

# **Garswood Surgery Patient Group Meeting**

**Wednesday, 04 July 2012**

**In attendance:** Mr J Rice (JR)  
Mr B Knowles (BN)  
Mr T Narayanan (TN)  
Mrs S Cunliffe (SC)  
Mr L Cunliffe (LC)  
Mrs B Ashcroft (BA)  
Mrs J Evans (JE)  
Mr D Chesworth (DC)  
Mrs K Gaskell (KG)  
Dr J White (JW)  
Dr H Parr (HP)  
Miss L Clayworth (LHC)  
Mr P Sinnott (Representative – St Helens Carers' Centre) (PS)

## **Apologies for Absence**

Apologies for absence were received from: Mr & Mrs Cleary, Mr P Zecevic, Mr S Bell (PPI Manager), Mrs L Cooley, R Chesworth, Mr J Evans, Mrs T Peet, Mrs S Greenwood and Dr J Holden

## **Minutes of Last Meeting**

The minutes of the meeting held on 07 December 2011 were agreed.

## **Matters Arising from Minutes**

There were no matters arising from the minutes

## **Carers Centre**

PS presented information and an update regarding the services and help that the St Helens Carers' Centre provides.

## **Practice Update**

### **Clinical System**

JW advised that the new EMIS clinical system had now been installed as of the 17 April 2012. Some small errors with the translation of read codes in medical records had occurred, however these would be remedied by both the GPs and admin staff.

LHC explained the group that the new clinical system had allowed the streamlining of certain operations such as the prescription system and the patient messages system between the admin staff and GPs. This would help to minimise delays in responses and prevent requests/messages getting lost.

HP informed the group that that the new clinical system hosted a workflow document management system in which letters from hospitals and external agencies would automatically be scanned and filed into patient records when they are received by the practice. TN enquired as to whether this was necessary as presumably the Shared Care Record (SCR) would make this information available when it was due to be installed. LHC responded that the SCR project had been put 'on hold' due the NHS funding issues and no expected implementation date had yet been advised by the PCT.

### **Staff update**

Dr Gilliland is due to leave at the end of July 2012. The new GP trainees as of August were to be Dr Jenny Nuttall and Dr David Chappel. Dr Alan Wass was to join the practice in November. Dr Gupta would be staying on for a further 3 months to complete his training.

### **Practice list size**

JW advised that the patient list size was still growing. LHC advised that the current patient list size stood at 4060 patients.

### **Flu Clinics**

The group was informed that the flu clinics were planned to go ahead with 2 Saturday morning clinics again. The dates were yet to be confirmed as the company that the surgery buys flu vaccinations through was yet to advise of when stock deliveries would be made but the clinics were likely to be held early October.

### **Patient Self Check in System (Automated Arrivals)**

LHC updated the group with regard to the self check-in service. There was currently an issue with the software and the network for the clinical system. The company supplying the self check-in equipment and software had identified that the problem was with the network spoke and that this needed to be resolved, in order to allow them to fix any issues. LHC advised that she was looking into this.

### **Election of Chair**

The group was advised about how the election of the patient group chair was to proceed. It was agreed that each PPG member would receive information regarding the election of a PGG chair and a nomination request (that would be sent via email/post) after the nominations had been received the members will again be contacted to vote for a chair person.

TN enquired as to the length of time that the elected person would be chair for. LHC advised that she would need to check the guidance to see if there was a proposed length of time. TN suggested that the post be held for 2 years at a time and then the group would re-elect.

## **Patient Questionnaire**

The group was presented with the results of the patient questionnaire that had been held during March 2012.

The group advised that they felt there was a lot of information to absorb at the meeting and therefore requested that they have a copy of the results sent to them so they would review the results and inform the surgery if there were any arising issues. LHC advised she would ensure they were sent a copy of the results.

TN raised concern that it seemed unfair that the trainee GPs that are on placement for varying amounts of time be covered over the same duration as the permanent GPs as there may be an unfair weighting towards the permanent doctors due to the length of time that they work.

## **New Patient Questionnaire**

LC presented the group with a proposed new simpler format patient questionnaire that would replace the older version as it was felt that this was too long. SG had created it and had approached a website survey company to host an electronic version of the questionnaire. The company has also agreed to process the results for a fee of £49 per year.

The groups requested that they be sent copies of the old and new questionnaires so that they could compare them properly and it was agreed they would inform the surgery if they felt changes needed to be made or anything should be added.

## **Clinical Commissioning Group (CCG) Patient Group Minutes**

The group reviewed the minutes of the CCG patient group meeting and discussed with JW the new patient care pathways that the CCG had implemented.

## **A&E attendances**

JW informed the group that the practice has a high rate of A&E attendances compared to the CCG average. JW advised that he was looking at the data and attempting to work out why this activity was happening. TN suggested that there was a certain mentality amongst some patients, who, if they could not get an appointment with their GP, would go to A&E. JW explained that in some instances some patients were not even approaching us but they had gone straight to A&E as there were emergency appointments available at the times of attendance. DC suggested that the practice writes to patients who have attended A&E services unnecessarily and diplomatically explain the cost to the practice regarding their attendance. JW agreed that this was possibly an appropriate way forward.

## **Prescribing Budgets**

JW explained that the CCG has set a prescribing budget and it is vital that the surgeries do not overspend on their prescribing budget allocation. The budget has been divided over the CCG practices based upon list size, demographics and deprivation. JW advised about medicines waste and that many patients order the medication that was on their repeat prescription even when they did not need it. There were numerous occasions when bags of unused medication was returned to the pharmacy by patients because they had had a clear out, the patient had died or they had discovered that the use by date had

expired. JE & BA both advised that they do only order the necessary medication, however there had been occasion where they had been given items that they did not request by the pharmacy. LHC agreed to look into this.

### **Any Other Business**

LC informed the practice team that his neighbour had had an issue with delayed hospital transport, and found that the surgery was unhelpful when she had enquired as to how to chase this. LHC agreed to bring this up as a training issue with the staff as patients worry that they will miss their hospital appointment and do not know where their transport is.

The group enquired as to whether patients are still seen at the hospital if they attend late for the appointments. LHC advised that as far as she was aware, the hospital still accommodated patients who were delayed by patient transport services, however, JE described an occasion that she was aware of when the hospital had refused to see a patient with these circumstances. JR felt that unless the consultant had left for the day the hospital should be obliged to see the patient as the delay in transport is not the patient's fault.

JE also requested that the surgery look into possibly moving the prescription request post box in the reception area, as sometimes patients could be discussing confidential matters with the receptionist and that is was off-putting when other patients were posting their prescription requests in the immediate vicinity. LHC agreed to raise this issue with SG.

### **Date & Time of Next Meeting**

It was proposed that the next meeting be held in December 2012, date to be confirmed.