



Dr S J Cleasby • Dr F M Price • Dr S Nagpaul • Dr R T Manyeula  
• Dr L R Henson • Dr N Akhtar • Dr M Azeb • Dr A Jagota

## **Minutes of Patient Participation Group Meeting 16<sup>th</sup> June 2022 6pm -7pm via Microsoft Teams**

<b>Staff Present:</b>	Ben Goss – Practice Manager	<b>Patients Present:</b>
	Lisa Fawcett – Operations Manager	MA
	Dr Akhtar	CA
	Dr Cleasby	AQ
	Seema Jagota- Patient Liaison Officer	

**Introduction:** Ben introduced himself and other members of the team. He apologised for the two-year gap since the last meeting but explained it was due to the pandemic. Dr Cleasby informed the group that the meeting was for patients to address anything positive and also any issues they were having. He also stated he hoped the next meeting would be in person.

MA was invited to speak. He stated he missed “The Human Touch.” He explained he missed seeing the doctor face to face in the surgery and felt he was missing the rapport he had built with his GP. Further to this he said he did not like sending photographs to the surgery as he was unsure who was viewing them. (He was assured all information was confidential).

AQ echoed these issues and added she was not keen speaking to different clinicians, she missed the continuation of care and felt there was a disconnect.

CA wanted to provide some positive feedback. She said she liked the various ways patients could contact the surgery in addition to ringing. This included E mail and Engage Consult. She said she always got a prompt response.

The staff members present addressed the issues raised:



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Dr Cleasby began with the various ways patients could contact the surgery. Emails and Engage Consult are open all day, We aim to address these within 48hours but actually these services are open all day and they are usually answered that working day. With Engage Consult, patient can message the clinician directly.

We now have 25 telephone lines open for patients to ring the surgery. All members of staff answer telephone calls and we have currently employed four new receptionists.

Ben brought up the lack of contact patients felt they were experiencing. He said that a third of all appointments are actually face to face. If a patient needs to see a doctor they will get seen. We have clinicians at all sites. AQ asked why there were no face-to-face appointments at the Springhall Site. Ben said we have podiatrist, nurse, health care assistant and physiotherapy appointments but would look into the issue of having GP appointments at this site.

Dr Cleasby explained why Queens Road Surgery and Southowram sites were chosen to have the face-to-face doctor appointments. Queens Road Surgery and Springhall Surgery are only  $\frac{3}{4}$  miles apart so it was felt this was accessible to all patients. Southowram is obviously further away so appointments are also offered there. He also explained the reason why we had expanded the staff to include advanced pharmacists, advanced clinician practitioners and physician associates. There are simply not enough qualified GPs available. However, all clinicians are qualified to address patient problems and are supervised by the GPS. Further to this, we have 8 GP partners and two salaried GPs as well as up to 8 trainee GP's (all under the supervision of a GP)

Dr Akhtar clarified the various ways patients could contact the surgery. CA was happy to offer her services to help patients with computer skills and how to use the online system. Dr Akhtar welcomed this support and would contact her with details of becoming a patient champion for Information Technology skills utilising Joanne Grantham Senior SPLW for Calderdale.

AQ stated her main issue was still the lack of personal interaction she has with the doctors and appreciated this meeting so she could address them face to face.



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Dr Cleasby said it was a very challenging situation. If appointments were changed from telephone to face to face, there would be a huge back log of appointments – this could mean patients could be waiting 5 weeks to get an appointment. Now, all patient who request an appointment receive one. Often face to face appointments are unnecessary, for example for sick notes, medication queries etc. If a patient does need to be seen face to face they are usually seen on the day. Further to this, the doctors also offer video calls.

Ben detailed some statistics from the surgery to explain further how busy the surgery was and why face to face appointments were offered only when necessary. One patient actually had 87 telephone appointments within the last 12 months, 15.650 appointments have been taken by frequent attenders and some patients ring every day. This equates to approximately one month of appointments. This is obviously reducing our capacity to offer appointments.

AQ stated face to face appointments are necessary for patients with mental health problems. Dr Akhtar explained we have Social Prescribing Practitioners who specifically deal with these issues.

## **Conclusion**

The patients were happy that the meeting was held so they could address their issues. They felt this is what had been lacking. Ben stated we would now be having quarterly meetings. This was welcomed by the patients. CA suggested a newsletter from the practice to explain any changes and any new developments. Ben said this was a good idea and would look into putting this on our website. Dr Akhtar said we were in the process of setting up meetings for patients to interact to reduce mental health issues of loneliness and anxiety. Dr Cleasby said we already have the “Incredible Edibles” group which is now well established and will be able to continue now since the pandemic. This is a gardening and community group.

Dr Akhtar thanked everyone for attending and their input. The next meeting date will be agreed shortly.



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### **Actions**

1. Set out dates for PRG in advance for the Year, quarterly and F2F – BG – 30<sup>th</sup> June 2022
2. Quarterly newsletter for PRG members and to be added to website to share what's happening at the Practice and any updates of changes made – BG – September 22 – Next PRG
3. Review F2F GP appointments at SPR – to be discussed as part of Access review being undertaken by BG/MA and brought to Practice Meeting for a decision – July 22
4. Communicate Incredible Edible project dates, involve PRG and promote more widely across the local area – BG/SC – July 22
5. Patient Information Champion to be set up and discussions to be had – BG/JG/NA – July 22