**9th Spring Hall Medical Practice Patient Participation Group Meeting**

 Tuesday 14th February 2017

Patients and staff in attendance

Dr S Cleasby

Dr S Nagpaul

Dr Nadeem Akhtar

Tracy Worrall – Deputy Manager

Sara Johnston – Administration

PF – Patient

PW – Patient

VI – Patient

ME – Patient

BE – Patient

RR – Patient

NC – Patient

EB – Patient

RH – Patient

MA- Patient

CR – Patient

ML – Patient

PR – Patient

KH – Patient

SL – Patient

AP – Patient

At 6pm Dr C opened the meeting by welcoming everyone. Following introductions by all the GP’s in attendance Dr C asked everyone else in turn, to introduce themselves and say how long they had been a patient or employed at the practice.

When all the introductions were finished Dr C indicated that he would like to get some feedback on what the group thought about the practice. He then asked each person in turn to give a positive and negative viewpoint about the same

PF – GP’s are good and the appointment time allocated is also good.

ME – Likes the fact that the practice has two centres offering appointments (Spring Hall Surgery and the Boots Branch Surgery)

RR – A good service is offered by the practice.

AP – The triage service is very good. However, it is not good that prescriptions orders are no longer taken over the phone. Instead orders have to be made by either coming into the surgery, which is not always convenient or by E-mail and not everyone has a computer.

Dr C indicated that the surgery was attempting to free the phones for people to book appointments or for emergencies. He added that he would touch on the subject later in the meeting and suggested if AP had difficulties, in this respect, to speak to TW after the meeting to see what could be done.

NC – Triage service is very good but wondered if this could be extended to involve the nurses (Referring to the triage system currently run by A&E department CRH) He was not happy about the waiting time for booking an actual appointment. He indicated that he rarely uses his GP but if booking, would like an appointment sooner than is currently offered by the receptionist. Also, follow on appointments are not easy to book when the GP/Nurse wants to see you again, for example in a month’s time, as there are never any appointments on the system. He also agreed with the previous comments made about prescription ordering by AP.

Dr C explained that nurse triage was something to consider but in actual fact the triage service provided at the moment is very good as patients get to speak directly with a doctor, with just one phone call. With regard to the availability of appointments, it is actually the GP’s who plan the rota, before it is given to TW to put onto the system. This will be looked at in the future with a view to ensuring that more appointments are available.

VI- Triage is excellent. The negative comment would have been about getting through on the telephones but has realised whilst waiting for the meeting to start, that the practice is putting steps in place to try and rectify the situation. For example, notices have been displayed asking patients to use the ‘Booking in Machine’ for appointments which will allow the receptionist to give precedence to incoming calls.

Dr C indicated that steps such as using the booking in machine, diverting other things away from the phones, such as ordering prescriptions were helping the situation. However, they were looking into employing another receptionist to address the issues with the phones. He did point out that we have advertised recently but unfortunately had not received any response from any suitable candidates.

EB – Triage is excellent. On the negative side, they felt that the waiting room was very messy with too many notice boards and leaflets cluttering the area. This area needs to be less cluttered, with less leaflets and clear notice boards, so that important key messages are not lost and can be communicated to the patients.

SL – The practice and GP’s are good. Appointments are easy to make and the receptionists are nice.

RH- Practice, GP’s and triage are all good. Agreed with the comment that the waiting room needed to be tidier, so that the patients could take on board any key health information.

PW- Doctors and receptionists were very helpful. The clutter in the waiting area was overwhelming. They also felt that the triage system was not good. Patients know when they need to be seen by a doctor and ought to be able to book an appointment direct with the receptionist.

Dr C informed the group that triage was an important service and that if the doctor determined that an appointment was needed, then one would be given. He pointed out that on average out of every ten triage calls taken by the doctor, three warranted appointments.

KH- Triage is good and the receptionists are able to ascertain if it is actually needed when they enquire about the reason for the call

Dr C did highlight that the receptionists were not medically trained to make a triage judgment. However, if given information that indicates the problem needs to be dealt with in a different area within the practice and not triage, the receptionist had the ability and knowledge to re-direct the patient accordingly.

ML- Triage was good. The negative was that sometimes you are given or offered an appointment at the Boots Branch when it may be easier for you to get to the Spring Hall Branch (Patient’s own experience)

BR- Triage was good. Sometimes appointments given are not always convenient for full time workers due to working hours. Workers are not always able to arrange things to coincide with a day off.

CR- Triage is excellent, please don’t ever get rid of it.

MA- Triage very good. Not being able to order prescriptions over the telephone is not good for elderly people who find it difficult to come into the practice. Many do not have computers so are unable to send an E-mail. The self-check-in machine is not always a good idea for elderly people or ethnic people due to language difficulties. It is also not good that sometimes you are unable to get the GP of your choice or have to wait two or three weeks to see them.

Dr C indicated that he understood about technology being a problem for older people and people of ethnic origin. However, these problems could be addressed by speaking to the receptionist who could demonstrate how to use the self-check-in.

With regards to prescriptions, Dr C explained that repeat dispensing (Yearly prescriptions) are the way forward and that 70% of our prescriptions are now done this way. This means there is no ordering for the patient who simply goes to their nominated pharmacy to collect their medication when due. Also 90% of all prescriptions are now sent electronically straight to the pharmacy which saves the patient having to come and collect them in person.

EB mentioned at this point that medication reviews, done by the in-house pharmacist, is an excellent service.

Dr C explained that using in-house pharmacists to do some of the medication reviews, which takes fifteen minutes, means that the doctors are free for other appointments. When dealing with the reviews they will only prescribe what is actually needed and if any medication needs cancelling from the prescription (RD) it will be done. The pharmacist also deal with all the other prescriptions requests at the surgery. They have been employed at the practice for the last three years.

Dr C then gave some background information on the practice and how it was set up by a group of doctors who wanted to go into general practice together. He explained that the practice was a PMS practice which meant that we received a higher level of funding which allowed us to provide extra services. He informed the group that the practice has actually had an extra GP, for the last 14 years and that as a practice we have more GP’s per patient than any other surgery in Halifax. This has enabled us to have specialised clinics here in the surgery, such as dermatology and diabetes. We have been able to keep these patients in house rather than referring them to the hospital. In fact, we have the lowest referral rate in Halifax

However, because of the way things are evolving within the NHS/General Practice, the money that the surgery gets for doing the in-house clinics is being reduced and will eventually be lost completely. Because of this the surgery as a whole is going to have to restructure and it has been agreed that each GP at the practice will drop a session. This means that the practice will lose 100 appointments per week, which is the equivalent of over 5000 per year. The doctors have decided that they have to move forward and make the surgery work more efficiently, whilst maintaining current staffing levels. He also indicated that none of the current GP’s were looking at retirement in the near future.

NC commented that this would put more pressure on the GP and that seeing patients in less time was not the answer.

Dr C explained that one of the solutions to these problems was to no longer run the Saturday morning clinics at the Boots Branch. He used the example of one of the doctors living in Leeds, travels over to see 15 patients on a Saturday morning, and unfortunately we have found that at least a third of the patients fail to attend the Saturday morning appointments.

Because we are conscious of the fact that the surgery has lots of patients who work and we do want to continue offering appointments outside normal working hours the new proposal is to open for one early morning sessions at 7am per week and to do one late evening session finishing at 7.30pm. At all of these sessions we will have a GP, Nurse and HCA available.

Dr C then indicated that booking appointments three weeks ahead is inefficient. By the time three weeks have passed the symptoms have either cleared up, so the patient attends about a different problem or even several problems, or the patient fails to attend the appointment, resulting in a valuable appointment been wasted. Most patients want to be seen within 1 to 2 days. Therefore, the doctors at the practice are going to place more doctors on telephone triage each day and whereas, in the past, only under 16’s were guaranteed an appointment on the same day, this will now cover anyone who the doctor determines needs to be seen.

ME expressed concerned that this would increase pressure on the telephones.

NC reacted positively to the cancellation of the Saturday morning clinics & to the extra morning clinics. He also returned to the earlier question of a new receptionist being employed, by suggesting that maybe some retired people could be considered for the role.

Because of the doctors going down the route of more triage, less appointments will need to be booked into the future as most people will be seen within 1 or 2 days.

Specialised clinics such as dermatology and diabetes will still be run but there may be fewer of them. Dr C also informed the group about another specialised clinic which we run at Summerfield Care Home. This is due to the fact that a large proportion of people at the home are registered with the practice. The possibility of running clinics at other care homes where we have patients is being considered by the practice and the care homes involved.

Dr A said this was a real opportunity for both GP’s and patients. The fact that patients were to be given the chance to be seen that day or the next day would mean that hopefully patients will no longer need to wait for an appointment.

ME indicated that some people like to see a certain GP but that is getting more difficult, as the practice grows. This led Dr C to explain that the NHS is in crisis, hospitals and GP’s alike. There are currently 26 separate practices in Halifax and at the moment some of those practices are thinking about merging to make one large practice with several hubs. In the Halifax area. There could be as many as 5 hubs with one call centre. In this case. you would ring one number to get an appointment and for example you could be offered an appointment at the Plane Trees Surgery at 11am or the Spring Hall Surgery at 1pm. This would enable the sharing of facilities, managers, clinical, administration staff and equipment and would hopefully provide a better service.

ME commented that it had happened in Oxford and her daughter said that it was a disaster.

MA indicated that they would only see another GP, at a different practice, in an emergency.

ME said if it was an emergency you would see anybody.

Dr C said that the practice will have to think very carefully about the way forward, in the future and how we need to work with other practices and colleagues. He added that it was only an idea/model that was being looked at and considered at the moment. It was important to keep care for patients closer to home. There is a 10% aspiration of money from the hospital to outpatient services in the community to provide hospital services closer to home. He also went on to mention that our building hopefully is going to be updated and expanded in the future and will include more consultation rooms which we are hoping can be used to provide these hospital services closer to our patients.

MA said that it is expensive to have to travel to other surgeries and hospitals and that not everyone can afford to do this. It is therefore important when dealing with people to try and keep the services local.

Dr C indicated that these changes could be one, two, five years away at the moment but that was the way that general practice was heading.

SL expressed concerned about how doctors at other surgeries would pick up on patient’s records/medical history.

Dr A replied that patient’s records are fully updated on the computer during each consultation with a clinical professional. Therefore, any GP/clinician can easily pick up details of the patient's full medical history on the basis of the notes entered and provide the necessary follow on treatment.

SL had previously been a patient with Horne Street Surgery for 16 years and enquired if all her previous medical history from that time, would be on her current medical records.

Dr A informed her that her full medical records were received in both paper/computer form and that the information on both will have been checked and updated on the computer records.

At this point, RR said it had been a very informative meeting to see how hard everyone was working to improve the practice and for the benefits of our patients.

Dr N mentioned that on the NHS Choice Website, which all patients can access, we only ever seem to get negative feedback and it would be nice if sometimes people could put positive feedback on.

NC stated at this point that it was only human nature to complain which is probably why more negative feedback occurs.

TW reiterated that the phones were going to be given priority at the surgery. She also mentioned that patients could now ring the Boots Branch direct, to book appointments etc. This telephone number had not previously been available for patient use. There would be more signs put up on how to use the self-check in machine, to free up reception. It was also pointed out again that we were advertising straight away for more receptionists.

TW also advised that the surgery is trying to encourage our patients to register for Patient online. This allows patients online access to book triage appointments, nurse’s appointments and to order prescriptions. Patients are also able to access their own personal medical records which would mean you are able to check blood results online rather than having to call the surgery.

KH said that the text messages confirming appointments had been a good idea but appear to have stopped.

TW indicated that due to the terms of the old the contract that we had had to stop the service but we were now in the process of arranging a new contract which means that the text messaging service should be back in operation shortly.

DR C then closed the meeting by thanking everyone for coming and giving valuable feedback.

RH ended by saying how much she appreciated the hard work done by the practice.