

Garswood Surgery Patient Group Meeting

Wednesday, 05 December 2012

In attendance: Dr J Holden (JDH) – GP Partner
Dr H Parr (HP) – GP Partner
Mr T Narayanan (TN)
Mr B Knowles (BN)
Mr J Rice (JR)
Mrs L Cooley (CL)
Mr P Zecevic (PZ)
Mrs B Ashcroft (BA)
Mrs J Evans (JE)
Mr D Chesworth (DC)
Mrs R Chesworth (RC)
Mr D Bruce (DB)
Mr B Knowles (BK)
Mr K Cleary (KC)
Mrs S Cleary (SCL)
Mrs B Lightfoot
Mrs T Peet (TP) – Practice Nurse
Mrs S Greenwood (SCG) – Practice Manager

Apologies for Absence

Apologies for absence were received from: Dr J White (JW), Mrs K Gaskell (KG), Mrs S Cunliffe (SC) and Mr L Cunliffe (LC).

New member

Dave Bruce was welcomed as a new group member attending his first meeting

Minutes of Last Meeting

The minutes of the meeting held on 04 July 2012 were agreed.

Matters Arising from Minutes

Re-Siting of the prescription post box.

At the last group it had been suggested that the internal post box for prescriptions be re-sited to a place where patients who just wanted to drop off their prescription request would not need to maneuver around patients queuing at the desk. It was felt that this would help improve confidentiality for the patient who was being dealt with at the desk.

SCG advised that suggestion had been acted on. She also advised that we were awaiting delivery of a post and tape queue management system to try to offer better confidentiality at the desk.

Election of Chair

Following the recent poll regarding the election of a chair person for the patient group a majority vote had been received in favour of Tony Narayanan and it was expected that he would take up the role of Chairman with effect from the next meeting.

Self Check in Configuration

Some group members felt that the self check in kiosk needed to be slowed down a little. SCG agreed to look into whether or not the configuration facilitated this.

Personal Health Budgets

A member of the group had requested information about Personal Health Budgets (PHBs). SCG handed out a print out from NHS Choices regarding this new initiative. PHBs had been piloted in a number of places across England and from April 2014, anyone receiving NHS continuing healthcare would have a right to ask for a PHB. This would provide an amount of money to support an identified health and wellbeing need, agreed between a patient and their local NHS team with an aim to provide people with long term conditions and disabilities greater choice and control over the healthcare and support they receive in a similar way to the personal budgets many people already use to manage and pay for their social care.

It was not necessary to change any healthcare or support that was working well for a patient just because they had a PHB, but, if something was not working the patient could utilise their PHB to change it

Concern was expressed about what would happen if a budget holder overspent their PJB. Proper planning between the patient and their NHS team should mean that no-one should under or overspend their personal health budget, however, the NHS had given its assurance that no-one with a personal health budget would be denied healthcare in such circumstances

Care Quality Commission

SCG advised that the practice was now registered with the Care Quality Commission (CQC). One group member asked if, in principle, the CQC was comparable to 'Ofsted for Health'. SCG advised that one role of the CQC was to inspect GP practices and other primary medical services such as dentists in England to check that they are meeting the national standards of quality and safety.

Staff update

Dr Alan Wass had joined the practice in November and would be here for a year. Dr Gupta would be staying on for until end January 2013 to complete his training. Dr Victoria Simons had just joined the practice and would be here for 4 months until April 2013 when she would be replaced by Dr Helen Milward who would be with us until August 2013. Dr Anna Newton would also be joining the practice in April 2013 for 18 months. Dr Sally Wright would be joining us in April 2013 for 6 months.

Kate McKeown had started her maternity leave in August 2013 and she expected to return to work in May 2013 although as she would have some annual leave accrued she would be unlikely to present for work until June 2013.

SCG advised that we had already arranged for a temporary member of staff who worked at another surgery as a GP receptionist. She would help out when her commitments to the surgery where she already worked had been fulfilled. Other temporary solutions were being considered to help alleviate the backlog of certain back office functions such as scanning.

Practice list size

SCG advised that the current practice list size was 3985.

Patient Questionnaire

The group was presented with the results of the patient questionnaire that had been held during the period 1/7/12 – 4/12/2012.

The questionnaire was hosted on the web via the Surgery website and ran 24/7. Paper copies were also available at reception and a posting box was in the waiting area. Manually completed questionnaires were punched into the e-survey database by the reception staff. SCG explained that once the survey data was downloaded, the previous results were purged and a fresh survey commenced.

Overall 188 patients completed the survey. Although there had been many positive comments a decision had been made to only report negative comments to the group in order to help determine any trends.

In the main the negative comments related to the availability of appointments and getting through on the phone.

Of the 188 patients who responded to the statement '***I found it easy to make and appointment***', 170 patients (90.4%) of patients agreed or strongly agreed with the statement. 14 patients disagreed and 4 strongly disagreed with the statement. It was not felt necessary to amend present systems based on this outcome.

Of the 186 patients who responded to the statement '***Getting through on the phone to the surgery is easy***', 134 (72%) of patients agreed or strongly disagreed with the statement. However, 44 patients (23.7%) disagreed and 8 patients (4.3%) strongly disagreed.

SCG explained that Mondays in particular presented a high volume of phone traffic. Because of the weekend closure, Monday mornings were always very busy and on Monday afternoons because the practice closes between 1pm and 4pm there was often a large number of patients trying to get through when we reopened at 4pm.

Many patients still perceived that the receptionist at the front desk was struggling to answer the phone and deal with patients face to face. SCG advised the group that the front desk receptionist had not answered the phone for many months and that this task was assigned to the back office staff.

The group suggested that we consider assigning more staff to answer phones. Whilst it was agreed that this would be helpful, we had just had another member of staff go off on maternity leave until May 2013 which further exacerbated the problem. It was agreed that where possible two members of staff would be assigned to answering the phone on Monday mornings but maternity leave, sickness and holidays would still need to be accommodated within the existing staffing cohort.

Any Other Business

Car Park

There had been some issue regarding the parking of the chemist's van in the disabled area of the car park. SCG advised that Kier were scheduled to come out and re-mark the car park.

Use of Mobile phones by Patients

It was suggested that a sign be placed in the waiting area advising that mobile phones should be switched off or patients taking telephone calls in the waiting area should go outside as it was a disturbance to other patients. The practicalities of this would be considered

Local Involvement Network (LINK)

Bernie Lightfoot advised the group that she had resigned from LINK

Date & Time of Next Meeting

It was proposed that the next meeting be held in June 2013, date to be confirmed.