4th SPRING HALL PATIENT PARTICIPATION GROUP MEETING

Tuesday 9th October 2012 6.30pm

Patients and staff in attendance:

Dr Seema Nagpaul	GP
Dr Manyeula	GP
Carrie McLaughlin	Practice Manager
Tracy Worrall	Deputy Manager
Julie O'Grady	Receptionist
VI	Patient
PW	Patient
SR	Patient
PR	Patient
MC	Patient
ME	Patient
RH	Patient
ME	Patient
CH	Patient
EH-T	Patient
PD	Patient
ND	Patient
BH	Patient
PD	Patient
CT	Patient
MA	Patient
PF	Patient

Dr Nagpaul started the meeting by thanking everyone for attending and she explained the reason we are running the group is because the surgery want to improve in a way that suits not only the doctors here but also our patients and in order to do this we do need to have input from as varied a patient base as we can.
Dr Nagpaul explained that she would like to make it clear to all attending that nothing said would affect their patient care in any way. She explained that so far we have had 3 meetings of the patient participation group and gave a brief outline of what has happened in the previous meetings. It was also agreed that for future meetings we would contact all of the participants at least 4 weeks in advance and then again closer to the time. She asked for a show of hands of patients who had been with us for several years and the majority of the patients attending had indeed been with the surgery for several years.

Dr Nagpaul informed the group that the surgery is currently in the process of signing up to the Care Quality commission. Carrie the practice manager explained that this involved the surgery signing up to lots of different protocols many of which the surgery already did as part of the course of our normal day but that now we had to actually ensure that every member of staff is aware of each of the many different protocols. The protocols cover things such as the computer system and how things are entered avoiding third party information and health a safety and risk assessment protocols, as well as infection control policies. Some of the protocols are for patients with hearing disability and guide dog policies. Carrie explained that this is a very large project for the surgery but that the end result should mean that all of the surgeries are following similar protocols and services.

Dr Nagpaul explained that the purpose of this meeting is that the surgery needs to do their annual survey and we were hoping that the group would be able to help us to come up with some specific questions, more relevant to this surgery, which we would be able to include in the practice questionnaire

She started by asking all of the patients for examples of things that they felt the surgery did well and things they felt we could improve on

The group gave several suggestions for things we did well including the following:

- Triage and the fact that this made it easy for patients to arrange for an emergency appointment on the same day.
- Also the book in advance appointments which meant you can book to see a particular GP in the future for follow up appointments or more routine problems etc. Dr Nagpaul explained that the availability of book in advance appointments had been increased as a direct response to last years first PPG meeting and the results of the practice questionnaire.
- Another of the patients felt that the boots branch was a definite positive allowing a more central surgery for patients who live slightly further out. Dr Nagpaul agreed and explained that we had expected it to be mostly those who work in the centre who would use this service but it was also proving to be a lot of our elderly population who were attending as they would get several things done in the town whilst also visiting the Gp.

Some of the things the patients felt we could do better included:

- Booking online, one patient knew of another surgery which had online booking of appointments. Carrie explained this is currently a pilot scheme for these surgeries but it would be something the surgery may be interested in doing in the future.
- Continuity of care. One patient felt that it would be better if the doctors could split the practice list between then and then only see there own patients. It was explained that this would not be possible due to the numbers of patients on the practice list and the availability of the doctors. It was also explained that sometimes seeing a new doctor with a new perspective on a problem could be an advantage. The surgery tried where possible to direct their patients to the doctor who specialises in their condition, i.e Dr Nagpaul for dermatology or Dr Cleasby for diabetes and Dr Manyeula for heart disease.
- Inability to use the services at other surgeries. For instance having a blood test taken by a surgery closer to your place of employment. Dr Nagpaul explained that at present surgeries only provided a service for there own patients but that the NHS is currently doing a pilot scheme of duel registrations for people who worked away from home. This would mean a patient is registered at both practices and both would have full access to the records, as yet this is only a pilot and there are no plans to roll this out throughout the NHS as yet. It was explained that with the increased global access to patients records this may be something the NHS can work towards more of in the future.
- No notices explaining the complaints procedure in the surgery. Dr Nagpaul explained that as a result of past PPG meetings we had tidied up the reception are of all of the posters and notifications and as a result we appear to have removed that particular document. She advised that this would be rectified as soon as possible.
- Advertising of the current GP's. One patient explained he was unsure how many Dr's we have working at the surgery and who they were or what they looked like. He suggested that we could put up a list of doctors along with there photos. All present agreed this would be a good idea and as a result the practice will be happy to do this.
- Special clinics as in BP clinics or health clinics. Dr Nagpaul explained that for most things we don't run specific clinics as we found that patients were not always able to attend at the time the specific clinic was although we do review clinics for Diabetes and COPD and CHD. It was explained that although we don't do specific clinics most things are still done at the surgery as in smoking cessation appointments and health checks although they are done in an ordinary appointment
- Advertising of hours and Saturday clinics. One patient said that he was unaware of the Saturday clinic at Boots and also asked if we could do more late nights. Dr

Nagpaul advised that we do clinics up till 6 pm every day and also up till 7 15 on a Monday evening as well as the Saturday morning clinics at Boots branch. At the moment there are no plans to increase the number of late night appointments but we do also provide some appointments from 8 am for those who work as well as lunch time clinics at Boots.

Dr Nagpaul felt there were some good points raised which would allow us to add a few more practice specific questions to this years questionnaires.

The group continued to discuss other issues from this point one patient asked if there was a reason why patients with high cholesterol were no longer asked to do a yearly blood test. Dr Nagpaul explained that the NHS evolves patient care constantly using something known as evidence based research. As a result of the evidence based research the NHS found that it is no longer necessary to test a patient every year for cholesterol once there dose has been regulated in the beginning and National guidelines were set which each surgery should now follow. The same thing happened with Diabetes patients who are being treated by tablets not insulin, it was determined that they did not need to test there blood daily.
One patient asked if the surgery would know if a patient didn't take or stopped there medication and Dr Nagpaul explained that in most cases the doctor would notice at the request of the next script or at annual review if a patient has stopped taking a medication, and for those patients on repeat dispensing where the pharmacy has been given 12 months worth of prescriptions the pharmacy would inform the surgery if a patient stops collecting their medications.

Another patient asked why Warfarin is no longer allowed to be on repeat dispensing. It was again explained that this is due to national guidelines due to the nature of the drug and the monitoring required before dispensing it.

Dr Nagpaul explained that there are several ways moving forward that she would like to develop the patient group. She explained there were several suggestions of things which the group could be involved in and or run which could benefit the practice population as a whole. She explained that the group could run or help the surgery to run a specific health support group for things like skin problems or allergies. Currently the surgery don't run anything like this but they would be happy to get involved or try to start if the group or anyone in the group felt they would be happy to help. One patient did express a wish to help with a support group for allergies and her name was taken.
Dr Nagpaul also asked if any of the patients felt that they would like to help the surgery to respond to any complaints which we receive, the idea for this is that it could serve as a safety valve and help the surgery to see the complaint from the patients point of view and help us to resolve the issue to both the patients and practices' satisfaction. One patient has volunteered to help with this in the future
It was also suggested that the group could help out on flu day helping patients to get out of there coats or pointing people in the right direction or helping them to use the BP machine in the reception. We had a few volunteers put there name forward for this and look forward to seeing them on the flu days

Dr Nagpaul also asked if the patients had any other suggestions for alternative ways to run the group possibly a patient lead that may have ideas which will expand the group into other areas. She also suggested that we could possibly run the group "virtually" as well although we may need some ideas on how to start this process, in the mean time we can start by sending every patient who has an email address attached to their records and they will be sent a copy of the practice questionnaire.

One patient asked if the surgery still had an issue with missed appointments where patients had failed to attend. Dr Nagpual said that of the ones booked on the day through telephone consultation the majority do attend but of the pre bookable appointments we are still finding that there are approximately 1/3 who don't turn up. And even though patients who fail to attend an appointment are only given another after they have spoken to the GP we still find

some are repeat offenders for various reasons, of which it is difficult for the practice to change. The surgery does have the right to remove a patient for repeatedly failing to attend an appointment but this is something we do very rarely and will always take into account any medical reasons which maybe contributing to the problem before removing the patient.
Aggressive patients can also be removed from the practice list but we had recently been advised by the ombudsman that we should warn first although the practice have made the decision that we will remove aggressive or violent patients immediately if we feel this is necessary and where possible the patient will be given a warning first but only if this does not endanger the practice staff in any way.

One patient asked why a member of staff had been unable to advise him of his wife's appointment without speaking to her first. It was explained that due to patient confidentiality the surgery are not allowed to give out information about a patient to another person no matter what the relationship without seeking the patients permission.

One patient asked if we did advertise the surgeries opening times and they were advised that they are advertised on the appointment cards, in the practice booklet, on the websites and also on the surgery doors.

Another patient asked how many patients the surgery could have on the list at any one time Dr Nagpaul explained that the list size is determined by the health authority and it depended on how many full time and part time GP's they have working for the surgery at any given time. With our current GP list we would officially have the capacity for up to 12,000 patients in total but she advised that if our list size did grow to this size we would more than likely be considering taking on another GP.
The patient asked how many hours constituted full time for a full time GP. Dr Nagpaul explained that our full time GP's do four full days but with the new developments in the NHS as a whole this does not mean that on their day off they are actually off. Most of our GP's take part in other areas of the NHS i.e. Dr Cleasby spends his days off working at Dean Clough building on the CCG and Dr Nagpaul worked at the hospital in dermatology and all of the other doctors within the practice are all involved on one board or another within the NHS

One patient asked if the surgery had access to a specialist dietician. Dr Nagpaul advised that we do have a lady who came into the surgery once a week who did healthy weight dietary advice but for other specialist advise we do have the option to refer to the hospital.

A copy of the minutes will be sent to all of the patients who attended the meeting and also displayed in the practice and will be placed onto the practice website at www.springhallgrouppractice.co.uk