Garswood Patient Group Meeting

Wednesday, 29 June 2011

In attendance:

Mrs B Ashcroft
Mr K Cleary
Miss L Clayworth
Mrs L Cooley
Mr L Cunliffe
Mrs S Cunliffe
Mr J Evans
Mrs J Evans
Mr B Knowles
Mr T Naranayan
Mrs T Peet
Mr P Zecevac
Mrs S Greenwood

Apologies for Absence

Apologies for absence were received from: Cllr Sue Murphy, Mr D Chesworth, Mrs R Chesworth, Mrs S Cleary, Mr S Bell (PPI Manager), Dr J Holden & Dr J White

Minutes of Last Meeting

The minutes of the meeting held on 1 December 2010 were agreed

Matters Arising from Minutes

There were no matters arising

Practice Update

Clinical System

The installation of the new EMIS clinical system was scheduled for 1 November 2011. There had been some delays in the installation due to problems with the system's word processer which had caused the original install date of 19 July 2011 to be postponed. It was hoped that this issue would be resolved before the next scheduled date.

Telephone Call Queue System

This had been installed and was fully operational. The system was only utilised at periods of peak demand and lone working however, due to staff shortages, patients were unhappy that they were waiting to speak to a receptionist for extended periods. The patient group advised that their experience of the system was that they much preferred it to receiving an engaged tone or having to wait for significant length of times for the phone to be answered. They advised that they did not find it onerous to listen to the patient information played on a repeating loop whilst they moved up the queue. One issue that was raised was that the queue system did not immediately notify the caller of their queue position and they asked if this could be remedied. SG advised she would check with the IT providers

Patient Self Check in System (Automated Arrivals)

The practice had purchased the patient self check in system 'Automated Arrivals' and installation was imminent, however, it would only become operational when the EMIS clinical system was installed due to incompatibility issues with the existing clinical system. It was expected that this would help reduce patient queues at the reception desk as patients who only needed to book in to see the doctor could do so without the need to speak to a receptionist

New Staff

SG advised that our part time reception manager, Lynda Halliwell and part time receptionist, Nicola Hair had left the practice. Lindsey Clayworth had been appointed to the reception manager's post full time and Emma Kindon had been promoted into Lindsey's former role as Admin Officer. We had successfully recruited 2 new modern apprentices for reception who seemed to be settling in very well. This would help to put more hours into reception and hopefully help us to be more responsive when answering the phones

The group asked whether there was any particular reason or issue that two staff had left the practice within such a short space of time. SG advised that one person had retired from work, however the other had found dealing with the patients very stressful as they were often extremely rude and intolerant and working on the desk in a face to face situation particularly so. The group suggested that we deduct patients who did not behave in a reasonable manner.

Prescription Problems

The group had raised the issue of missing prescriptions on numerous occasions and various methods to resolve this had been tried. Following the last meeting where SG had promised to visit this again in an effort to find a workable resolution, she advised that she had, in cooperation with the pharmacy, devised a system to audit trail our prescriptions. Although not perfect, the system had improved things significantly and substantially less scripts were going missing as a result. PZ confirmed that the new system had helped the pharmacy considerably in managing scripts and the incidence of 'missing' scripts was now negligible.

Dr Parr – Maternity Leave

Dr Parr would commence her maternity leave on 4 July and her last day in the practice was 30 June 2011. It was expected that she would return to work at the beginning of February. The group asked who would be providing locum cover in her absence. SC advised that it was hoped that Dr Mugerwa, a current GP registrar who was due to complete his training shortly would work here as a locum. The group were concerned that a female GP would still be available in Dr Parr's absence SG reassured the group that she expected Dr Tinsley could well be available until possibly October and also that a further female GP registrar was joining the practice in August.

Wheeled Chair

At the last meeting JE asked if it would be possible for the practice to obtain a wheeled chair to assist patients with mobility problems getting from the car park to the surgery. SG advised that she had managed to acquire a perfectly serviceable chair through Freecycle

Patient List Update

The patient list had increased to 3,890.

National Patient Access Survey

The results of the National Patient Access Survey for 2010/11 for the Patient Experience (PE) domain of the Quality Outcomes Framework (QOF) had been published and SG presented a document which gave the practice's ranking in comparison to the other practices in St Helens.

800 questionnaires had been sent out to a random cohort of patients. Of these only 322 had returned their questionnaires.

141 reported that they had attempted to access a doctor either in an emergency or urgently and of these 105 (74.47%) reported that they had been able to see a doctor on the same day or next two working days

Garswood ranked 31/35. Overall 9/35 practices had failed to reach the 80% minimum benchmark set by the government for this denominator

134 patients reported that they had attempted to book a 'routine' appointment 2+ weekdays ahead with 103 (76.87%) reporting that they had been successful.

Garswood ranked 16/35. Overall 20/35 practices failed to reach the Government's 80% minimum benchmark for this denominator

The patient group were very surprised at these outcomes since they knew the practice policy was that patients who felt they needed to see a doctor quickly, would where appropriate, be given an appointment the same day or within 48 hours. Where a patient requested to see a doctor as an emergency or urgent case, if the receptionist was unable to judge the appropriateness based upon a criteria determined by the doctors, a message would be sent to the doctor. The practice policy was that the reception staff would signposted patients to the most appropriate service, not always a GP appointment, in order to maximise the appointment resources. They followed a simple but strict flowchart, devised by the doctors, to determine where other services might be utilised in an effort to ensure that appointments were allocated to those who needed them most.

In regard to advance bookings, the practice appointment books were generally available to book routine appointments up to 4 weeks ahead.

They suggested that the practice needed to advertise how appointments were allocated to ensure patients were aware of appointment availability and the policy regarding emergency, urgent and routine appointments.

Care Quality Commission

SG advised that the Care Quality Commission (CQC) – likened to the equivalent of 'OFSTED' for health services – had been granted the power to ensure that health services were delivered to their established quality standards. Over the next year, the Practice was required to work towards registering with the CQC and providing all of the necessary evidence to demonstrate that we are working to these prescribed standards.

Although it was necessary to have policies and protocols that documented our working practices, particularly in relation to legislative acts such as Data Protection, Equality, Health and Safety, etc., the CQC had indicated that is was particularly interested in outcomes and the patient experience. Measuring outcomes was a complex issue and the CQC were empowered to measure these by whatever means were available to them, including contacting patients, patient questionnaires,

practice policies, key performance indicators such as the Quality Outcomes Framework (QOF), etc.

From the CQC "Summary of Outcomes" the requirements were grouped into six key areas:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

The CQC has the power to:

- Restrict a practice from offering services from a particular location
- Issue a penalty notice in lieu of prosecution
- Suspend a practice's registration (this means regulated activities cannot be performed at that practice)
- Cancel a practice's registration (this means regulated activities cannot be performed at that practice)
- Prosecute for specified offences (a practice and its registered manager can be fined)

SG tabled a questionnaire that closely mirrored the former GPAQ questionnaire. devised to measure patient experience for the QOF prior to the national surveys, however this was a long and complex questionnaire that covered a multitude of outcomes and although the group felt the questionnaire essentially harvested the necessary data its deployment was considered to be an issue. The group felt that patients should be allowed to take the questionnaire home and complete it at their leisure and it was suggested that perhaps it should be issued with the patient review invitation letters so that it reached a wide audience and was reflective of the opinions of those who used our services on a regular basis. The sample size was also discussed. SC advised that she expected to determine the required sample size by mimicking the sample size used by the Government for the national survey and the group agreed with this methodology.

Annual Patient news leaflet

LC had produced a tri-fold annual news leaflet for patients which advertised the practice services which was tabled for comment.

The group felt that as Dr Parr was just about to commence her 6 months maternity leave it would be useful to advise patients that there would still be a female GP in the practice during her absence.

It was also suggested, particularly in light of the results of the National Patient Survey, that we reinforce several key messages to patients in regard to access, not just in the annual news leaflet but in the waiting area, on the website and in the practice leaflet. Suggestions included advising patients that:

- We are currently recruiting and the geographical boundary of the practice catchment area
- We are open 8am – 6:30 pm with a late night to 7:45pm
- When clinically necessary patients are seen as an emergency on the same day or urgently within 24-48 hours

- We encourage continuity of care for patients who need regular reviews
- We make our scarce resources stretch by 'signposting' inappropriate requests for appointments to more suitable services
- Requesting an emergency or urgent appointment with a named GP is not normally possible
- We offer Telephone consultations
- We offer patients the ability to book a routine appointment up to four weeks ahead
- We offer a range of services including coil checks, Warfarin finger-prick testing, joint injections, etc., for the convenience of our patients

Car Park

KC advised that the lower part of the car park which was mainly used by the community centre, was in a very poor condition due to the increased volumes of vehicles which needed to pass over that part of the car park in order to access the practice parking area. He asked if it would be possible to speak to the landlord with a view to getting some repair/resurfacing work done before the winter. SC advised she would speak to Renova in this regard

Date & Time of Next Meeting

It was proposed that the next meeting be held in December 2011, date to be confirmed.