

**Havelock Grange Practice  
Patient Forum Minutes  
Wednesday 14<sup>th</sup> May 2014  
17.00**



**Present:** - PW (Chair), MM (Vice Chair), CN (Practice Manager), SA (GP), AE (GP), MM (Practice Manager), JG, RK, MS, BC, LS, ST, GM

Guests were welcomed to our group.

**1. Apologies**

IC, MC, EW, RM, HM, GP

**2. Minutes of the Last Meeting**

Agreed as a true record

**3. Matters Arising**

**a. Text messaging** – the facility has been used to notify patients who have missed appointments, it appears to be going well and is also highlighting incorrect contact numbers. The facility is to be used to inform patients who have future booked appointments longer than the usually 10minutes.

**b. Prime Ministers Challenge Fund**

The Practice was not successful in their bid, information was circulated with regards to a meeting held between Dr Posmyk, MM & PW with the Agenda.

**4. Staff Presentations**

The following members of the Practice team delivered a talk on aspects of their work: -

**a. Practice Assistant** – JK has been with the Practice for 10years and explained that her role involves receiving appointments requests for GP's, Nurses & HCA's. Contacting patients on behalf of the GP to inform them of test results, dealing with prescription requests, home visits, emergency calls, scanning documents onto medical records and some data entry. Joanne enjoys her job which gives a variety of work and has job satisfaction helping others.

**b. Pharmacist** – SA has been with the Practice for 2years, her role involves dealing with queries from patients regarding medication issues and does see patients face to face for annual medication reviews. Patients who are on specialist medications are also seen by SA who ensures the appropriate tests are done prior to the appointment. SA also meets weekly with the CCG Medicines Management Rep (Clinical Commissioning Group) and Dr E, which looks into the Practice's expenditure regarding medicines and treatments, ensures that patients are being prescribed the correct medication in line with information provided by NICE (National Institute for Clinical Evidence). SA is Clinical Manager for the Nursing Team and runs weekly Nursing meetings, ensuring Nurses are provided with up to date information re legislation and that any issues the team have is able to be discussed and solutions sought. Responsibility for Rheumatology work is also part of Susan's remit, this work was previously overseen by Dr M, who is now able to see more patients since handing this work over. She has involvement with the Warfarin service and has increased the number of sessions offered due to the increased number of patients taking Warfarin, involvement with local health improvement services focusing on Healthy Heart & Lung initiatives.

**c. Healthcare Assistant, CB** – delivers patient care for phlebotomy (blood taking), which is part of the annual medical review, wound management, basic dressings, ECG's, spirometry, blood pressure measurements including 24hr ambulatory blood pressure, smoking cessation, weight management, B12, flu injections and also assists Dr Moody with minor surgery clinics.

MS was grateful for the information and also highlighted the helpfulness of JK which was also appreciated by others around the table. PW thanked the staff for their time and was

impressed by the range of duties that each staff member performed, it was thought that a receptionist only answered telephones and made appointments!

Questions were asked about prescriptions and whether the practice is cutting medications in a bid to save money and the reviews carried out by the ?(words missing MUR?). SA commented that the work around prescriptions is to ensure patient safety, compliance with medication and that review carried out by local Pharmacies (Medicines Use Reviews) are to support compliance and identify medications which are no longer used or of benefit, although it is felt that MUR (Medicines Use Reviews) are not really as effective as it is an isolated service from the Practice.

#### **5. Open Day – Saturday 18<sup>th</sup> October 2014 09:00 – 12noon**

Volunteers are required to help with the organising the Practice open day. Susan Acey has already enlisted Public Health Nurses who will offer information on healthy heart/lung. Susan also offered to provide information on the use of medications and the importance of annual health checks. JG, Operations Manager for Epilepsy will look into involving the organisation and Margaret Sneddon will approach Diabetes, Dementia organisations. CN also highlighted that the Practice supports “Wear it Pink” which supports Breast Cancer. PW is also keen for a working party to be set up to ensure that the project is well organised and that the Mail be informed of the event. PW, MM, MS, JG all keen to be involved in the working party, which will need to meet to discuss further plans. CN agreed to organise the working party.

#### **6. Teaching & Training Plans for the Practice – Dr S Acey**

Highlighted the Practice’s involvement with teaching of medical students, GP Registrars and the future potential for the Practice to be involved with Foundation year 2 Doctor. Although the Doctors have to supervise such personnel, they are still able to see patients in their own right which then offers more appointments to patients. It was confirmed that patients who are seeing GP’s who are mentoring medical students are collecting patients from the waiting to ensure that they are happy to discuss their problem with the medial student present. Chair asked for an update re how this and duty doctor system were working be on next agenda.

#### **7. Appointments**

- a. **Complaints** – an incident had been passed to PW in which a patient had incurred telephone costs of £2.79, whilst waiting in the queue for an operator. Telephone response times were discussed and it was revealed the Practice does have between 6-8 members of staff answering calls between 08:30 – 09:00 which is our busiest time. However after this time there are 2 operators dealing with calls, one of these is allocated for emergency calls.
- b. **Praise** - A comment was also made that in fact a patient had been happy recently with the response time in which she had gone from being 13<sup>th</sup> in a queue to 7<sup>th</sup> and then being dealt with after 3mins of waiting.

#### **8. Expectations by the Practice from the Patient Participation Group**

Dr E informed the group that Dr P was keen that the group forward soft intelligence regarding outside services i.e. Hospital care, ambulance response times etc which will assist the CCG with looking at improving patient services. Some concern was expressed (or Ronald Keen expressed concern) re this as there are lines of complaint via hospital/ Healthwatch.

Dr E is also keen to involve the group with identifying potential areas of weakness that they feel the Practice need to improve on, this will also help the Practice if and when there is a visit by CQC (Care Quality Commission). CQC are looking to introduce a similar scoring to that of “trip advisor” for Practices. AE has documentation regarding CQC which will be emailed/posted to the group for thoughts and consideration on how to address/highlight such issues.

It was recognised that the Patient Participation Group is developing very well and is more challenging to the Practice but in a positive way.

9. **Update regarding GP's – see Appendix B**
  - a. **Breakdown of a typical session**
  - b. **Practice list size**
  - c. **?enough GP's to cope with demand**

Members discussed appendix B, the variety of appointments available and the recommended 4hr 10mins sessions as per the BMA (British Medical Association). The Practice has been somewhat under doctored of late, which has been due to holidays and bank holidays. The Practice is unable to close its list as this will then prevent the Practice from offering Government & Local services that maybe offered by other Practices. Practice income very much differs from Practice to Practice and historically our Practice has been one of the low paid Practices. Processes recently put in place by Government legislation will see this anomaly level out.

(Dr A left meeting (to take a surgery session))

10. **Secret Shopper – see Appendix C**

A discussion on the draft question for the Practices secret shopper was discussed and the aim of the project is to identify positivity and helpfulness of staff. It is hoped to also provide information on potential training for staff to improve customer care. Staff are aware of the project which was discussed with each member during recent appraisals. The group were happy with the suggested format and questionnaires will posted to each member of the group.
11. **AOB**

RK raised concerns which had also been discussed by the 50+ organisation he attends. Issues regarding arrangements between GP, Hospitals and Social Services around ambulance service and patients having to be in hospital longer as a result of joined up care not being in place.

AE concurred with ambulance response times, confirmation that the Practice too had experienced poor response times on several occasions.
12. **Date of the next meeting**

Wednesday July 16<sup>th</sup>, 17:00