Beechwood Medical Centre (BMC)

Minutes of Patient Participation Group (PPG) Meeting held on Monday 11th February 2019 1.00pm at Beechwood Medical Centre

Present: Nick Giles (BMC, Practice Business Manager, Chair), Kelly Dollard, (BMC Office Manager), Vicky Sykes (BMC Lead Practice Nurse), Gemma Watkins (BMC Work Wellness Advisor), Mel Priestley (BMC Secretary, Minutes), Alan Machin(Patient), Mervyn Bamford(Patient), Patricia Bamford(Patient), Patricia Tighe(Patient).

1. Introductions to Everyone

NG welcomed all attendees and introduced himself as the new Practice Business Manager. Each attendee introduced themselves, explaining their role within BMC where appropriate.

2 Explanation as to how the group will work and communicate

NG apologised for the group not being reconvened before now. He advised we are aiming to recruit between at least 8 & 12 patients to the group, as this is considered a good number of participants for this kind of group. He proposed the group should meet every 4 months, which everyone present agreed to, and if it is felt this should change; due to previous meeting being 3 monthly, it may be reviewed at a future date. He explained that he believes email is the best medium to be used for communicating with the group members, which everyone was in agreement to.

1. Minutes of the last meeting (5th December 2016)

The previous minutes were reviewed and NG updated the information regarding BMC list size, which has now increased by over 160 patients, since the last meeting, and is now 8798.

The group were informed of the changes NG has made in relation to the appointment system which now provides 30 telephone consultations daily along with 15-20 urgent same day appointments (the number available depends on the day of the week) and routine appointments available to book up-to 6 weeks in advance. It was generally agreed that this has been working well until the recent winter pressures have increased demand for appointments. At this point PB explained she had previously had an issue booking an urgent appointment with a nurse, on the instruction of a doctor. NG and VS explained that since her specific experience the nurses have appointments allocated on a daily basis, that are only used for time sensitive needs, to help ensure patients can access the nurse appointments for such issues. NG went on to explain that BMC has reduced the use of locum doctors to help with consistency/continuity of care and obviously costs. He explained that locums are now only used to cover leave or sickness with the exception of Saturdays which Dr Don Munyaneza provides all of the GP appointments for. The previous figure of 100 patients requiring same day, urgent appointments was due to a badly managed appointment system which has since been addressed.

At this point NG asked for feedback from the group regarding any differences they may have noticed. AM advised he felt that on the few occasions he has visited the surgery the waiting area is noticeably much quieter than he has experienced previously. KD suggested that this may be due to a better flow of patients due the system as a whole running much smoother than it has done in the past. PT explained about an occasion where she needed to be seen on an urgent basis, was told to attend the surgery as soon as she was able to (she was travelling back from holiday at the time) and upon arrival the doctor was asked to see her immediately, which he did and she was admitted to the hospital almost as soon as arriving in the building. KD explained in brief how the duty doctor appointments are managed on a daily basis, as we cannot predict how busy any individual day will be. This means the duty doctor essentially has a limitless list during any working day.

NG explained about the nursing team, and changes being made including the recruitment of a new nurse to the team. This will mean we have Vicky as the lead nurse, Melissa, Samantha (new recruit) and Julie HCA. PT asked if the nurses have their own specialities. VS advised that Melissa will continue as respiratory nurse; Samantha is a newly qualified nurse and will have any required speciality training arranged by the surgery once she is in post. The attendees all know Vicky and are aware of her role.

GW explained her role clarifying that she is here to work with people who are off work/claiming benefits due to sickness. She speaks with the patients and can provide them with up-to an hour at a time to look into any issues they may have which could have triggered the need for sick notes. She is often able to help them access the various agencies that can offer the support/help they may need. NG interjected to explain that GW is able to provide the patients with longer appointments than the GPs; she can help work with the patients to identify any underlying issues and signpost them to the relevant services, which in turn will hopefully get the patients a point where they feel they can return to work. PB asked if GW can help patients with mental health issues, as it is widely known that there can be a long wait for appointments in secondary care. GW advised she can help to signpost them to different services that they may not be aware of and can also book into the IAPT service held here at BMC. PT asked if there is any apparent trend in the reasons behind our patients requiring sick notes; GW explained that there is no particular pattern that she has been able to identify and each patient is very different.

NG informed the group that BMC is no longer open on Sundays due to changes in the CCG funding and explained that the out of hours appointments are now offered at Spring Hall Surgery in the evenings and weekends. This service provides these appointments for the North Halifax Hub, which is a group of GP practices located in the North Halifax area. PT asked if there is provision for urgent appointments from this service. KD explained that these appointments are for routine bookings only and explained how the appointments are managed by the surgeries within the Hub.

NG gave an overview of how he manages and records complaints and gave some examples of the complaints received for the tax year 2017/2018 which totalled 31 complaints for the year. AM asked if there is a specific criteria used to qualify as a complaint. NG explained we usually ask for a formal complaint either by letter, email or the complaints forms available from reception. So far this financial year we have had 24 complaints. AM asked if we have an issue with patients generally whinging rather than having a specific complaints. KD advised that although this can be the case if we are hearing the same issues raised the issue is looked into and KD discusses with NG to determine if action is needed. NG showed the group the BMC website complaints page which fully explains to patients how to submit a complaint and explained that he responds to all complaints. During this discussion the group raised an issue with parking. NG explained that this is an ongoing issue which he has looked into himself as contractually (according to the lease)BMC should have access to 48 parking spaces, only 4 spaces are included in the Health Centre lease and none for pharmacy. He explained that he has had a survey done by staff and at times it has been noted that there are 20+ cars in our car parks before we have even opened. Various options have been looked into to try and enforce the parking regulations, but each option has been considered too expensive. He has even spoken to local land owners who have turned down the offer of a regular income to allow us to use their land for staff parking. PT gave an example of an occasion when she had an appointment but was unable to find any parking, and due to her condition was unable to walk to surgery. NG reiterated that unfortunately this is an ongoing issue which has previously resulted in the duty doctor being blocked into the car park when needing to go on an urgent visit and he is still looking at options to ease this issue.

AOCB from previous minutes

NG explained that locum GPs are not regularly used any longer, and where we do need them for cover of leave or sickness we tend to try ensure Dr Das is booked for this purpose. There had been a request to have the staff identification board put back into reception but NG does not feel this is appropriate or necessary and as a group it was agreed this is not required.

AM had previously raised the need for chairs in reception with arms to aid patients with mobility issues when transitioning from sitting to standing. It was agreed that this is something that should still be looked into and NG will source these for various areas within the waiting room.

The group confirmed that the March 2017 meeting did not go ahead.

1. Results of the Recent Survey

NG showed all present the responses to the survey that had been sent for completion prior to the meeting taking place today. Only 3 members had completed the survey and whilst looking through the survey PT asked how a patient addresses any inaccuracies that may be in their record, which they have found using their online access. NG advised the patient should raise the issue with NG or the GP that entered the information. AM asked if all test results are available using this service. KD explained all information we have including tests requested by BMC are available to see, however, information provided to us by services outside of the Calderdale and Huddersfield Trust may be limited as we can only add to a record the information we have been provided, but the letters are scanned onto patient records. This means that anything we have received can be seen by the patients themselves.

MB asked why we have the option of telephone appointments as they take just as long as the face to face appointments. NG explained that some of these are due to patients being unable to make it into surgery. Also there are some calls that can take only a couple of minutes which allows the GP to provide more appointments this way and it can be much easier for both the patients and the surgery staff. Prescription requests were discussed briefly and NG explained how Patient Partner works and explained the difference between online access with username and password and Patient Partner which requires a Pin Number to access using the automated telephone service for prescriptions. AM asked if there is a plan to send the same survey the group has had to a selection of patients.NG agreed this would be worth doing and will arrange to send the survey to a diverse selection of patients.

1. Plans for the surgery over the next few years

AM asked about whether or not we have a mental health advisor. NG advised GW is able to offer support and signpost patients to the relevant service, we also have IAPT, Better Living Team, Better Lives and CT is the clinical lead for mental health issues. NG explained that there is a new group within the locality (North Halifax Community Wellbeing Partnership) which is working with various services to provide additional options for patients to access different services.

The issue of patients failing to attend appointments was discussed and NG advised that we have an average of 60-80appointments per week that are wasted due to patients failing to attend. PB suggested notices detailing the number of appointments wasted on a weekly basis. NG explained he feels this kind of notice normalises the issue for patients who can see the number of appointments that have been missed and tend to feel as though it is acceptable due to the fact that other patients are doing it too. KD explained the new DNA policy and the letters we are now sending to patients. She also advised we are now just reaching the point where the 3rd letters are being looked at and decisions will be made on an individual basis as to what the next step will be for these patients, as the previous letters do advise the patient that they can be removed from the practice register if they continue to miss booked appointments. She also gave examples of some of the reasons patients give when contacted about their missed appointments.

1. Any Other Business

Nothing to discuss.

Actions required:

|  |  |  |
| --- | --- | --- |
| Action | Person Responsible | Timeframe |
| Source high seated chairs with arms for reception area | NG | End of May 2019 |
| Arrange patient survey that the PPG members have had to be sent to a variety of patients | NG | End of March 2019 |
| Set date for the next meeting to take place in June | NG | Done 4th June 2019 |