

The Practice Broughton Gate

Meeting of Broughton Patients Group (BPG), date 17/10/2013

Minutes of Patient Reference Group Meeting held at Glyn Valley Place Broughton Milton Keynes
Bucks MK10 7EF at 18:10

Present: (Chair) ("CH")
("SB")
("LY")
("OC")

In attendance: (Legal Counsel, The Practice) ("FG")
(New Lead GP, The Practice) ("Dr. N") – in attendance until 1850

Apologies: JF
TE
EC

1. Welcome (Introduction and Apologies)

CH introduced himself and noted that there were only three members attending the meeting. Dr. N introduced himself as the new clinical lead due to be taking up post shortly.

2. Minutes of Previous Meeting

FG introduced herself and circulated amended minutes for the previous meeting. FG suggested that in future minutes of meetings be circulated initially to a small group for review before they are circulated to the wider group as it can be difficult to capture everything that is said and is often helpful to have others' input to ensure the minutes are an accurate record. It was suggested the small group who would conduct the first review of the minutes be the Chair, the Secretary and OC. CH expressed his apologies to The Practice if the minutes of the previous meeting contained references to matters which were not appropriate for inclusion e.g. personal comments or commercially sensitive information,

FG also circulated the following statement: "The Practice has submitted to the group a revised set of minutes of the PRG meeting held on 22 August 2013 in order to clarify some of the recorded minutes. The reason for this is that the minutes do not accurately reflect the entirety of the information put forward by representatives of The Practice and there is a concern that some of the minutes may be taken out of context and/or be misconstrued as disparaging. On behalf of The Practice I would like to apologise for any distress caused and going forward it would be helpful if draft minutes could be provided to the PRG chair and The Practice before circulation to the wider group so that we can be assured that the proper context has been given to what is said.

As you know, Dr. JL has ceased employment with The Practice and I am sure you will all join me in thanking him for his contribution to the surgery during a difficult period and wish him all the best for the future."

CH noted that the PRG was upset to see JL leave and did wish to pass on their thanks.

3. Outstanding Actions from Previous Meeting

Minutes of PRG held on 22 August 2013 to be approved at the next meeting of the PRG.

4. News from The Practice

Dr. N will be commencing work on the first Monday of November but has already started the process of having everything in place for that. Dr. N noted that he wants the surgery to work as a whole here so is happy to take any feedback from now. CH said that the PRG has had a lot of discussion over last few meetings relating to the time taken to visit the residential care home, in particular, the amount of Dr. L's time that was taken up. The PRG is aware that the doctors have a legal responsibility to attend the patients at the home but suggests that when look at allocating time, from the point of view of the rest of patients, can the time allocated be proportionate. Dr. N explained that at a previous practice he had helped set up a system for providing care to a residential home and has identified that a disproportionate amount of time is spent there and that the current way of working is inefficient Dr. N explained that it will be his priority over the next 3 to 6 months to reduce the amount of doctoring time spent there and he will be meeting with the manager at the home to assess what is needed and how it can work better going forward. Dr. N has already spoken to managers at other homes he has previously worked with to assess best practice and will be looking to transfer this to Milton Court. CH expressed his thanks to Dr. N for picking up this point. OC noted that the care home has a new manager, S, who OC met and have agreed that the current system needs to be reviewed.

OC referred the PRG to last year's patient survey and noted that it will be published on the surgery's website. The survey for this year had been circulated in draft form but no comments had been received. Action point: OC to check with The Practice's marketing department for any comments received.

CH asked why the ethnic information is requested and questioned whether or not it puts people off responding. Dr. N and OC explained that there is a perception that some ethnic groups are unable to access healthcare so measuring the ethnicity of patients helps ensure all groups are being reached.

OC noted that there had been 96 responses to last year's survey and is not sure how reach to all patients. CH to respond with comments and suggested that the survey is too long which may be why not many respond.

There was a discussion relating to the ethnicity of those who had previously responded and whether or not this reflected the actual patient mix. OC noted that the self-check-in machine in reception is used in a number of different languages despite 78% of respondees to last year's survey identifying themselves as 'white'. It was noted that there is a huge cost in providing interpreters for patients without English language skills as, generally, it is expected that the NHS will provide interpreters.

OC noted that the equipment for the health checks had arrived and staff training is now being undertaken. OC expects letters to be sent out with health checks to commence in mid-November. It was noted that in Milton Keynes of the 74,000 people eligible, only 1074 have had their health check. Health checks are to be completed by August 2014. CH asked if this is achievable given that health checks have not yet started. OC does not see this as a problem and will be starting with those at the older end of the scale. Dr. N noted that Milton Keynes is well behind in the whole of the health checks compared to other parts of country for health checks but one of the issues is that there is a resistance from patients to have their health checks, especially amongst older men who are well do not want to see a doctor. There is a

time and resource cost in setting up the health check clinics and it is important that patients understand that there is a benefit for them. It would be helpful if the PRG helps encourage attendance. CH noted that the Milton Keynes Patient Congress has agreed it would ask GPs to push health checks because the area is behind.

OC reported that the surgery not has 21 staff (including GPs) for 7500 patients. The surgery is now fully staffed with experienced staff from other practices coming in on a part time basis to help. Collectively, the admin staff have over 200 years of experience so the previous administrative problems should start to diminish and training is being provided for all staff with the result that the surgery is now better organised.

CH had understood at end of the last meeting there are a lot of appointments which are not used. OC said that these are not unused, the surgery operates in 4 hour sessions with 16 patients to be seen per session but where a doctor may see 4 or 5 patients and then does a visit to the care home that can take up a whole session as there is usually follow up work e.g. calling patients' families after the visit. CH asked if there are any sessions where doctors do not have patients. OC reported that this is rare for doctors although there are occasions when the nurse practitioner who sees the walk-in patients may not have patients. CH noted that he is still hearing that people cannot get appointments. OC reported that under the contract the surgery is obliged to provide some pre-bookable appointments and some on-the-day appointments but she has changed the rotas this week to reduce the number of pre-bookable appointments so that more patients can have on-the-day appointments. OC also noted that yesterday there were three pre-booked appointments who did not attend ("DNA"). The surgery will be implementing a policy whereby if a patient DNAs they will receive a letter, if the patient DNAs a second appointment a further letter will be sent out with the idea that ultimately a persistent DNA patient is refused appointments. This position needs to be checked legally.

OC reported that there are c150 appointments per day with 64 - 70 appointments being with GPs. CH asked by what time of day are all bookings are taken up? OC noted that as this is a new system she cannot be sure but there are 4 people answering the telephones. OC is not aware of when phones are not being answered but is aware that there is a problem with the phones being cut off and this is being investigated.

CH asked when appointments are allocated is it done in accordance with the number of patients at that moment or on a projected number for six weeks' time? OC reported that appointments are allocated on current numbers but if there are more patients an extra session will be put on. OC expressed a wish that patients would understand the surgery does provide a seven-day per week service unlike other surgeries.

CH noted that the surgery seems to be very behind on prescriptions, especially repeat prescriptions with delays of 5 or 6 days occurring. OC reported that repeat prescriptions can be issued for 6 months, after that they need to be authorised by a GP. CH had understood this was a problem following Jim's departure and questioned whether or not it was a matter of not being able to get a GP signature. OC reported that there had been a problem with Boots who were taking all prescriptions but now books for each chemist are being provided. OC is not aware of doctors sitting on prescriptions as the recent locum doctors have been extremely helpful. CH agreed that it was a locum doctor who had helped with his prescription that had been delayed for 5 or 6 days. SB noted that she had experienced a 48 hour delay in getting a prescription and requested it be put in writing that 48 hours for a prescription can be

guaranteed. OC has put a system in place whereby each prescription is stamped when it is received and OC would like patients to put a time on their prescription. The prescription box is emptied twice a day and emails are run off once a day. CH asked if this should be twice per day in order to be consistent. OC noted she will check how many times email prescriptions are run off per day but, taking the box as an example, if a prescription is put in at 2pm, the box is emptied at 6pm and the prescriptions be put into the doctors wallets for the next day. If there is a delay it will be with the doctors and with Dr. N joining this is not expected to be a problem going forward. CH noted that patients want to see the 48 hours adhered to.

CH asked what effect not having a lead GP had had on the surgery and how it had been managing with Dr. Moukli. OC reported that she had had very capable locum cover and Dr. Moukli had been accessing the system for pathology and doing tasks and letters by remote access. There is no admin back-log.

5. Patients comments on The Practice

OC noted that on NHS Choices the surgery is receiving negative comments. 9 times out of 10 OC can pinpoint who has put a comment up as it follows an incident in surgery and very few positive comments are posted. Last year a patient provided positive feedback. CH said that he had not looked at NHS Choices but asked if negative comments can be removed. OC noted that generally NHS Choices is not liked in the GP community but she always responds and offers patients the opportunity to meet with her and as part of CQC they will look at NHS Choices when they inspect a surgery. Dr. N explained how CQC inspections work. FG reported that the surgery can respond on NHS Choices and we do ask for inaccurate comments to be removed. FG offers assistance with responding. Dr. N noted that the surgery needs to be aware and reflect on the comments in order to improve the service. SB requested that the PRG reviews a few of the comments at the next meeting and CH suggested that the PRG sees if, as a group, it can help.

LY reported that a receptionist had been brusque when she had recently phoned the surgery. OC reported that staff do suffer abuse from patients which can affect how they handle the next patient if they do not take proper breaks between difficult patients. OC noted that patients are asked to explain their symptoms in order to be correctly sign posted and obviously this is a learning curve and depends on the individual receptionist.

6. Report from MK Patient Congress

CH reported that progress had been slow during last three months as one meeting was missed. There was a private meeting to discuss a way forward for the Patient Congress and CH would be attending a further meeting next week where the Congress would discuss how it can raise its profile. There has been discussion of the Congress being absorbed by Healthwatch which will be resisted by the Congress.

7. Any Other Business

Dr. N was thanked for attending and the PRG looks forward to seeing him in November.

8. Dates for Future Meetings

The next meeting will be 14 November 2013 as OC will be taking holiday at end of November/beginning December.

Broughton Gate Health Centre
Patient Group Meeting

6 February 2014

Present: CH (Chair), OC (PM), GGRM) BRT (Recep), LY, JB, JS, MH, PG

Apologies; Dr N, CL, SB

		<u>Initials of person responsible for actioning item</u>
I.	<p>Announcements</p> <p>OC : Dr E introduced himself to the group but did not stay for meeting as seeing patients</p> <p>Currently 4 of the Practice Self-employed GPs had committed to regular days on-going at BGHC. Will be 33 sessions over the 7 days of which 8.5 will be female in addition to the 2 sessions that are currently sunning a week for female health</p> <p>Our HCA on maternity leave returns in May so we will have 2 HCAs</p> <p>The Health Checks for 45 to 74 year olds has begun – be it later than other practices 100 letters have been sent in the past 2 weeks and 80 appointments allocated on our system, but as of today only 17 have booked appointments</p>	
II.	<p>Review of previous minutes and agreement</p> <p>CH- gave copy of previous meeting minutes from 14 November to read for agreement</p> <p>CH. No longer have a secretary and we were looking for a volunteer, OC would do the minutes of tonight's meeting</p> <p>OC Also we need to start to think about re-election of the chair</p> <p>CH – leave it till after another couple of meetings</p>	
III	<p>Patient Survey</p> <p>OC – action plan had been put together for improvement based on the patient survey which was completed by over 400 of our patients</p> <p>The action plan will be published on the Web page for all patients to read . Discussed points raised and the full information can be found on the Web Page</p>	

	<p>OC – we currently have 8,000 patients registered and average of 40 a week were currently registering. A summary of the survey showed that patients want continuity of GP's and felt that we should have full time GP's employed at the practice. 93% were satisfied with the 12 hours a day every day opening and surprisingly 34% did not know how to get out of hours help- The survey gave us an insight to what patients feel needs to improve and gave us the basis for the action plan to start and to continue to make improvements and also take note and act on issues brought to our attention</p> <p>Currently exploring booking on line for patients and hope to introduce this facility soon</p>	
<p>IV</p>	<p>A.O.B</p> <p>PG; asked if there were statistic with regards to these check how we are performing against other practices. Asked how many patients were in the catchment and how were we going to maximise patients to have the health checks done</p> <p>OC: possible 700 fall into the criteria and statistics will come from Public Health on how are doing</p> <p>PG; telephone slots that we offer are they efficient</p> <p>OC: Staff offer a telephone slot if we have not got appointment to offer, all GP's have 2 tel slots a day – in most cases this is successful for GP's to discuss results with patients or give advice if it is appropriate</p>	
<p>v</p>	<p>CH ; asked each member to voice one concern each or one action that would be an improvement</p> <p>A TV in the waiting room where we could advertise flu clinics and PPG meetings as well as possible news running</p> <p>LY: appointments are sometimes difficult to get but this possibly is across MK the same</p> <p>PG: Can early appointment's for fasting blood tests be used not having to wait till 11 and later in the day</p> <p>JB; A couple of people she is acquainted not BGHC patients have had the health checks and had to go back for cholesterol as they are not done as fasting bloods</p> <p>BR; As there may have been something shown up in the blood a blood test could have been asked for as a precautionary measure</p> <p>BR: the early appointments are kept and issued for fast blood test but some patients particularly ask for later and can cope with not eating or drinking till later</p> <p>JS: Are any of our GP's work as GPwSI</p> <p>Oc: All the GP's have special interest and the Gp's who are self-</p>	

	<p>employed by the practice cover , Women's Health, Geriatric, ENT, Muscular Skeletal, Minor oPP's also at the weekend there is Vasectomy Clinic, HIV checking and Physiotherapy also the Midwife and Health visitors have regular sessions at BGHC</p> <p>MH; the patients at BGHC deserve to have permanent full time employed GP's with commitment to the practice patients</p> <p>OC: We have regular commitment from self-employed GP's and currently interviewing is taking place for a 8 session GP although my personal thoughts are that 2 GP's for the 8 hours will work better. We have a lead GP Monday to Friday full time and commitment from 4 other GP's including more female GP sessions in the week</p> <p>CH Attends meeting of Patient Congress which is committed to make sure that patient's voices are heard within the CCG. Also there is Health watch that is a funded organisation who are representatives for all practices in the area</p> <p>GG; Hope that patients realise that we make appointments for patients who do not always turn up – but we have the system running which text you the appointment when you book it and we do send letters, very rare has it got to the standard 3 letters to a patient. If this does occur advice will be taken regarding removal from our list</p> <p>PG: Spoke about his involvement with "Sheds" which is set up for people to get them out and about and give them the opportunity to use a shed for a hobby for a donation This helps with possible not suffering from loneliness and depression as meet with other people. Asking if our GP would be interested in passing this information</p>	
<p>vi</p>	<p>A.O.B</p> <p>Next meeing</p>	