvre. Appointments had to be “pushed back” and the company estimated that based on the number of patients registered at the practice, the demand would be 1129 per week. At this point Mel discussed the TC2 model with the group, explaining that it was essential to be innovative, and to strive for continuous improvement and patient satisfaction. Further information would be given in due course however the group agreed to the implementation of TC2 model going forward if required.

### **Patient Survey Results and next patient survey:**

- This was circulated and it was noted that there was no significant change since 2013. Three areas of improvement were the time taken to book an appointment, the time taken to have an appointment with a doctor of choice and the time taken to see any doctor. The results were acceptable and to be expected, but it was acknowledged that the flexible clinic system had reduced patients being able to see the doctor of their choice.
- It was agreed that the same basic questions would be used for the survey in September 2016, so that a realistic comparison could be made. The only amendment would be to amend the time scale in Question 1 from “six months” to “three months”.

### **Terms of Reference:**

- A member suggested that the length of time allowed for reading and agreeing the minutes should be longer than week. Following discussion, the majority agreed that this was a realistic length of time and no change would be implemented.
- As had previously been stated, Ruth Nowodny may not be able to attend all meetings, so her name was deleted as Vice Chair.
- The terms of reference were agreed subject to this alteration.

### **Patient Council:**

- At a meeting on May 25<sup>th</sup>, an interesting presentation had been made by Brigid Reid regarding “First Port of Call” training. (Friendly – Polite-Organised – Compassionate.). This is a dedicated training programme being set up by the CCG, for Reception Staff in Primary Care with the aim of improving the patient experience. It can be taken in to surgeries as part of staff training with an actor/actress playing the part of a receptionist. It gives staff the opportunity to step back and see what it is like for patients, and how they, as the “first port of call”, can be involved in improving the experience. Mel had also investigated this as she wanted to ascertain the

content and way in which the training would be delivered. To this end she had participated in a meeting to discuss and plan the training, which would be aimed at both face to face and telephone contact with patients by staff. Following the meeting, she had been contacted and thanked for her proactive and constructive input and interaction; this was a gesture she appreciated and the group acknowledged her achievement in ensuring that all staff attending the course would gain some benefit and knowledge. A member asked if staff would receive certificates for attending the training and Mel didn't think so.

Members also complimented the reception team on the customer service they provided.

- A query had been raised about pharmacies, and it was stated that it was thought that there may be too many at the present time.
- The PRG at Wombwell Medical Centre are interested in linking up with other PRGs to share knowledge and good practice, thereby creating a "hub". This item will be carried forward for further explanation at the next meeting.

### **Barnsley Healthcare Federation:**

Mel explained the role of the organisation and its' relation to Ashville Medical Practice. BHF holds the contracts for GP practices in Brierley, Lundwood and Shafton with Highgate and although the BHF head office address is Oaks Park Primary Care Centre, it is a totally separate business to Ashville Medical Practice who is also situated in the same building.

### **Any Other Business:**

- A member asked if there were any complaints to report; this item would be placed on the agenda for the next meeting due to time constraints.
- A member raised an issue regarding TPP. Mel informed the group that no changes were envisaged for the practice, and the system was working well.
- A member queried "flu clinics" this year; Mel informed the group that the vaccine was ordered and sessions would be arranged in due course.

### **Date and time of next meeting:**

This will be held in the Conference Room at Ashville Medical Practice on  
**Thursday 20<sup>th</sup> October 2016 at 1.00pm.**