

**MINUTES OF PATIENT FORUM  
HELD  
TUESDAY 24<sup>th</sup> February 2015**

**Present:**

Mr R Webb	Ms G Randall
Mr. R Chisholm	Ms P McCartney
Ms B Lee	Mr J Glaves
Mr H Constable	Mrs D Mackman
Mrs P Kilner	Mrs J Longstone-Hull
Ms A Kennedy	Mrs C Hodkin
Mr O Khan	Ms A Fearn
Ms J Parker	Mrs N Hurst
Mrs P Gamwells	Mrs M Littlewood
Mrs S Mathers	Mrs H Mansfield
Miss V Mansfield	Mr P Flaherty
Mr B Eaton	Mrs J Furness
Mr M Furness	Mrs B Grinold
Miss C Howson	

**Apologies**, Frank Gawthorpe, Liz needles

Mrs G Siddons, Assistant Manager/Pharmacy Technician - Chair ,  
Dr P McGinty ( GP), Suzanne Wheat ( reception supervisor),  
Lindsey Taylor ( reception supervisor), Julie Awdas ( receptionist)  
Lisa Fisher ( receptionist)

Agenda items	Notes	Action
Welcome	<p>Gill welcomed everyone to the meeting and thanked everyone for attending. It was explained that the forum was for general practice updates and discussions and that anyone who had any other comments could arrange either a telephone call or a meeting with Gill when the meeting had finished.</p> <p>As forum members signed in to confirm their attendance they were given</p> <ol style="list-style-type: none"> <li>1. A copy of the newsletter</li> <li>2. A list of forum priorities that had been agreed at the last forum meeting.</li> <li>3. A form asking about one thing they would change about reception and one area they thought reception did well.</li> <li>4. A letter from Dr Nevitt asking for volunteers to help by talking to trainee GPs about their conditions. A further copy of this letter will be added to the minutes.</li> </ol>	Gill to send out copy of Dr Nevitt's letter with the minutes
Care Homes	Gill reminded the group that care homes are a valuable part of our practice population and are always invited to the forum meeting .All the care homes were phoned to remind them of this meeting and to invite their representatives to attend. Balmoral was the only care home represented at the meeting.	

<p>Review of notes from last meeting</p>	<p>The priorities set by the forum at the last meeting were reviewed.</p> <ol style="list-style-type: none"> <li>1. The tannoy not being clear. It was agreed this would be looked at as part of the refurbishment. The forum asked if the clinicians would shout loudly in both reception areas.</li>   <li>2. Reception attitude, processes and waiting times on the phones would be discussed later in the meeting.</li> <li>3. Appointments. The discussion was originally planned for April but may be discussed later in the meeting following points raised from the comments submitted at the start of the meeting.</li> <li>4. The number of callers in from of you when you phone up. The practice has looked into this and at the moment the cost is too high. It cost the practice £16k to change and buy out of the 0844 number.</li>   <li>5. Opening times. The practice is part of a city wide bid for money from the Prime Ministers challenge fund for £10m. If successful we may be a hub which will allow for late night and weekend appointments.</li> <li>6. Disabled space. As discussed at the last meeting. This has been approved at the partners meeting but there is little point until the refurbishments completed as we may have to have porta-cabins in the car park.</li> <li>7. Not being able to pick up prescriptions from the practice on a Saturday when the practice is open. GPs are only here for appointments and not for sorting prescriptions. Patients can pick up prescriptions from Woodhouse pharmacy and have them dispensed at the pharmacy of their choice at any time when the practice is closed. ETP helps with this as approximately 50% of our prescriptions are now sent electronically to pharmacies.</li> <li>8. New ways to remind patients about their appointments. This was to be discussed later in the meeting. We will consider any suggestions made by forum members. There was a long discussion about patients not cancelling appointments. Whilst the practice is not allowed to put up the number of DNA letters sent, it was suggested that we add a monetary value to the number of appointments not cancelled to our messages on the TV screens.</li> <li>9. More phone appointments. The practice has increased the number of phone appointments and will look at providing more in the future. Dr McGinty highlighted that all telephone appointments are for 5 mins. Some can go to 15 mins which puts the rest of the telephone clinic behind. We will ensure that reception inform patients that phone appointments may not be at a specific time but can be anytime in that clinical session.</li> <li>10. More ear syringing/ blood appointments. New staff. Sonia back. More appointments. As the forum had asked for more blood appointments and the waiting list for cryo had reached 2 years which the practice thought was an unreasonable wait. The practice made the decision to stop the cryo clinics to provide more blood appointments. The forum was asked if they agreed with this. The forum response was that whilst they appreciated the extra</li> </ol>	<p>Gill to ask clinicians to call patients by shouting loudly in both reception areas</p> <p>To update the forum at the next meeting.</p> <p>To add to next meeting agenda</p> <p>Gill/ Suzanne to brief reception team.</p>
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	<p>appointments for blood tests they would like us to look into the range of service we offer at the next meeting. Dr McGinty informed the forum that the practice completes approx. <b>XXX</b> number of blood tests per day to save patient going to the hospital. Another point raised by the forum was that of blood have to be taken in the morning then could we look at the type of clinics we do in the afternoon and feed back to the forum at the next meeting.</p> <p>11. More privacy at reception. New sign for patients to wait behind. Reception team are trying to enforce this.</p> <p>12. Notes not read at point of online ordering. To be discussed later in the meeting. This was deferred to April meeting due to time constraints.</p> <p>13. More online appointments. More appointments added on line. Printout of appointments available at 2.20pm on day of meeting was explained to the forum.</p> <p>14. Don't close at lunchtime. This has reduced from 2 hours of closing to 1 hour. Some clinics even run through. The forum would like the phone lines to be closed for one hour only at lunch as that is when workers also have lunch.</p> <p>15. No explanation when GP running late. This had been discussed at previous meetings. Reception team do update the TV screen message where possible. When using the self-check in screens this also shows how many people are in front of you. This enables patients to enquire at reception if there are patients waiting ahead of them and they want an explanation. Usually a clinician runs late due to consulting with a patient who has complex issues or who wished to discuss more than one problem in the 10 minute appointment time.</p> <p>16. A forum member asked when the last time the practice did an efficiency review. It was explained that the practice had a company review the practice approx. 18 months ago and that the practice was looking into working smarter due to the reduction in funds that is imminent.</p>	<p>Update and review afternoon clinics in time for next forum meeting.</p> <p>To add to next agenda</p> <p>To review and update for next forum</p>
<p>More local services</p>	<p>Patients asked if we could get other services into the practice so reducing travel for our patients. We have the Healthcare trainer and diabetic eye screening and are trying to get the memory service to do clinics on a Thursday afternoon. We are in final negotiations and can start when they get staff to cover.</p>	
<p>Update from Dr Paula McGinty</p>	<p>Update on stresses within primary care discussed . increased demand . . decreased funding . increasing complexity of patients conditions . drug and alcohol problems and increased prevalence of chronic diseases like diabetes copd cancer within our practice area . Also talked about increasing verbal abuse experienced by health professionals . Funding cut due to new contract and that this may mean a change in the type of services we are able to offer .Discussed that team is working increasing hard and longer hours to maintain the service they currently having and discussed that even though doors are closed 1-2 work by staff continues through this time and that many staff members are putting in hours of overtime.</p>	

<p>Reception discussion.</p>	<p>As forum members arrived for the meeting they were asked to fill in a form asking about one positive and one thing they would change about reception.</p> <p>The following points were discussed.</p> <p>9 comments were about privacy in the reception area. It was discussed that whenever there is a room available, patients will be offered to discuss their problem in private. If no rooms are available they will be given the option to return on another occasion. Patients were also asked to use the bottom waiting room if the top waiting room was full as the practice were finding that some patients were standing outside clinicians doors. This compromises the privacy of patients and clinicians. The sign was a step in the right direction but the forum and the team the waiting/ reception space was not ideal and would be looked at when the plans for the refurbishment are being considered.</p> <p>There was a long discussion about the safety of the team and the abuse they take from patients. The practice had had an incident on the day of meeting of a patient being verbally threatening towards a member of the team. The forum asked about the frequency of this and did it happen to clinicians as well. The team confirmed this did happen and that the practice had a hot line to the police, CCTV and tested it panic alarm processes regularly. The forum were reassured by this but still concerned about the frequency of incidents. The forum agreed that any design for the reception area has to be patient friendly and safe for the team. The forum asked if they could be consulted on the plans.</p> <p>A forum member stated that some patients disregard the queue when having seen a clinician; they have to book another appointment. Reception team replied that they will ask these patients to join the main queue.</p> <p>Availability of appointments was discussed. Reception team never withhold appointments. It does not make sense to have empty appointments when the practice has such high demand. If there is an appointment available they will offer it to patients. We do look regularly at the times of appointments to see if changes can be made.</p> <p>There were some very positive comments. The main theme being that the forum appreciated the difficult job and the pressures the reception team face but they find them very helpful and professional. A round of applause was given to the representatives of reception team at the end of the meeting.</p>	
<p>Training practice</p>	<p>Dr Nevitt asked for a letter to be handed to the forum asking for volunteers to talk about their medical conditions. Gill handed out a letter.</p>	

Complaints Themes	The themes of complaints were incorporated into the meeting discussions. These included lack of appointments, phone appointments not running to time.	
CQC	One member asked about the article in The Star about the practice CQC rating. It was explained that nothing had changed but we were expecting a CQC visit in the near future. The practice would keep the forum updated on this issue.	
Planned practice changes	<p>The practice had employed a new nurse. As yet there is no replacement for our first contact nurse so the practice is using locums. New first contact practitioner has started. Emma Backhouse.</p> <p>The practice is starting to look at plans for the extension of the building. As yet the only area decided is better disabled access. An Architect has been commissioned .</p>	
End of year report	The patient forum end of year report was discussed. It was decided that the content of this meeting should be included. A copy will be available to forum members by mid-March. It would also be emailed to the online forum.	
Newsletter	A copy of the February newsletter was handed out to everyone who attended.	
Next meeting	The next meeting will be on Tuesday 14 <sup>th</sup> April 2015 at 6pm at the practice. Healthwatch will be attending to give a talk and the forum will have a chance to meet the new Health Trainer	

This is the hand-out about the forum priorities from the last meeting that was updated during this meeting.

Comments from the patient survey with comments from the forum , priority levels and timescales to discuss or action

Comment	Forum comments	Level of priority	Action or discussion timescale
The tannoy cannot always be heard	Agreed with this	Medium	To look at this when the practice completes it's refurbishment
Reception. Attitude, processes, waiting times on the phones	The forum would like to understand more about how the practice works from the reception point of view	High	Invite members of the reception team to the next meeting so that everyone can learn from each other. Meeting held 24 <sup>th</sup> February
Appointments	The forum would like a session to discuss the appointment system	High	Discussed in the meeting 24 <sup>th</sup> February
To know the number of callers in front of them in the queue on the phone	This was seen as priority for the forum	High	Cost quoted by onine system too high at present. Will review if the price comes down
Opening time	A discussion around this resulted in a conclusion that unless extra funding was obtained this would not be possible	Low	To wait for any additional funding for extra opening times as explained in meeting minutes
Disabled access	This had been discussed in todays meeting and the comments from the partners meeting had been explained	High	In progress as explained in meeting minutes
Not being able to pick prescriptions up when the practice is open on Saturdays	This was discussed at this meeting. Patients can use the pharmacy if medication is needed urgently	Medium	Emergency supply rule for pharmacies explained and picking up of prescriptions when closed.
New ways to remind patients about their appointments	To review at the appointments meeting	High	Patient forum to comment on any new ideas at next meeting
More phone appointments	To review at the appointments meeting	High	To be reviewed in practice and discussed at next meeting
More ear syringing/ nurse appointments so more blood appointments	This was discussed earlier in the meeting. A new nurse employed.Reduced waiting times.	High	Explained in meeting minutes
More privacy at reception	Patients do know to ask if they need to speak to a receptionist in private but reception still feels crowded	High	New sign at reception. See also notes as explained in meeting minutes

Notes not be read with online ordering of prescriptions	To review with reception	Medium	To discuss in April due to time constraints in this meeting.
More online appointments	The group discussed that whilst the majority of our patients did not have internet access this would help those who worked especially with smartphones. As all appointments are released at the same time this would mean a fairer system for those who worked	High	To discuss within practice and feedback at next meeting. As explained in meeting minutes
Don't close at lunchtime	Gill explained that this was the time that clinicians needed to visit, look at hospital letters, liaise with other professionals. The team also need time for admin work	Low	As explained in meeting minutes
No explanation when a GP is running late	This was seen an important area to discuss	High	As explained in meeting minutes