

MINUTES OF PATIENT FORUM
HELD
MONDAY 5th August 2019

Present: 10 members attended 3 apologies

Practice team present

Gill Siddons Assistant Manager (Chair)
 Suzanne,(Reception Manager)
 Dr Attwood (GP partner)

Agenda items	Notes
Welcome	Gill welcomed everyone to the meeting and thanked everyone for attending.
Minutes of last meeting	The minutes of the last meeting were reviewed as part of main meeting.
New F2 and Registrars	We have new GP registrars starting at the practice Dr Alice Howlett, Dr Fran Yarlett. Dr Sam Parton. Dr Josie Reynolds will be staying with us until October. We also have Dr Patel and Dr Payne-Johnson with us on placement.
Comments from patients via social media and email	The meeting started by reviewing the comments that had been sent to a member of the forum via social media
Appointments	<p>The forum had noticed a slight improvement in the availability of appointments. Triaging of patients wanting appointments had been noted by the forum so that patients were seeing the most appropriate person.</p> <p>The group discussed hub appointments and that pre bookable ones were available. All hub appointments have to be triaged by a GP.</p> <p>It was emphasised that the practice do have early morning appointments and do one in 4 Saturday morning GP appointments.</p> <p>The forum asked what happened when a patient sees a nurse and they advise they need a GP appointment. No appointments are allowed to be released by anyone at the surgery so the nurses have been asking patients to come to the desk to rebook with a GP. . Suzanne or Gill to speak to GP about releasing appointments if the clinician thinks this is urgent.</p> <p>If a patient needs or wants to be seen and there are no appointments left, they may be asked to go to the walk-in centre. If we could possibly fit in patients we would but we cannot create appointments once all the appointments have been taken. The group discussed that we have high numbers of patients with long term conditions and have up to 20 visit requests per day.</p> <p>A forum member talked about the queue outside for appointments. It was</p>

	<p>discussed that there are lots of ways of booking appointments and this was just one way and was the patient's choice. Suzanne advised that anyone can book an appointment for another person and often it is a family member who has time that can book an appointment. We cannot however give information about that appointment to other people without consent from the patient.</p> <p>Another forum member said it was difficult for some patients to stand for long periods in a queue. The forum discussed this and concluded it was fine for a patient to ask another patient to hold their place in the queue whilst they sat down. Just as if they were on a bus.</p> <p>If a nurse sees a patient but feels the patient needs to see a GP the forum asked what the process for this was. Suzanne or Gill to speak to GP about releasing appointments if the clinician thinks this is urgent. The forum asked if we had the right number of GP/clinicians for the number of patients we have. Dr Attwood reassured the group that we have but that the demand for care in this area was high with less funding. Funding is based on fee per patient. There is a small amount for care homes but this takes a GP for half a day. Funding for the practice has been reduced.</p> <p>A drop in service was discussed. Dr Attwood explained that this would not create more appointments as at least one GP would have to not have appointments to enable this to happen. There was potential for this to be unsafe for the building as too many patients may be waiting. It was discussed that whilst other practices offer this service, every practice has a different population group so caters for their patients. A drop in service was deemed as not viable for this practice.</p>
Online appointments	<p>We discussed the national directive of online appointments and the fact that we are increasing this to 25% of appointments to be available by June 2019. This was clarified as 25% of total appointments. The practice had put this in place. Online appointments are available from 6pm the previous evening. These appointments were starting to be used. Information regarding this was available on the website, in the practice and on the TV screens. The group had voiced concern about online services and the fact that to access it patients need photo ID and not everyone has this now. Photo ID is part of the requirement from NHS England but Gill and Suzanne would look into ways round this.</p>
111 appointments	<p>Appointments for 111 to book as part of the national directive were now in place. The reception team were monitoring these appointments and were using them when they could.</p>
NHS App	<p>From May the new NHS App will be implemented over the next few months. This will enable patients to book appointments through their phone. There had been further developments with this and this is now available for patients to use.</p>
Consent to records	<p>The practice had received an enquiry for information about a relative. The relative had only given consent to discuss their results with the relative. This had caused some confusion.</p>

	<p>The practice had made a new consent form that made it easier for patients to see and decide what they were giving consent to. This form is available on our website and from reception.</p>
Phones	<p>It was highlighted that patients were waiting on the phone lines for long periods of time. The forum recognised the number of calls the practice received. The practice has employed more receptionists and is in the process of interviewing for more.</p> <p>The aim was to have 5 receptionists answering the phones each morning and afternoon.</p> <p>A forum member asked why the phones were not on at lunchtime to enable workers in their lunch break to phone. . It was suggested that this could be done with one receptionist.</p> <p>The practice team explained that this time enabled the team to complete actions from the morning and set up for the afternoon. If the phones were open at this time it would mean all lines would be open so 5 receptionists would be needed. We do not have the budget for this so the only other way would be to decrease the number of receptionists answering phones at peak times so longer waits during other times.</p> <p>The forum suggested a phone message when all available appointments for the day had been taken. The practice will look into this.</p>
Social media page	<p>The practice are considering setting up a Facebook page that will give information only. It will not be open to comments.</p> <p>The forum thought this was a very good idea.</p>
Communication	<p>The practice and forum recognise the need to get information about the services and how the practice works into the community. It was suggested that the practice do a small newsletter and put it in shops, pharmacies and the library.</p> <p>A stand in the co-op was also suggested.</p>
Patient survey	<p>It was mentioned about the national patient survey. Gill advised the group that the results of the survey are based on 105 responses and do not reflect a good proportion of our patients. The practice is conducting its own survey and has had 280 responses so far.</p>
Did not attend appointments	<p>The reasons for this were discussed. It can be that the patient gets better, does not feel they need the appointment, has been taken into hospital or forgot. These did not attend appointments are frustrating for everyone.</p> <p>If patients let us know they cannot attend then we can give the appointment to someone else.</p>
Check in screen at top reception	<p>The forum asked for better signage about where the check in screen is located at the top reception. The practice agreed to do this.</p>
Name badges	<p>The forum asked if all receptionist name badges could be visible</p>

Continuity of care	<p>One patient had asked if it would be possible to always see the same GP each time. This is sometimes possible as the clinician can authorise appointments for the patient by giving them a slip to go to reception with. This can override the usual appointment booking system. It was recognised that this may not always be possible however clinicians do write comprehensive notes in patients records to enable another clinician to continue the care.</p>
Car parking	<p>The forum asked about the car park and the shortage of spaces. The car park is a staff car park primarily with one disabled space. It had been mentioned that the disabled space was not always used by a patient with a disabled badge and could the reception team monitor this. After a discussion it was decided that the receptionists' time would be better spent helping patients rather than sorting out the car park.</p>
Tests	<p>Whenever a patient has a test. They are told when to contact the practice for results. This is the best way to get results. The practice will contact patients about their results but this may take considerably longer.</p> <p>If a patient is asked to make an appointment for bloods, the letter has now been changed to state the specific bloods needed and the urgency. E.g. next routine appointment.</p>
Summary of meeting	<p>The meeting was summarised and actions noted. The forum thought the practice was doing a great job with the resources it had and were exploring any opportunity to make the service better. One forum member commented that the practice was a victim of its own success as patients were living longer.</p> <p>Date of next meeting Monday 11th November 2019 6pm</p>