



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 21 July 2016 at 6pm

The meeting was attended by 11 patients.

Representing the Practice were Dr Foster, Dr Deolkar, Louise Owen (Practice Manager), Rachel Pinkett and Julie Huntrod (Receptionists)

In attendance - Alan Welsh and Charla Kearsley from Nottinghamshire Health Informatics Service (NHIS) and Steve Morris (Fit for Work)

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. Fit for Work

Steve Morris from Fit for Work gave a presentation to the patient group about the organisation and the support it can offer both to people aged 18+ in work or those who are unemployed to manage their health and either stay in or return to work. Fit for Work supported 400 people locally last year and in July 2016 was recommissioned for a further 3 years and was being jointly funded by the Clinical Commissioning Group and Nottingham City Council. Steve explained that the name of the organisation would change to "Nottingham Health and Employment Service" over the next couple of months. He then went on to explain that the majority of referrals to his organisation were received from the Bulwell area and that patients could self-refer if they wished by telephoning 0115 9787141 (or flyers are available at the practice). In addition the Recovery College worked closely with Fit for Work.

Fit for Work offers a one-to-one service as it had been found that group sessions were not very effective and support is offered via a mix of telephone and face to face meetings over a 12 week period. Steve explained that the service did not have any access to patient health records and would only share information with the patient's GP. At the time of the meeting there was a 5 day wait for support (but this could alter throughout the year).

The PPG congratulated Steve on his organisation's success. He was then thanked for his contribution and left the meeting.

2. Update from NHIS

Charla Kearsley from NHIS gave an update on the telephone system. It was anticipated that a new 'SIP' system would be installed in August 2016 and that Bulwell was a priority as due to the extremely high call volume the current system meant that the phone lines quickly became jammed. The new system should be more resilient, meaning that the problems with calls cutting off/queuing should be resolved.

As mentioned at the last meeting there wasn't much that could be done about the volume of the 'hold' music on the system, but the new SIP programme might give a few more options. After installation of the new network the call queue would still be limited to 7 initially and then more features would be added in slowly.

The group commented that the online booking option for appointments was a very useful function.

Charla and Alan were thanked for their contribution to the meeting.

3. Update from Miss Sarita-Marie Rehman-Wall (new PPG Chair)

Miss Rehman-Wall thanked everyone for voting for her as the new PPG Chair and suggested that at the next meeting the PPG could consider further how it wished to develop in the future. Miss Rehman-Wall was willing to give her mobile number to any member of the PPG who wished to contact her; otherwise patients could get in touch with her via Louise (Practice Manager).

4. Minutes of the Meeting held 7 April 2016 and Matters Arising

The minutes of the meeting held in April had been circulated prior to this meeting and it was assumed that everyone had taken the opportunity to read them.

- Bulwell Arts Festival – this had been a successful event and the practice had been very pleased to support it with the 'Laughter is the Best Medicine' display in the waiting room.

The minutes of the last meeting were agreed as a true record.

5. Care Quality Commission (CQC) Inspection

The practice had been inspected on 1st June 2016 and as at the time of the July PPG meeting was still awaiting the result.

Louise thanked those members of the PPG who had taken the time to come into the surgery on 1st June to speak to the Inspectors about the practice.

6. Practice News

- i) **Staffing** – Louise explained that Dr Hughes would be leaving the practice at the end of July and Dr Shankar would be leaving during the first week of August. Both were thanked in their absence for their contribution to the practice. Dr Foster explained that the 2 GPs would not be replaced on a fully like-for-like basis but that we would be employing Cheryl Martin as a new Advanced Nurse Practitioner (ANP) along with a GP – Dr Joanna Lobaz. This would mean that there would be appointments available with the ANP for patients with lower level complexity conditions, leaving the

GPs more appointments for patients with more complex problems. ANPs (as with any member of the clinical team) would always be able to request help from a GP if needed and were able to issue and sign prescriptions. In addition 2 new receptionists – Sainabou and Allison - had recently joined the team.

ii) Primary Care Offer – new service standards had recently been offered to all Nottingham City GP practices by the Clinical Commissioning Group (CCG) which aimed to standardise services provided by all surgeries. Many of the service requirements were already being offered by the practice, but an additional one would be the requirement to open on a Thursday afternoon. Parkside Medical Practice would need to submit an assessment form to the CCG outlining how we intended to fulfil all the requirements. This contract change must be in place by 1st April 2017 at the latest. The PPG asked what the practice would do about team meetings as they assumed that these usually happened when the practice was closed on a Thursday afternoon. Dr Foster confirmed that this was the case and that we had amended our clinical sessions to accommodate the meetings elsewhere and at the same time reduced the number of appointments available per GP clinic but added in extra GP clinics at other times through the week in order to reduce pressure on the GPs and hopefully to improve clinic running times for patients. Overall even with these adjustments the practice was still providing the same number of GP appointments per week.

iii) Change to Extended Hours – the practice currently offered late clinics on 4 weekdays until 7.30pm. As part of our preparation for the Primary Care Offer we would be offering early appointments on a Tuesday morning from 7am with a GP and 7.15am with the nurses and late appointments on a Wednesday evening until 7.30pm with a GP.

iv) Self-Care - Dr Foster explained that part of the Nottingham Health Strategy was to encourage patients to self-care in order that healthcare services for those patients with complex conditions could continue to function. Other services were under-utilised e.g. counsellors, occupational therapists, physios etc. and patients could self-refer to some of these services. Dr Foster showed the PPG the practice 'omni-leaflet' which listed local services and was available to be handed to patients, but acknowledged that it could be difficult keeping it up to date as things change very rapidly within the NHS. The PPG commented that the 111 service could be problematic and that the urgent care centre on London Road was not very good.

v) Pharmacy First – this is a scheme that aims to improve patient access to GP appointments by encouraging patients with certain minor ailments to use the pharmacy for treatment rather than making an appointment at the surgery. If a patient would not normally pay for a prescription issued by a GP then they would still not pay for it under the Pharmacy First Scheme.

vi) Parkside 1-5 Year Plan - June 2016

- ✓ Maintain focus on our open collaborative purpose driven culture and good leadership
- ✓ Actively improve the wellbeing of our team partners through to reception
- ✓ Become teaching practice (GPRs, F2s, medical students)
- ✓ Improve capacity / access
- ✓ Making more efficient use of resources
- ✓ Build capability of non-clinical staff (In order to reduce clinician workload)

- ✓ Maintain strong financial position
 - ✓ Improve clinical care through focus on evidence based medicine
 - ✓ Improve service through focus on feedback and patient experience
 - ✓ Increase external influence - place partner's/PM in positions in local/national organisations
 - ✓ Actively look to get bigger, assertive expansion, diversify into new areas of work
 - ✓ Explore how technology and innovation can improve how we work and look after patients
- vii) **Appointment Demand** – Louise explained that the reception team were carrying out an appointment demand audit which would run for the whole of July. The aim of this was to try to identify when patients required an appointment (i.e. same day or at some point in the future) and so match the appointment availability to it. Initial indications were that patients were requesting approximately 70% same day and 30% advance appointments.

7. Any Other Business

- **NGY** – this is a service aimed at supporting young people aged 11 to 25 and advisors would be present at the practice on 28th July to chat to patients about their service and how it could help.
- **Flu clinics** – would be held on Saturday 1st and Saturday 15th October.
- **Follow up Appointments** – the PPG asked how follow up appointments were made if GP appointments were only available on a same day basis. Dr Foster explained that if a particular clinician felt that a patient needed to be seen by another clinician they all had the ability to over-ride the embargo and book appointments if appropriate.
- **Air conditioning** – there had been ongoing issues with the air conditioning within the building which had been reported repeatedly to the building management team. Louise apologised for the problems.
- **Removal of 'Ghost' Patients** – there had been articles in the media that NHS England was implementing a scheme whereby patients who had not seen a GP for 5 years were removed from the surgery list in a bid to stop practices being funded for patients who were no longer registered as some practices apparently did not correctly remove patients when they had moved away or emigrated. The PPG asked what would happen to patients who were removed in this way (perhaps in error) but then needed to see a doctor. The practice staff present at the meeting stated that the patient would need to re-register.
- **GP Workload** – the PPG commented that not everyone realised how many hours GPs worked each day in order to provide patient care.
- **Staff Photo Board** – still to be implemented!

8. Date and Time of Next Meeting

Thursday 3rd November at 6pm. Everyone would be welcome.

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