

THE JUNCTION SURGERY ACTIVE PATIENT GROUP MEETING

DATE: 6th December 2017

TIME: 1.00PM – 2.00PM

ATTENDEES:

Julie Sunderland (Practice manager)
Jan Strodder (Nurse)
Anita Ward (Receptionist)
Wendy Walker (Patient)
Margaret Wadsworth (Patient)
Doreen Brown (Patient)
Donald Brown (Patient)
Pamela Briggs (Patient)
Robert Briggs (Patient)
Denise Oyston (Patient)

Apologies:

Dr R Ali

Tabled:

Friends and Family test results for 2017.

1. Apologies and Introductions

Julie gave apologies from Dr Ali, Sarah Rees, Margaret Hardy,

Julie asked attendees for brief introductions and to advise what capacity you are e.g. staff or patient.

Terms Of Reference – Julie reminded attendees that this was not a forum to discuss individual medical issues or concerns but an opportunity to contribute to the development of the surgery.

Aims and objectives Julie advised are to improve access and services for patients.

A request was made to the group for an independent chair and secretary – details of the role had been sent but if anyone wanted any further information then to ask. Mr Briggs advised he MAY be interested in this role and would consider further.

2. Matters arising from the last meeting

Julie advised the attendees that from the last meeting the following had been actioned.

- a. **Large print leaflets:** Julie advised these had now been produced and were available. COMPLETED
- b. **Opening times poster:** Mrs Wadsworth advised she had received the poster for the community centre and this was displayed there.- COMPLETED
- c. **Removal of posters in reception area:** The group acknowledged the posters had been removed and commented that the waiting room was so much airier and lighter. COMPLETED

3. News from us

Julie explained the 10 High Impact Actions being delivered via the 5 year G P Forward view published in April 2016, this commits NHS England to an extra £2.4 billion a year to support general practice services by 2020/21

- Active signposting , the practice is beginning to train receptionists to 'signpost' patients to more appropriate services so they get the right care in the right place at the right time, examples of this are the PEARS scheme. An optician lead scheme which can diagnose and treat minor eye problems. A training package had been purchased from West Wakefield CCG and was being rolled out across the area. Julie advised that patients may be asked about the reason for the GP appointment so that they can offer an alternative where appropriate. Julie reiterated the patient would always have the right to decline the alternative and see the GP.
- New consultation types – Skype and email – Julie confirmed the practice now had WiFi available. The practice had purchased cameras to assist in using new technology for different types of consultation such as Skype and email. Julie requested any volunteers to trial this service. Both Robert and Denise agreed to trial once this service was available.
- Developing the team – The practice was considering bringing in pharmacists to do medication and long term condition reviews for example to expand their clinical team. Robert asked if there were plans to do phlebotomy at the practice. Julie advised there were plans to do this but was unsure of the timescales at present.
- Productive workflow – Julie explained that some work was being done to triage hospital letters so they can be directed to the correct

healthcare clinician instead of them all going to the GP. Further training was being delivered across the area to ensure consistency.

- Partnership collaboration – This was about working with local practices to share the delivering services so e.g. patients wanting smoking cessation or needing an ECG etc being sent to Dalton.
- Social prescribing – using active signposting to direct people to self-help groups and community groups.
- Supporting self-care – as above
- Developing Quality Indicators to support service redesign where available such as GP's with specialist interests (GPwSPi.)

4. Patient survey results

Members of the group were asked to consider the results of the anonymised survey undertaken in January 2017. She advised she was disappointed with the results for patients overall experience and ability to get through on the telephone but accepted the new measures put into place to improve the telephone access may not yet have impacted on these results as they were relatively new. Also tabled were the more recent Friends and Family Test Results which showed 94% of patients would recommend the practice. These results are electronic responses to the questioned being asked following an appointment with the GP. Robert and Pam both advised that they always managed to get through and get an appointment. This was echoed by the other attendees.

5. Winter Scheme

Julie advised the practice will be opening every Saturday 11-2.00pm for access to a GP BUT you can only access these appointments via NHS 111. You will NOT be able to turn up at the practice to be seen without an appointment. The service will be run by locum GPs from Local Care Direct the out of hours providers.

6. Complements and complaints

The practice had received a couple of complaints about the removal of the telephone facility to order prescriptions, she advised that provision had been

made for those who were vulnerable or unable to order via the online facility or to get to the surgery. Julie explained this was a government driven initiative to get people to use technology to free up time for GP surgeries and that targets had to be met.

Several complaints about the 'chairgate' issue had been received where patients were complaining that the 'private' aesthetics company were providing their own 'comfy' chairs, The practice did try and explain that this was not an NHS service and that private landlords could offer facilities to private providers and that we had no influence over what equipment they provided. The reason the issue had arisen was that the practice was trying to offer patients 'Care Closer to Home' to avoid the need for patients to have to travel all the way to the hospital where they would have to pay to park and have long waiting times. The practice had allowed a private provider, commissioned by Greater Huddersfield CCG, to rent a room to provide diabetic eye screening. In view of the publicity it was considered to remove the service from the practice, however on reflection it was felt that the majority of patients should not suffer as a result of some disingenuous people. All present agreed it was unnecessary attack on the practice.

7. A Day in the Life of a Receptionist

Julie hoped the information provided would give attendees an insight into the receptionists role. She promised to provide further information on all the clinicians too.

8. Going forward

Julie asked if there were any issues that had not been discussed. Wendy asked if the names of the GP's could be clarified for her. These were confirmed as Dr Ali, Dr Ahmad, Dr Naseem, Dr Kapoor (currently on Maternity leave) Dr Khalid (G P Registrar) Dr Khalid was here until January 18 and would be replaced in Feb 18 Julie also confirmed there was also an advanced nurse practitioner working on Mondays to cover Dr Kapoor's maternity leave

Margaret asked if a new poster for the community centre could be produced as the times were now out of date following the removal of the extended hours.

Action: Julie to produce new poster.

The meeting was drawn to a close at 2.00pm. members were thanked for their contribution and were advised the minutes would be sent in due course.