



Parkside Medical Practice

Dr Deolkar, Dr Foster & Dr Hughes

Bulwell Riverside Centre, Main Street, Bulwell, Nottingham, NG6 8QJ
Tel: 0115 9279119 Fax: 0115 9130692 www.parksidemedicalpractice.co.uk

PATIENT PARTICIPATION GROUP MEETING **18 SEPTEMBER 2014**

The meeting was attended by 11 patients

Representing the practice: Dr Foster, Louise Owen (Practice Manager), Jo Booth (Nurse), Carol Worthington and Liam Bennett (Receptionists)

In attendance: Jason Mather (Nottingham City CCG), Laura Buckley and Kate Robinson (East Midlands Clinical Research Network – part meeting)

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

1. Clinical Research Projects Update

Laura Buckley and Kate Robinson from the Clinical Research Network outlined some of the work they are doing with GP practices on health research. The projects fall under the scope of the Department of Health, are all ethically approved and undergo regular governance checks.

Practices are encouraged to participate in studies most relevant to their patient population. All patient data is kept completely confidential with all reporting on patients who might be eligible being done by the practice. The study teams do not have access to this data.

Parkside Medical Practice is currently participating in 3 research trials:

- **HEAT** - a large scale outcomes study designed to see whether a one week course of H. pylori eradication reduces hospitalisation for ulcer bleeding in patients using aspirin.
- **FAST** - a major research project designed to assess the safety of drugs commonly used to treat gout in general practice.
- **ALLHEART** – a study to assess the effects of adding 600mg allopurinol to the meds of patients with ischaemic heart disease to reduce the risk of stroke, heart attack or death due to cardiovascular disease.

Research trials can be conducted in several ways: gathering patient opinions; clinical trials and observational studies and last for varying lengths of time.

The PPG asked whether results of trials were made available to those participating. Laura confirmed that whilst some trials can take several months or even years to complete the aim was to provide feedback during the course of the project.

Laura and Kate were thanked for their presentation and left the meeting.

2. Looking After Each Other Project

Jason Mather provided a brief update on the Looking After Each Other Project. The PPG heard that Nottingham City CCG had been awarded some funding from Innovation Funds to provide 16 information kiosks in assorted locations around the city which would contain a directory of information in the form of a touch-screen. The kiosks would be available to clinicians as well as the general public. Some discussion was still underway about whether the kiosks should be placed in health-care or retail environments.

The PPG suggested that it probably wouldn't matter where the kiosks were placed – once people became aware of them and if there was a need for them they would go to them anyway regardless of location, but suggested that libraries might be a good setting. The PPG expressed some concern that not everyone would either wish to or be comfortable using a touch-screen but acknowledged that it would not always be appropriate to expect help from staff in the location of the kiosk.

3. Minutes of the Meeting held 15 May 2014

The minutes of the last meeting had been circulated prior to this meeting and due to agenda length were not reviewed in full but the PPG members had been asked to note any issues they wished to raise.

- The photo board had progressed very slightly – some staff photos had been taken!

4. Brainstorming Session

The main areas discussed during the brainstorming session:

- **PPG Functions** – to share ideas; to feedback comments/concerns to practice staff; to have an educational role to and between patients and staff; to build self-esteem/confidence; to involve patients in shaping practice policies
- **Appointment System/telephone call-backs** - improvement in waiting time; difficulties for workers in accepting call-backs; length of time to wait for call-backs a concern (sometimes received very late at night); appointment with GP obtained when needed; concern expressed around the number of hours that the GPs were working
Response: Dr Foster acknowledged that some times call-backs were made late at night. This was due to the high volume of demand which could exceed 80 calls per day per GP, plus face to face appointments, plus home visits, plus report writing and other paperwork. The new system had helped to improve waiting times for appointments but had had an impact on the GPs work-life balance as any demand must be absorbed on the day. Some positive outcomes were that the majority of patients were able to be rung back or seen the same day if needed, there had been a reduction in the number of calls coming through at 8.30am each day and were becoming spread throughout the day. 'Did not attend' rates had also hugely reduced as a result of the new system, although we still had patients not attending whose appointments had been booked only a couple of hours earlier and our NHS Choices rating had also improved.
- **Lack of joined up service within the NHS** – e.g. other parts of the NHS cancelling appointments without informing the patient or the surgery.

- **Charges for GP letters** – suggestion that health related letters should be FOC. See below extract from BMA website which explains why GPs sometimes charge for letters or forms:

What is covered by the NHS and what is not?

The Government's contract with GPs covers medical services to NHS patients, including the provision of ongoing medical treatment.

In recent years, however, more and more organisations have been involving doctors in a whole range of non-medical work.

Sometimes the only reason that GPs are asked is because they are in a position of trust in the community, or because an insurance company or employer wants to ensure that information provided to them is true and accurate.

Examples of non-NHS services for which GPs can charge their own NHS patients:

- accident or sickness certificates for insurance purposes
- school fee and holiday insurance certificates
- reports for health clubs to certify that patients are fit to exercise

- **Would there be any interest in using email/skype for communicating with the GPs** – there would be some difficulties in managing an email system and the need to ensure patient confidentiality; some surgeries had been trialling skype as a method of consulting with patients but at present it was not something that this practice envisaged using. Jason Mather explained that skype was just being piloted in some care homes for now, but there were issues around security.
- **Has the practice list size altered?** Dr Foster explained that over the last 2 years the practice population had increased from 6200 patients to 6800. The practice has 3 full-time GPs plus 6 locum sessions each week where possible and the ratio of patients:doctor has increased. Recent research by the King's Fund had suggested that the number of GP consultations was increasing by 4% year on year.
- **Why can't GPs manage their patients as they did 40 years ago?** Dr Foster explained that 40 years ago much more work was done in the hospitals than now and that much health care work was now expected to be carried out by GPs. Additionally life expectancy was increasing which has a resultant impact on the health care required by an individual.
- **Could we have a drop-in system?** Dr Foster explained that the practice had tried this before and it was not a success due to the huge demand from patients and it eventually became unmanageable with patients waiting several hours for an appointment.
- **The practice has been running the Dr First system as part of a trial with other surgeries. The PPG asked whether we volunteered for the trial?** Yes we did in response to our previous problems with the appointment system and the dreadful feedback received about patient access. The CCG funded an external company to come in to the practice and analyse our demand and capacity data.

5. Future of the PPG – structure/committee

The group were asked to consider what they would like the PPG to look like in the future. At present the PPG had no chairperson and Louise circulated a draft role description and asked those present to consider whether they would be willing to act as chair and be a point of contact for the surgery.

Action: for further consideration at next meeting

6. Friends and Family Survey

The practice had been running a Friends and Family Survey for some time by sending patients with mobile phone numbers on record an text message the day after their appointment (hard copies of the survey were also available at reception).

Dr Foster noted that Dr First is very sensitive to staffing levels and survey responses varied in line with staffing. Overall complaint levels had fallen.

7. PPG Network

Minutes from the PPG Network evening held on Thursday 14th August had been circulated prior to the meeting. In the future 2 patients confirmed that they would be interested in attending to represent our PPG.

8. Recruitment of Salaried GP

The practice was still trying to recruit a salaried GP, but was still finding this very difficult. There were currently insufficient trainee doctors coming through the system and existing GPs were choosing to retire early due to the increasing pressures. Many doctors were choosing to locum instead of taking a permanent post.

9. Any Other Business

- **Electronic Prescriptions** – the practice was currently on a waiting list and expected to be able to offer this service from March 2015. Further information to follow in due course.
- **CQC Inspections** – all practices will have been inspected by 2016 and must display their CQC rating in the practice. The PPG asked how the practice felt about this? Dr Foster noted that it was very difficult to disagree with a system designed to improve patient services.
- **Timing of appointments** – it was agreed that there needed to be flexibility on both sides in terms of making the system work and that patients should be aware that they might be offered an appointment with a locum. The PPG asked if it would be possible for receptionists to give a brief idea of the likely time of call-back. This would not be possible due to the volume of calls although if a patient stated a particular time of day when a call-back would be most appropriate e.g. after 3pm or at lunchtime, we would try to accommodate the request as far as possible. Dr Foster explained that due to the high demand we had felt it necessary to put a safe call limit in place (usually 70 calls per doctor) and this might mean that patients had to call back the following day or perhaps be advised to visit a pharmacy where they might receive quicker help for minor ailments.
- **Flu Clinics** – Saturday clinics would be held on 27 September and October between 8.30am and 12.30pm. No appointment needed.
- **Meeting with Graham Allen MP** – Dr Foster and Louise would be attending a meeting with Graham Allen and other local practices to

discuss the pressures on surgeries. The meeting was due to take place on 19 September.

- **MJOG** – the practice was having an amendment to its existing text messaging service which would allow patients to text the surgery to cancel their appointments if they were no longer required. It was hoped that this would further improve the DNA rates.

10. Date of Next Meeting

The next meeting would be held on Thursday 4 December at 4pm at the surgery.

Dr Foster thanked everyone for attending and the meeting closed at 8.10pm.