

**THE JUNCTION SURGERY PATIENT REFERENCE GROUP**  
**MEETING**

**DATE:** 14<sup>th</sup> March 2016

**TIME:** 7.00PM – 8.00PM

**ATTENDEES:** Dr R Ali  
Julie Sunderland (Practice manager)  
Jan Strodder (Nurse)  
Elaine Foulds (Receptionist)  
David Born (Patient)  
Wendy Walker (Patient)  
Denise Sutcliffe (Patient)  
Margaret Wadsworth (Patient)  
Tom Marsden (Patient)  
Philip Carr (Patient)  
Eleanor Ritchie (Patient)

**Apologies:** Dr S Siddique  
Mark Lancaster

**Tabled:** Information on the public consultation meetings and drop-in sessions around proposed changes.

Telephone statistics for Nov 2015 – 14 March 2016

NHS Choices and Friends and Family Feedback

Practice newsletter.

**1. Apologies and Introductions**

Julie gave apologies from Mark Lancaster.

**2. TOR**

Julie reminded the members of the meeting the purpose of the patient reference group was to discuss general issues of the

practice and that the meeting was not a forum for any personal agenda.

### **3. Matters arising from the last meeting**

- a. Mrs Sutcliffe had suggested that perhaps a poster informing patients of the new processes be displayed in the waiting room so patients would know what they have to do for certain things, like prescription ordering. Julie confirmed that this action had been completed and that not only was a poster devised, the information had been included in the practice leaflet. Mrs Sutcliffe suggested however that the information be displayed in a larger font for patients with sight problems. Julie advised she would be happy to do this

**Action: Julie to produce poster further outlining process for prescriptions, booking appointments etc. in a larger font.**

- b. **Decision to increase the number of pre-bookable appointments:** The decision to consider increasing the pre-bookable appointments had been deferred from the last meeting. Julie had therefore carried out an audit to see what the impact of pre-bookable appointments was in order to inform the decision. The audit identified that the DNA rate (Did not attend) had steadily increased from August 2014 from 47 – 82 as of February 2016. It was advised that currently 20% of all GP appointments were pre-bookable up to two weeks in advance. Following a discussion it was agreed that despite this rise in patients failing to turn up at booked appointments, the practice would increase the availability of pre-bookable appointments by a further 30% making the total of pre-bookable appointments 50% leaving 50% to be booked on the day. It was hoped that this would reduce the impact of congestion on the telephones first thing in the morning. The new availability would take place from 1<sup>st</sup> May 2016.
- c. Mrs Ritchie had asked about some new chairs to assist the infirm and mobility challenged patients. It was advised that a

chair with arms had been located from another area of the surgery however, funding for new equipment was not yet available but should it become available then additional seating, subject to space, would be provided.

#### **4. Consultation information regarding the proposed new model of hospital services.**

- a. Julie advised she had provided members with information provided by Greater Huddersfield CCG in regards to public meetings and drop-in sessions that were being held to provide reasons for the proposed change and forums for discussion around the concerns held by the population of Huddersfield. She also advised that they were not in a position to comment on the proposals as no decisions had been made and that it would prove beneficial for members and their friends and family to attend these meetings. Julie pointed out that she had received further advice that day that the public meeting planned for the 11<sup>th</sup> April had now changed to the 18<sup>th</sup> April and asked members to update the information she had provided.

#### **5. Telephone statistics**

- a. Julie advised the group that three people were now answering the telephone. An audit was tabled which showed the overall answer rate percentage since the last meeting up until the 14<sup>th</sup> March 2016. The information showed that the practice received 26048 telephone calls during this period, of which 87% were answered, 80% of these were answered within 7 seconds despite the winter pressures which inevitably increased patients wishing to contact the practice. It was agreed that this showed the improvements were working but that further improvements could be made and in fact the practice had set itself a target for 90% of calls to be answered before they were lost.

## **6. Did Not Attend (DNA) Figures**

- a. This subject was discussed earlier in the meeting when the discussion around increasing the availability pre-bookable appointments. It was very disconcerting for the practice and patients that so many appointments were lost due to patients not turning up. Julie gave an example of that day whereby a patient had called at 8.30 that morning and was given an appointment for 10.30am the same day. The patient did not attend the appointment. The members of the group questioned whether or not these patients should be made to 'go to the back of the queue' in future, however, Dr Ali advised that the practice could not be discriminatory and that patients had to be educated about the impact DNA appointments had on the rest of the registered population. The group were informed that a letter was usually sent to patients who had regularly failed to turn up and in extreme cases were removed from the practice list.

## **7. Practice feedback**

- a. Julie tabled further evidence of feedback received by the practice. Again NHS Choices had received some negative feedback however there was also a very good comment on the website. It was found again that the Friends and Family Test results were more complimentary with December receiving 100% of patients who were 'extremely likely' to recommend the practice, January had 75% who were 'extremely likely' and 25% who were 'likely' to recommend the practice and in February 69% who were 'extremely likely' with 19% 'likely' and 12% who declined to say whether or not they were 'likely or unlikely' to recommend the practice. Mr Born advised there was a theme emerging here and that the recommendation had gone slightly down each month. Julie advised that this was only to be expected as the winter pressures took hold it was likely patients would become less satisfied if there were difficulties in getting seen, however the results were still pleasing. Mr Born also advised that the results were not a lot of use without the question being asked

present with the results so Julie read out the question and agreed to include it in future results that were cascaded back. Julie also advised that all results were placed on the notice board in the corridor to the doctors rooms and that both positive and negative comments made by patients accompanied the results displayed as pie charts.

## **AOB**

**Novus Health Ltd** – Julie advised that in an effort to try and bring more services closer to home, Novus Health Ltd would soon be running audiology clinics out of the practice. It is anticipated the clinics would run on a Thursday bi-weekly initially and that they would deal with all GP referrals to audiology. Some concern was raised by Mrs Sutcliffe who had seen an audiology provider who had tried to sell her a £600 hearing aid! Mrs Sutcliffe was assured that the services being provided by Novus Health were strictly controlled and that only NHS services would be provided.

**Fundraising** - Julie advised that the practice has raised £43.00 for the three charities being supported by TEXT SANTA (Make a Wish Foundation, Macmillan and Save the Children) by wearing their Christmas jumpers and nationally they had raised £11 million.

**Staff reward scheme** – Julie reminded members that they ran a scheme for staff to reward any member who had ‘gone the extra mile’ by giving them a £10 M&S voucher. She asked the meeting to pass the message on as both staff and patients could nominate someone.

**Waiting room information** - Mr Carr re-visited the subject of increasing font size for partially sighted patients. He also pointed out that there were too many posters in the waiting room which made it incredible difficult to establish what was and what wasn't important for him to read. A suggestion by the practice nurse was that maybe a ring binder with information inside would be a better idea. The meeting agreed this may be better especially if the font could be increased where possible.

**Acton: Julie will look into removing the majority of posters and producing a binder with relevant information in.**

Mrs Wadsworth requested a notice for the community centre which outlined the practices opening hours. Julie advised she would indeed provide one for her and ensure that the font was increased in size.

**Action; Julie to provide Mrs Wadsworth with a poster outlining the practices opening times.**

Mrs Wadsworth asked a general question around receiving letters from secondary care, specifically the glaucoma clinic. Dr Ali advised that the practice received copies of all correspondence and updated the patients record accordingly, he also advised that Mrs Wadsworth should also receive a copy of the correspondence straight from the hospital and that if she didn't she should request it the next time she attends.

The meeting was drawn to a close. Julie informed the attendees that she would compose the minutes and send out for approval. If changes were to be made she requested that these be directed to herself. She also requested any ideas / suggestions for improvements be directed to her along with any questions around the information that had been tabled during the meeting. Some of the member's advised that they hadn't received the minutes from the last meeting? Julie advised she would look into this but would also ensure that a copy of the minutes from 10<sup>th</sup> October 2015 would accompany this meetings minutes.