

**Dr Breach & Partners
Patient Participation Group (PPG)**

Minutes of Meeting held on Tuesday 26th September 2017 at 4pm

Present:

Representing the Practice

Dr Martin Breach (MB)
Lindsey Clayworth (LC)
Joanne Mason (JM) – left at 5:45pm

Representing the Patient Group

Mo Burgess (MoB)
Allan Crosby (AC)
Peter Dorman (PD)
Val Williams (VW)
Margaret Lowe (ML)
Richard Armson (RA)
John Robinson (JR)
Sheila Frodsham (SF)
Lorraine Salmon (LS)
Patricia Hazeldine (PH)
Barbara Jones (BJ)
Shirley Birchall (SB)

Apologies:

Roy Dingsdale (RD)
Carol Wilde (CW)
Julie Gillin (JG)

Minutes from previous meeting

Minutes from previous meeting agreed. AC requested the minutes to be sent out sooner, LC agreed to try to send them ASAP.

Parking on Woodside Road

LC explained that RD had received complaints from residents of Woodside Road complaining about the increased roadside parking and the issues with blocking driveways and blocking access to pavements. LC informed the group that she had contacted St Helens Council to see if anything could be done to minimise the effect street parking that has increased due to the new building opening. However the Council advised that they are public road and were not able to do anything to prevent parking and if driveways are blocked residents should phone the police as that would be a criminal matter. LC also said that the staff working in the building should be using the allocated staff spaces.

JR informed that he had seen a nurse parking on the road as he was coming to the meeting. MB thought it may be a community nurse who had parked as the community wings external door is located near the road. LC agreed to reinforce that all staff should use the staff car park or other parking spaces so as to lead by example for patients. MoB asked that if the carpark was full at peak times could patients use the staff carpark if there were available space. MB and LC confirmed that that would be a good overflow if traffic was excessive.

LS suggested a poster be put up around the building to inform patients to use the car park. LC agreed to put up posters.

Appointments

LC explained the trial amendments made to the current appointment system at the Practice. LC discussed how she had been to observe the appointment system at Dr Rahill's Practice to see how improvements could be made and it was decided by LC, JM and the clinicians to extend appointments availability 12 weeks at a time to allow more routine and follow up appointments to be available. JM explained to the group how urgent same day appointments ran and the Duty GP system. Some of the attendees explained circumstances that they had experienced where they were not offered appointments or not offered to have messages passed to the Duty GP. LC and JM agreed to raise the points as part of the receptionists' ongoing training.

RA also raised an issue regarding a receptionist refusing to pre-book a routine appointment on a Monday. JM explained that this was a misunderstanding as the Practice does not offer routine appointments on Mondays, however future appointments can still be booked. JM confirmed she will reinforce this with all reception staff.

MoB expressed concern that the reception staff were triaging the incoming calls for appointments as she had concerns that some patients may need to be seen urgently but would not want to disclose their problem. LC explained the receptionists work to protocols to sign post and allocate appointments additionally NHS England (NHSE) are encouraging practices to signpost and triage and are encouraging it to be normal practice by GP receptionists. LC assured that patients only need to provide a brief idea of the problem, however patients who are unwilling to provide information will be offered the next routine appointment only.

AC and MoB enquired which days the GPs work on, LC and JM informed. MoB advised that in the old building there was a poster that had the working patterns of the clinicians that was displayed in the waiting room and requested that an updated one be displayed in the new building. LC agreed to arrange a poster to display in the waiting room.

AC and VS enquired as to how the Practice would patients who fail to attend their appointments (known as DNAs) as being able to book so far in advance may exacerbate this problem. LC informed that, the Practice sends letters regarding wasting appointments to patients who DNA. Additionally, she was enquiring with the IT department regarding sending appointment confirmations and appointment reminders via text message to patients as the clinical system had a facility for this service however there were problems getting it to work which left it in the hands of IT. JM told the group that at present the DNA rate had not increased, however it was being monitored as this was a concern when the trial was proposed.

Advanced Nurse Practitioner (ANP)

MB and LC explained the role of the Practice ANP as some of the group expressed concern that they had been offered nurse appointments when they feel a GP should see them. The Practice employs an ANP to help to manage the acute presentations from patients. LC explained that she does have some room to facilitate patients for follow up after she has initially seen a patient, however due to the demand for same day appointments it was felt that she was better placed to see more acute problems. JR suggested using the ANP to triage the phone calls of patients requiring same day access. MB explained that due to limited resources available in General Practice, the ANP was better placed seeing patients in her current capacity.

Opening to the public

PD asked if the practice could open earlier than 8am to prevent patients waiting outside in the cold and the rain until the doors opened at 8am. LC and MB said they would be able to do this as long as patients understood that the reception desk would only be opening at 8am. MoB and RA advised that this issue had been raised at the PPG meetings in the old building in the past, and the group was informed that due to insurance restrictions, the Practice could not open to the public earlier than its stated opening times. LC agreed to check this with the insurance company.

Patient Survey Results

LC and MB presented the results of the Patient Survey. LC explained that the surveys had been given out since January 2017 to September 2017. Therefore if successful, the implementation of the new appointment system may improve the issues surrounding access and availability of appointments which the Practice scored lowest on.

CQC

LC advised of the outcome of the CQC inspection held on the 11th January. The process of the day and the outcomes were explained. A handout of the Practice outcomes printed from the CQC website was passed around for the attendees to read. MoB asked if the CQC knew about the retiring partners at the time of the inspection as the patients did not. LC confirmed that the CQC knew about this however they base their inspection outcomes reflective of how they find Practices on the day that they go out. MoB advised that had she known about the retiring partners prior to speaking to the CQC she would have responded some questions differently.

Any other Business

MoB and VS suggested that the Practice communicated via email and text message more than sending letter via post. MoB requested that newsletters be sent to patients via email that would provide them with updates happening at the Practice. LC agreed to look into this, and arrange forms for patients to complete that consent to these communication methods.

BJ asked if there could be another screen up in the waiting room that displayed information. VS requested that the slideshow on the existing screen have less information and more slides as the slideshow moves too quickly before all information can be read. LC will look into where another screen could be installed as there is a spare screen that was in the annexe at the old building.

MoB asked MB about taking on new partners in the future. MB explained that in the current climate it was unlikely that the Practice could attract partners as it was not as desirable due to pay and workload as a salaried or locum position and that resources were not widely available to afford GPs and new staff. LC explained that a lot of funding in the St Helens area was used to pay the PFI mortgages on the new hospitals and therefore affected the funding available to practices.

AC provided feedback from the CCG patient engagement meetings. AC advised that he is currently working on a secret shopper exercise commissioned by the CCG to explore how well services are delivered and identify training needs CCG wide.

The date of the next meeting was agreed to be held on the 16th January 2018. RA suggested meeting at 4pm was better for most attendees as the turnout to the present meeting had been very good. MoB suggested a later time as people may have difficulty fitting the meeting time around their working pattern. LC advised that if there was advance notice sent out, people may be able to arrange time for the meeting around work. Additionally there were evening classes held throughout the week that made it difficult to arrange meetings after 6pm.

Meeting finished 18:10

Date of next meeting 16/01/2018 4pm