

Ashville Medical Practice Patient Reference Group Meeting Minutes 17th October 2013

17th of October 2013

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (12)

The group welcome two new members to the patient reference group.

Update on Action Points from last meeting 18th of July 2013

No actions from last meeting.

Agenda Items Patient Reference Group Meeting 17th of October 2013

Practice News

- Dr Wong – GP Registrar started at practice on 7th of August 2013 and will be working with the practice for 12 months. Level 3 registrars are at the practice for 12 months and levels 1 and 2 for 6 months. The practice is not able to choose the registrars that come to the practice.
- Dr Ainsworth is currently working towards becoming a GP Trainer.
- Dr Trivedi left the practice at the end of September 2013; Dr Mills took the post of GP Partner to replace Dr Trivedi.
- NHS Choices feedback – new reviews have been added and further reviews are welcomed by our patients.
- Winter pressures – Flu season has started, and there is a high demand for appointments during the winter months.
- Delay on flu vaccines – this delayed the first flu Saturday which was re-arranged to the 19th of October. After comments from last years flu Saturday clinic it has been decided to give out appointments in 30 minute slots so that we can have better control on the times that patients arrive.

Patient Satisfaction Survey

We have received 256 completed surveys back so far. The department of health recommends that the practice completes 25 surveys per 1,000 patients to obtain a representative sample. This equates to 262 surveys for the current practice population. All members agreed to the cessation of the survey when this amount is reached.

Mel informed the group that so far the survey results look very positive and we seem to have had a good range of age groups who have completed the survey. There were also positive comments about the practice staff.

The results of the survey will be shared at the next meeting.

Appointments – Continuous Improvement

There have been significant improvements to the appointment system in the past twelve months. After conducting a survey in January 2012 improvements have been made to the appointment system by giving more same day appointments. Mel explained the appointment system to the group in that each day an amount of same day doctor appointments are released and also pre-bookable appointments are released for one week and two weeks ahead. There are factors that affect the amount of appointments that are released each day e.g. baby clinic, minor op's clinic, post natal clinic and substance misuse clinic. Appointments are opened daily at 8am and 2pm and the appointment telephone line is closed between 12 – 2pm. Receptionists advise patients that the best time to call for an appointment is either 8am or 2pm.

We do not release all the appointments in the morning to make sure that we have some availability for the afternoon.

Mel acknowledged that the new appointment system did probably not suit every-one however looking at the bigger picture, the current situation was right for the business.

The group touched on patients not attending appointments, and that there were still a high number of DNA's, and that it was disappointing that some of those patients did not attend on the same day they had booked the appointments.

The DNA rates and trends will be shared at the next meeting.

Care Quality Commission and Patient Participation Groups

Mel informed the group that when the practice has a visit from CQC they will need to speak to a representative from our patient reference group, CQC are only required to give 48 hours notice prior to their visit. Mel asked if anyone would like to volunteer to do this on behalf of the group. Several members put their names forward.

Dr Ainsworth is having an interview with CQC in regards to recent changes in partnership on the 22nd of October 2013.

The document "Guide to CQC working with patient reference groups" was also shared with the group.

Risk Profiling

The practice is taking part in a new NHS service that helps the GP spot whether patients require more help to manage their health.

Using the information from patient health records, a secure NHS computer system will look at any recent treatments the patient has had in hospital or at the surgery, and any existing health conditions they have, and alert the doctor to the likelihood of a possible future admission.

NHS security systems will protect health information and patient confidentiality at all times. From this information GP's will be required to do a quarterly audit, and the output of the audit is to be decided by the CCG.

Patients can opt out if they do not wish to share their information, by informing the receptionist at the surgery, or over the telephone.

Patient Council and Open Public Engagement

A reference group member attended the last meeting with the patient council on the 3rd of September 2013. One topic that was mentioned was a 'minor ailment scheme'. The scheme will trial pharmacists treating minor conditions. The scheme has not yet commenced, and more details will follow when they have been clarified.

If any member wishes to visit any of these patient council meetings they are welcome and the meetings are held on the last Wednesday of every month, for more information visit the CCG website on the following link www.barnsleyccg.nhs.uk/get-involved.

Accident and Emergency

The members asked if publicising the cost of attending Accident and Emergency had helped reduce unnecessary attendances. Mel informed them that we had not seen any improvement and advertising had also had a negative effect, as some patients were threatening to go to Accident and Emergency unnecessarily mentioning they knew there was a cost. Mel also informed members that she attended a meeting recently regarding Accident and Emergency and it was high on the CCG's radar.

Lots of discussions had taken place internally and also with other practices and the practice were now finding it difficult as to what to do next. Practices in Barnsley were of the same opinion in that the only way to change things was to change the scope of the service at A+E.

It was agreed that there was a knowledge issue with understanding the term 'Accident and Emergency' as patients attend with conditions that could wait to see their own GP, however because they had had the symptoms for a number of days, the condition had become an emergency to them but was not really an emergency.

AOB

One group member asked the process with regards to changes to the minutes. Mel advised that if anyone would like to make changes to the minutes after they have been issued please could they let her know by email within a week. If no comments were received after 1 week the minutes would be classed as final. This can be added to the terms of reference when they are next reviewed.

In addition if a member wished to add an agenda item please let Mel know in advance of the meeting.

Action Points

Medication Reviews on prescriptions were discussed, and one member of the group showed the review date on her script. Mel said she would take this away as it was not always necessary to have an appointment with the Dr for a medication review, and was concerned as the practice did not normally remind patient of medication reviews.

To be discussed at next meeting.

**Next Meeting – Thursday 16th of January 2014
1:00pm – 2:30pm Conference Room Ashville Medical Practice**