



Parkside Medical Practice

Dr Deolkar, Dr Foster & Dr Hughes

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PATIENT PARTICIPATION GROUP MEETING 20 FEBRUARY 2014

The meeting was attended by 10 patients and the practice was represented by Dr Foster and Louise Owen (Practice Manager)

Apologies for absence were received from Dr Hughes.

Dr Foster welcomed everyone to the meeting and all present introduced themselves.

The PPG asked if the practice had considered a board in the surgery displaying photographs of all staff members. **ACTION: FOR CONSIDERATION**

1. Minutes of the meeting held 12 December 2013

The minutes from the last meeting had been circulated to PPG members.

2. Matters Arising

- Appointment reminders by text were found to be very useful.
- Issues with the telephone system continued. Louise was continuing to liaise with the Health Informatics team to solve the problem.
- The PPG expressed concern over the numbers of patients who DNA (did not attend) their appointments and asked what they could do to raise awareness of the situation. Suggestions included writing to the new RHC Patient Representatives (see item 4 below) and the practice would continue to contact those patients who didn't attend their appointments and who didn't cancel.
- The PPG requested earlier notification of flu clinics this year, particularly for those patients who did not regularly attend the practice and therefore would not necessarily see the in-surgery posters. **ACTION: LOUISE**

3. Care.Data

An information leaflet about Care.Data was circulated to those present. This was an NHS scheme designed to improve the quality of health and care for everyone and was based upon different care providers sharing anonymised patient information. The plan was for this to be implemented from early 2014.

Patients could choose to opt-out of this scheme by contacting the practice. However, due to concerns around the sharing of information this scheme had been

postponed until autumn 2014 but patients could still choose to opt-out if they wished.

4. Robin Hood Cluster Patient Representatives

The details of 2 new Robin Hood Cluster Patient Representatives were circulated. The Patient Representatives were members of their own practice's PPG and would be attending the RHC Executive Board and have a seat on the People's Council. The PPG were encouraged to contact the representatives if they had any concerns or suggestions which they wished to be passed onto the Board and the Council.

Annabell Bell_Boule: annabell.bellboule@gmail.com

John Hannam: hannam.john@gmail.com

5. Results of Patient Survey

Draft results of the recent patient survey were circulated in a PowerPoint presentation. The survey had been made available in the surgery and on the website. The PPG reviewed the results and discussed the main areas of concern which were around appointment availability, ease of telephone access and the new triage system. The presentation included some free text comments taken from the completed individual surveys which the practice would review and address where possible.

6. Appointments, GP vacancy and Doctor First

Dr Foster explained that patient demand was increasing at a steady rate and the telephone triage system had been introduced to try to deal with this. All patients contacting the surgery and asking for a same day appointment were telephoned back and, where appropriate, offered a same day face to face appointment. The PPG commented that on occasion it was 7pm before the doctor called the patient back. Dr Foster explained that this was due to the constant high level of demand for same day appointments and the difficulties around trying to manage this demand. The PPG then asked if it would be possible to give an estimated time when the GP to call back. Dr Foster explained that this had been discussed at a partners meeting but was felt very difficult to do as the GP would try to prioritise the calls and therefore it would not be easy for the receptionists to suggest a time.

The PPG heard that some patients contacted their GP surgery when it would be more appropriate to call 999 or go to A&E. Primary care does not exist as an emergency department. **ACTION: THE PRACTICE WOULD CONTINUE TO REVIEW APPOINTMENT PROVISION**

The practice had advertised for a partner/ salaried GP with no success and was currently using locums on long-term contracts. It was recognised that this was not ideal, and was very expensive, but was aimed at providing more appointment availability. The PPG asked why it was so difficult to fill the vacancy. Dr Foster stated that this could be due to a variety of reasons including: a very demanding population with a high level of need; the lower funding levels for the practice which made it difficult to pay high salary rates and the level of responsibility involved in

being a partner e.g. personal liability. The PPG asked if the practice could advertise the vacancy abroad. This could be looked into, but might prove quite complicated.

The PPG were shown a presentation about the Doctor First system. Parkside Practice was part of a pilot scheme with 2 other local practices who would all be implementing the programme at the same time.

"Doctor First® is a demand led system that allows Practices to effectively manage patient demand by clinicians talking to all patients. Patients will be assessed on a clinical priority basis.

If either the doctor or patient needs or wants to see the other then an appointment is booked without question."

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The ultimate aim of introducing this new system was to ensure that appointment demand matches supply and appointments will therefore always be available. The key feature of the system was that doctors control their own appointment schedule. It would essentially be an extension of the current triage system and ALL appointments, whether routine or urgent would be booked in the same way.

The programme would take around 18 weeks to implement and involved a data collection process, review of results, receptionist and clinician training and patient engagement work.

Dr Foster explained that at present most patients wanted to be seen 'today' and there was a massive mismatch between supply and demand. All patients would be telephoned back by a doctor, but it should prove easier to provide an estimated time as all GPs would be operating the same system and therefore there would be less pressure on one single doctor to call patients back. Clarification was still needed about how we deal with patients who either don't have telephones or are unable to take telephone calls e.g. if at work.

Home visits would be triaged as well. GPs have to make a judgement about whether to make a home visit or not and would not want to take increased clinical risk.

The PPG asked whether this programme would be experimental or permanent. Dr Foster commented that it was permanent, but would be regularly reviewed to ensure it was operating effectively and safely. Practices currently operating this system had been very positive about it and found that it improved patient satisfaction.

7. GP Funding

The PPG asked how the practice was funded.

Prior to the introduction of the new GP contract in 2004/5 funding had been based largely on the numbers of staff a practice had, so there were wide variations in funding levels. The new contracts attempted to standardise funding, but variations still exist. Parkside Medical Practice receives approximately £67/patient/year to

provide care i.e. to provide staff and the core running costs of the practice. There are practices which still receive much more than this and there is a new programme in place to equate this funding over the next 7 years.

The practice also receives funding via the 'QOF' (Quality Outcomes Framework) scheme. This funding is based on the healthcare evidence we provide.

8. GP Federation

The PPG were informed that the practice was working in a federation with 2 other local surgeries to provide services including ear syringing, ECGS, wound dressings etc. and patients would be offered a choice from 1st April on which surgery they wished to attend.

9. Any Other Business

- ***PPG support for the practice*** – the PPG asked what they could do to support the practice and suggested an 'action list' be prepared. **ACTION: FOR CONSIDERATION BY THE PRACTICE.**
- ***Toys in the waiting room*** – the PPG asked if it would be possible to provide toys. **ACTION: LOUISE TO CHECK WITH BUILDING MANAGEMENT TEAM**
- ***Information provided by reception team*** – the PPG felt that information provided by the reception team was sometimes contradictory and sometimes the team did not appear to be aware of what was happening within the practice. However, they also acknowledged that the team bore the brunt of patient anger and had a difficult job. The PPG further requested that the reception team were invited to the next PPG meeting. Louise explained that all staff were made aware of and invited to the meetings but she would try and encourage more to attend next time. **ACTION: LOUISE TO CONTINUE TO ENSURE RECEPTION STAFF WERE AWARE OF SYSTEMS AND PROCEDURES.**
- ***Survey to be more widely circulated next year.*** Louise explained that she was aiming to distribute the next survey in the autumn of 2014. The PPG suggested that it would be helpful to provide clipboards so patients could complete the survey whilst in the waiting room instead of taking them home.
- ***Time of meetings*** – it was suggested that the times of future meetings (beginning with the latesummer/ autumn meeting) could be varied in order to enable other patients to attend. **AGREED**

10. Date and Time of Next Meeting

The next meeting would be held on Thursday 15 May at 3.00pm at the surgery.

Dr Foster thanked everyone for attending and the meeting closed at 6.30pm