



Parkside Medical Practice

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A professional and caring team, responsive to the health needs of our community

Minutes of the Patient Participation Group Meeting held 7 April 2016 at 6pm

The meeting was attended by 10 patients.

Representing the Practice were Dr Foster, Louise Owen (Practice Manager), Beverley Matthews (Office Manager) and Karen Williams (Clerical Officer).

In attendance - Alan Welsh and Charla Kearsley from Nottinghamshire Health Informatics Service (NHIS).

Dr Foster welcomed everyone to the meeting and all present introduced themselves. He then outlined the 'ground rules' for the meeting which were that all present would be given the opportunity to speak, but that comments/concerns should be made in a general way and reference should not be made to specific members of staff or specific personal problems.

1. Election of PPG Chair

As discussed at the previous meeting, elections were held for the post of PPG chair. Miss Sarita-Marie Rehman-Wall was unable to attend the meeting, but had indicated to Louise that she was willing to stand as chair. Miss Rehman-Wall was unanimously elected chair in her absence and would hold the post for the next 12 months. **Action: Louise would contact Miss Rehman-Wall the following day and advise her of the result.**

Miss Jacey Joyce - the outgoing chair - was also unable to attend the meeting, but was thanked for her support in her absence.

2. Minutes of the Meeting held 10 December 2015

The Minutes had been circulated prior to the meeting and it was assumed that everyone present had read them. There were no matters arising.

3. Update from NHIS

Like all GP Practices the surgery continued to experience huge numbers of phone calls which very often resulted in the queue system being completely full and the NHIS representatives noted that it was very difficult for a small practice to be able to deal with the volume of calls which were coming through - based on recent volumes NHIS suggested that

a reception team of around 20 people would be required to handle that number of calls, which is just not feasible for the practice. One member of the PPG commented that she had recently joined the call queue at 7, then at queue position 4 heard a recorded female voice stating that “the call could not be answered”. **Action - NHIS to investigate.**

PPG members also commented that the recorded music on the system was too loud. **Action - NHIS to investigate.**

The PPG asked how other surgeries coped with the volume of calls. NHIS explained that many practices did not have a queuing system and patients just heard an engaged tone which was also not ideal.

There would be new system implemented in due course which would increase the number of lines which came into the building, but there still had to be a necessary balance between technology and the staffing capacity of the GP practice.

There are alternatives to patients ringing the practice - including on-line booking via the practice website (for which patients must be registered). The PPG asked if appointments could be made available one week in advance, rather than the current 3 days. **Action: practice to consider forward booking availability.**

Louise noted that some patients booked appointments with GPs when they might be able to obtain care and support from elsewhere eg self-care or Pharmacy First. Perhaps we could do more to help patients be aware of services that were available elsewhere.

NHIS explained that the Clinical Commissioning Group were looking at “e-consult” which was an online system where patients could contact their surgery and have their request for an appointment triaged by a member of the clinical team. Dr Foster noted that he was sceptical about some of these schemes as so much was dependent on the capacity within the practice and very often it was quicker and easier to deal with someone face to face than via skype.

4. NAPP

The PPG were informed that the Practice was now a member of NAPP (National Association of Patient Participation) and Louise had received some information booklets which were available for patients to look at during the meeting. (Unfortunately only one copy of each had been received, so patients were kindly asked not to take them away).

5. Practice News

- **Staffing** - Dr Foster explained that we currently had an ANP (Yvonne) working with us as a nurse prescriber 2 days a week. It was queried whether this lady worked at Leen View as well. Dr Foster explained not, that she had been employed by the neighbouring practice until recently, but was now freelance. ANPs can deal with

minor illnesses/conditions that a GP would see. Dr Foster went on to note that the practice had a finite amount of finance available to employ staff and it was likely that in the future more GP time would be converted to ANP clinical time, allowing GPs to concentrate on the more complex patients who required appointments. The PPG thought that this was a good idea and asked about a 'drop-in' clinic. Dr Foster explained that Nurse Judy had previously run such a clinic, but had become completely overwhelmed by the demand from patients.

Louise explained that we had recently recruited 2 new members of the admin and reception team - Karen (who was at the meeting) and Marie. In addition we had had some temporary staff working at the surgery via an agency. This particular round of recruitment had proved extremely hard and it was not just clinical staff that were difficult to recruit into GP practice as there was a huge amount of pressure on all staff all the time. Karen commented that the TV Programme "GPs: Behind Closed Doors" was not at all realistic!

- **Building Security Issues** - Louise explained that some patients might be aware that the library had been closed in the evenings due to recent incidents of large groups of young people coming into the building in the evening and behaving in a very threatening manner towards the staff at the Ask Desk. Fortunately they had not made their way upstairs to the practice, but it was very concerning for the staff (clinicians and receptionists) working the later shifts. Additional security staff had been provided by the landlords on a temporary basis.
- **Statement of Purpose** - Dr Foster showed the PPG the Practice Statement of Purpose which was agreed. One member of the group commented that she thought we had been discussing this for a long time and had already agreed the Statement.

6. Nottingham City General Practice Alliance (NCGPA)

Dr Foster explained that the NCGPA was a collaboration amongst some of the Nottingham City GP practices in order to have a stronger 'voice' to deal with perceived threats to GP practice including the opening up of the NHS to competition from private organisations. At the time of the PPG meeting there were 25 City practices signed up representing approximately 200 000 patients. The PPG asked if there was a financial cost to the practice. Dr Foster confirmed that there was a subscription fee in Year 1 and 2 with an expectation that in the future there will be some dividends returned to the member practices. We can exit the NCGPA if we are not happy with its progress and being a shareholder won't affect our independence.

7. Patient Surveys

The practice regularly collects patient feedback and one message which comes through strongly is access for working people. At present we offer GP appointments until 7.30pm on 4 nights per week. The PPG commented that it is difficult for patients to ring for an appointment if they are at work all day and NHIS noted that all practices have the same

feedback. The practice explained that the online appointment booking system is available for working patients. The PPG asked about early morning appointments, Dr Foster explained that we did used to offer GP and nurse appointments from 6.55am in the morning, but we had a very high 'did not attend' rate. However, we would not completely discount offering morning clinics again. Dr Foster also explained that the same day appointment system resulted in fewer complaints about access.

There may be some possibility of GP practices - working in collaboration - offering Saturday clinics to all patients, not just their own and NHIS explained that the clinical system IT providers were working on products which would allow shared booking of appointments.

8. Contacting Patients

At present if the practice needs to invite a patient to come into the surgery we send 3 letters, but are considering changing this to 1 text message (for patients with mobile phones); 1 phone call and 1 letter. The PPG agreed that the text reminders were very good but queried why we don't leave messages on answerphones. Dr Foster explained that this is always a grey area - and is around patient confidentiality i.e an answerphone message left on a patient's home number could be accessed by other members of the patient's family, which could cause some difficulties for some patients.

9. Any Other Business

- **Bulwell Arts Festival** - a member of the PPG asked if the practice would support the Bulwell Arts Festival with a display of poems entitled "Laughter is the Best Medicine" Louise confirmed that we would be happy to do so.
- **Jayex Board** - another member of the group commented that there was still a message on the Jayex board about the number of phone calls in February and asked if it could be updated or removed. Louise apologised and would look into it.
- **Hucknall Housing Development** - the PPG asked if the new houses in Hucknall would have an impact on the practice. Dr Foster agreed that it probably would in terms of number of patients wishing to register.
- **Check-In Screen** - doesn't always work! Louise noted that it was temperamental but asked patients to check that they were entering the correct date of birth - numbers available went up to 31, so, for example, if a patient's date of birth was 25th of a particular month they should enter '25' and not '2' and '5' individually.
- **Thank you letter** - a member of the PPG was kind enough to give Dr Foster and Louise a letter stating how much he appreciated the hard work of the practice. Another member of the group commented that GP staff have a life as well as anyone else and that some people needed to realise how much time it takes. Dr Foster and Louise thanked the group for their comments.

10. Date and Time of Next Meeting

Thursday 21st July at 6pm. Everyone would be welcome.

All present were thanked for their contribution by Dr Foster and the meeting closed at 7.50pm.