



GROVE HOUSE PRACTICE

Patient Group Meeting: 19th September 2013

Attendees:

Ann Turner-Culverhouse	ATC	Katie Roberts	
Ken Ramsden	KR	Deborah Kelly	DK
John Lawrence	JL	Sydney Broxton	SB
Tony Hayes	TH	Sharon Hearty	SH
Edward Rawlinson	ER	Christine Owen	CO
Jacky Slator	JS	Toni Johns	TJ
Mandy Devine	MD		

1. Apologies

Tony Bamber (Chair) Sharon Williams Tony Hayes Joanne Hughes

2. Matters arising from minutes/actions from the previous meeting.

All further matters are on the agenda for this meeting.

3. Patient Survey: Results & Action Planning

JS presented to the Group the power point for our patient survey results carried out in June/July. The Group then discussed the survey results and how we can improve our service - ATC felt there was a lot of rumbling about appointments she went on to say that a patient tried to book an appointment and was told there was no appointments for 10 days, ATC felt this is a serious issue, although the patient may not need an urgent appointment this is still a long time to wait. MD explained that waiting times can vary, we currently have appointments that can be booked for the next day, and that usually you can book a appointment within 1 week, she felt that to ask someone to wait a week was ok, but to wait longer can be rattling. ATC feels we need to address waiting times for appointments. JS feels that this will improve as we have a new permanent GP Dr Sarah Hayes starting on the 23rd September, and she is doing her best to use regular locums eg: Dr Ahmed and Dr Dooley.

JS feels we may have had a negative return from the patient survey due to Dr Ofiaeli leaving and Dr Forde going on maternity leave, this may have had some impact, but also we have ran the survey during a time when we were changing computer systems and we had to work things slightly different, this may have reminded patients of the old days using Locums regularly.

ATC felt it was a volatile time to do the survey and was not surprised GP's were 2nd on the hit list, especially with Emis change over as there was problems during this period which reduced appointments, Ann feels that given all these reasons it is hard to say how to move it on. ATC suggested we try a monitoring strategy on locums and GP's to collect data on appointment problems.

The majority of the group felt it was not right to be told you cannot see a GP for 10 days for a routine appointment, KR went online on a Monday to book a appointment with Dr Wilson and got 1 for after 5 days, ATC commented that 1 day you can get an appointment and then another day you can't, MD explained that web appointments can only be booked online and that reception cannot book these, JS told the group that 1/3 of patients are

now online so there is more availability to book online. ER feels that normal appointments should take preference over those booked online.

ATC thinks we should be looking for a strategy to help the staff move forward and maybe measure the ratio to number of patients to appointments compared to other practices, JS explained we do measure against other practices (National Average) JS will bring the figures to the next meeting.

JS explained how our appointment system works and that everything is pre-bookable, Duty doctor will deal with any urgent requests that are made on the day, unfortunately some patients are now aware of which GP is covering Duty on specific days and will request a urgent appointment on that day so they can see that specific GP, more often than not these patients are being seen even it is not urgent. When we originally set out on the new way of working the appointment system it did work well but the original intention has now been lost. JS asked the group how long do they feel is reasonable? The group had different views some felt 2-3 days whilst others felt a week is reasonable, The Group also like the idea of a GP ringing the patient back rather than reception. The group suggested extending pre bookable appointments to 3 weeks in advance, JS explained that DNA rates started to increase when we tried this last time.

JS shared with the group that GPs are now getting involved in CCG etc, they are also dealing with more prescriptions, increasing paperwork, overall there workload is increasing, so we do agree we need to try to work smarter, The group feels concerned about losing patient time for CCG meetings and feel they should employ GPs to cover this and that the CCG need to be aware we are losing GP appointments because of this. JS informed the group that we are closed on the 26th September from 1pm for our PLT training session and that the topic for discussion at this meeting will be based around our appointment system and how we can work smarter.

4. Care.data

JS explained to the group what Care.data involves and passed out a copy of our practice information sheet, and also a copy of our opt-out form.

Under the Health and Social Care Act 2012 the Health and Social Care Information Centre (HSCIC) will be able to extract personal identifiable information about all patients in England.

JS explained the details on the opt-out form, once these are completed by a patient practice staff will then code it so they do not pull out your data. GP practices are to notify patients about this and we are doing our best to do this, we have information on the Practice website, and also information sheets and posters in the Practice.

The group have concerns that people who don't come into the practice very often may be missed and there information will automatically be pulled, JS explained that it is impossible to send out letters to every patient due to the cost and time. JS also thought she would be able to opt-out all patients but has been told legally she cannot do this however, The Practice will write to those who previously opted out of the Spine. The group suggested that we find out from the CCG what the legitimacy of them collecting this information is, but JS informed them that the Health and Social Care Act overrides Data Protection Act within a GP practice. The group agreed we continue to highlight this information to patients as we are and this information will spread out amongst patients and people they know.

5. Wellbeing Update

Choir - Katie informed the group that the choir performance held on the 18th September went really well, which was good news, the Mare was their and about 35 members performed in front of about 35 people. Katie says they are not pitch perfect but they are getting there.

Mersey Forest / Natural Health Service - Katie passed around leaflets to the group, this project kicked off about a month ago, very horticultural, involves children and adults, lots of volunteering, website details are included on the leaflet.

Ignite your Life / Music & Memories – Katie passed around leaflets to the group, this will be held at Halton Stadium in Widnes, there will be a musical montage and a old fashioned style slideshow presentation from 1900 – 70's.

6: Patient suggestion / comments box:

We received 1 comment/suggestion – the comment was regarding double appointments, the pt stated there are no facilities using the automated appointment system to make a 'double appointment' ie: if more than one medical problem to be discussed and need longer to see GP, can only do this if you speak to a receptionist . JS felt that it was rare that we need a double appointment and sometimes they are not appropriate, if the patient explains their main problem at the beginning of the appointment the GP will deal with 2nd problem if there is time left in the consultation.

Action: TJ to draft a reply to the patient.

7: AOB:

Wart treatment - ER wanted to discuss the treatment of warts, he was told by a patient that he was informed by a GP that there was no facility for the treatment of warts and he would have to go private. KR mentioned Dr Kaufman referring a patient to St Helens for cauterisation but the patient had a history of having spots removed, KR asked would all GPs know about this clinic, JS explained that she cannot comment as this is about a specific patient and she does not know the history of this patient and the reason for them being referred to this clinic. Dr Wilson would still like to do hold wart clinics but unfortunately at the moment the Nitrogen delivery is being rearranged.

Late Night opening – The group asked about having one late night opening as discussed in a previous meeting, again this is something that will be discussed on the 26th September at the Practice PLT.

Free number – At a recent CQC meeting at Castlefields Health Centre they discussed offering a free telephone number to patients. The group have concerns with patients calling the surgery on a pay as you go phone as it uses all their credit because of all the options, the group suggested looking into having a free phone number. JS suggested this for another Agenda and in the mean time could they found out how Castlefields got on with this.

8: Date of next meeting:
Thursday 24th October 2013 at 5.30pm