

# CHURCH STREET PARTNERSHIP

## PATIENT REFERENCE GROUP MEETING

**MINUTES** of the Patient Reference Group held at 7.30 p.m. on **Tuesday 10<sup>th</sup> February 2015**  
at The Apton Centre, Apton Road, Bishop's Stortford

**PRESENT:** Angela Alder (Chair), Eric Marshall (Vice Chair), Anne George (Hon Secretary),  
Kieron Clegg, Brian Edwards, Rob Francis, Amy Joyner

**SURGERY REPRESENTATIVES:** Dr R Burtan, Dr S Stanley, Sarah Clark (Deputy Practice  
Manager).

1. The Chair welcomed everyone to the meeting.
2. **APOLOGIES:** George Cutting, Joyce Ginn, Sara Kent, Valerie Kent, John Tyson,  
Graham Clarke (Practice Manager).
3. **MINUTES OF THE JOINT PATIENT PARTICIPATION/PATIENT REFERENCE  
GROUPS MEETING HELD ON 2<sup>ND</sup> DECEMBER 2014**

The Minutes of the Joint Patient Participation and Patient Reference Groups meeting held on 2<sup>nd</sup>  
December 2014 were agreed and signed as a correct record.

#### 4. **MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING**

##### a) **To receive and discuss Report of the Working Party and response from the Practice.**

The practice has given a written response to the proposal document written by the Working Party, regarding the problems patients are experiencing with the appointment system. The Patient Group thanked the Practice for their very thorough response, which included information about the number and demographics of patients who did not attend appointments. As previously reported via surveys, it is important to note that patients are generally happy with the care received from the GP or nurse, their main frustration is not being able to get appointments. The problem is not straight forward; practice having difficulty recruiting GP to fill vacancy (this is a nationwide problem, not specific to this practice).

Working party proposals and response from Practice:

- **Open up appointment system for more than 1 day in advance.** Concern that the "did not attend" numbers will increase as the further away appointments are the more likely people are to forget or not cancel.

- **Text message reminders.** Current appointment system cannot be linked to Text messaging service; would be too time consuming to do manually. New appointment system being introduced hopefully by end of the year, may be possible to set up automatic Text message reminders. However, process will need patient consent. This can be requested when new patients register but all existing patients will need to be contacted.

**ACTION:** Practice will give update on situation regarding Text messaging at the next meeting.

- **Best use of GP/Nurse time.** Despite displaying posters detailing which conditions nurses can treat, many patients still request to see GP for minor ailments. Patients should be encouraged to seek advice for some conditions from nurse or pharmacist in first instance.

It was noted that negative public perception of the practice may also be major cause of recruitment problems. It was agreed that the Patient Group will work closely with the practice in several areas to try to alleviate this and the following actions were agreed.

- Consider redesign of the practice website to make information clearer. ACTION: Angela Alder and Amy Joyner to lead small group to redesign website.
- Create a flow chart to assist patients decide whether to see GP, nurse or pharmacist for advice. ACTION: Dr. Stanley and Amy Joyner to work on this.
- Encourage people to make positive comments on social media, NHS Choices, Friends and Family Test, etc. about care received. ACTION: everyone.

**b) GP to Patient Ratio** – The Report from Herts Healthwatch on GP Access contained a table detailing the number of GPs, nurses/Healthcare ASsistants, admin/receptionists for each GP Practice in this locality. The Patient Group were keen to understand the disparity in GP numbers at each practice, given the number of registered patients. Some variance can be explained where a GP Practice may have trainee GPs (who need to be mentored and cannot work independently) but may count as an employee in the GP to Patient Ratio.

**c)** A question was raised following on from Item 8 in the previous minutes (2<sup>nd</sup> December 2014) about patients over 75 having dedicated GP, how does this work? Practice replied that patients are invited for annual health checks, usually seen by nurse or HCA, unless complicated medical problems when will be seen by dedicated named GP. Any test results go to requesting GP but correspondence goes to named GP. GPs also carrying out home visits when necessary on patients over 75, time consuming but funding available for this.

## **5. TO EXAMINE TIMELINE DOCUMENT AND UPDATES FOR OUTSTANDING ISSUES**

The “Issues Raised by the Patient Group with the Practice” document was reviewed and updated. Main points/updates were:

**(3) Telephone waiting time for appointment booking.** In Progress/Ongoing. Practice has met with provider, agreed to work on solution. Message will be professionally recorded and music changed. Continue to monitor situation.

**(4) Position in queue when telephoning.** Agreed by Practice and PRG No Further Action to be Taken. Practice has met with provider, who confirmed when telephoning practice information about position in queue not possible with current telephone software, not cost effective to change system. CLOSE this issue.

**(5) Number of available appointments per day/week.** In Progress/Ongoing. Practice given written response to Working Party proposals. Currently no options to improve situation available with current staffing levels but keep issue open.

**(6) Booking ahead.** In Progress/Ongoing. Practice given written response to Working Party proposals. Practice concerned “not kept” appointments will increase so not considering changing process at present. Keep issue open.

**(7) On-line booking of nurse appointments.** No Further Action to be Taken at present. Although enhancements made to EMIS screen, the trialling of booking the nurse “diabetic

clinic” appointments on-line has been suspended as some appointments wrongly taken by patients not part of “diabetic clinic”. Once replacement appointment system for EMIS is operational check if this option is possible.

**(8) Carr-Hill Formula.** Ongoing. Understand that NHS England will be reviewing this, hopefully in near future.

**(11) Training for reception and front line staff.** Ongoing. Continue to monitor situation.

## **6. TO RECEIVE INFORMATION ON PRACTICE PLANS FOR THE FUTURE**

Other than continued recruitment drive for GP, no other issues at present.

## **7. MINUTE CLINICS**

Brian Edwards told the meeting that while visiting the USA he had visited a pharmacy which had a GP based there and from whom he had been able to receive a private prescription. There was discussion as to whether this type of set up would work in the UK.

## **8. QUESTIONS TO THE PRACTICE AND INFORMATION SHARING**

There was discussion about how the future development plans for Bishop’s Stortford might impact GP practices in the town. Rob Francis said there is a Bishop’s Stortford Neighbourhood Plan meeting to discuss “Health”, on Tuesday 3rd March at the Council Chambers in Windhill. It is an open forum focus group and he encouraged people to attend if possible.

## **9. TO RECEIVE DRAFT SPRING 2015 NEWSLETTER**

A draft newsletter for Spring 2015 had been circulated to the core patient group. Several minor amendments to formatting and text colour will be made. The main article, about the recent Herts Healthwatch survey’s findings and how these relate to the ongoing issues discussed by the Practice and Patient Group, will be slightly reworded following the response from the Practice to the Patient Group working party proposals.

## **10. DATE OF NEXT MEETINGS CONFIRMED AS:**

**PRG – Tuesday 21<sup>st</sup> April 2015, 7.30 p.m. at the Apton Centre.**

**Joint PRG/PPG – Tuesday 2<sup>nd</sup> June 2015, 7.30 p.m. at the Apton Centre. \*\*\*\***

Meeting closed at 9.30 pm.

.....Signed.....Date

Footnote:

\*\*\*\* Date of **Joint PRG/PPG** meeting subsequently changed to **Tuesday 9<sup>th</sup> June 2015**