

## **GROSVENOR MEDICAL CENTRE**

### **PATIENT GROUP MEETING**

**20 NOVEMBER 2012**

**Purpose of the meeting:** To review the progress of the Action Plan that resulted out of the 2011/12 patient survey and to provide the panel with an updated of developments within the practice.

**Present:**

Dr A Spooner – Partner, Grosvenor Medical Centre  
Rachel Lloyd – Service and Patient Participation Group Administrator  
Caroline Harley – Practice Manager, Grosvenor Medical Centre  
Trevor Gomersall – Patient Panel Representative  
Sylvia Davey – Patient Panel Representative

N.B. The virtual panel members will be circulated with the minutes to bring them up to date.

#### **1. Meet Caroline Harley our new Practice Manager**

Dr Spooner formally opened the meeting by introducing the new Practice Manager, Caroline Harley, to the panel members. Caroline joined the practice in August 2012 having worked for the Primary Care Department at Central & Eastern Cheshire PCT. Her work at the PCT was with the contracting side of general practice but she worked with a number practices within the PCT area in supporting and assisting them as required. She has previous experience in general practice prior to working with the PCT.

#### **2. Appointment System & how the practice is doing**

Résumé of the 2011/12 survey and work undertaken. Panel members had been recruited via posters and email along with Sylvia, an original panel member, spending some time in the waiting room talking to patients to see if new members could be recruited. The virtual group has increased but only one further panel member has been recruited. Sylvia offered to try another session in the waiting room in the near future. It was noted that not many youngsters had come forward to potentially this would be a group to target. They may not want to attend meetings but certainly could participate in the virtual group.

The key priorities for the survey in 2011/12 that were agreed by the patient panel included reviewing the appointment system, opening hours of the practice, getting through on the telephone and the experience of the consultation. These areas were incorporated into the survey which was undertaken in March 2012. The majority of the questions were ones that had been utilised in a previous years' survey as this gave the opportunity using the previous years' survey as a benchmark for identifying where improvements

had been made particularly as a new appointment system had been introduced. Some additional questions were added.

The survey was carried out using Internet-gp and paper forms. It is hoped that a touch screen facility with Wi Fi at the branch surgery, Gresty Brook, may be available for the 2012/13 survey which may increase the number of surveys completed.

The survey results demonstrated an improvement in the appointment system compared to the previous results. Getting through on the telephone was still an issue more so at the main surgery than the branch surgery. Rachel agreed to do a comparison of the two surveys where the questions were identical.



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The survey results had been duly published in the surgery and on line. The emergency sit and wait surgery was also advertised by a poster in the waiting room. The patient panel notice board was updated and provides application forms for patients who wished to express an interest in joining the panel. The practice explored the suggestion of collecting patient email addresses for responding to clinical issues but this could only be taken forward if the patient had a 'safe' email address as the practice has with NHS.net email addresses. With clinical information being sent by email the data has to be secure due to maintaining patient confidentiality.

After the survey patients were able to get routine appointments within 3 – 4 days. Those that required an on the day emergency appointment were also accommodated and the available appointments met the need. The telephone slots have proved popular and are used for issues that are relatively straight forward to resolve.

However the then senior partner Dr Williamson retired from the practice and another Dr, Dr Fisher, changed from being a partner to a salaried GP and reduced from four working days to three. Dr Raj, a full time salaried GP, also left the practice. The practice was successful in recruiting a replacement partner for Dr Williamson, but the replacement Dr Victor was not able to start until July 2012. Dr Skinner replaced Dr Raj but he did not start until September 2012.

The summer period was covered by locum doctors but this inevitably had a knock on effect on appointment capacity. This placed enormous pressure on the GPs and staff in trying to accommodate the patients' needs and requests. With GPs on annual leave during the summer months this exacerbated the situation further. In September 2012 Dr Spooner went part time. Dr Spooner also advised the panel that the practice stopped doing a Saturday morning surgery and Monday evening surgery in April 2012 which will also have had an effect on appointment availability.

At the time of this patient panel meeting, the practice had done the annual survey of complaints received and although there have not been written complaints regarding the appointment system, it was clearly evident to the practice that it was not working as well as it did in the March. This was disappointing to the practice but more importantly patients were frustrated and receptionists were taking longer to make appointments for patients that satisfied their requirement causing queues in the waiting room.

As a result the numbers attending the emergency surgery increased as well meaning that often people had to wait an unacceptable length of time to be seen. Clearly the advertising of the emergency surgery after the survey had worked as most patients now know that it is available. On the other side some people are using it as a means of getting access to an appointment on the day that suits them by advising it is an 'emergency' knowing that staff are not clinical and will not challenge this. This presents difficulties for the GP running the emergency surgery as appointments are only for one issue that is an emergency not for normal surgery discussions. It is accepted that this happens when the appointment system is under stress because patients have no alternative. This then starts to then lengthen the surgery and the subsequent wait for patients.

Dr Spooner explained to the panel that although there are alternatives to seeing the GP, e.g. the local pharmacist, this does not significantly reduce workload and often generates work back to the practice. GPs are doing more medicine reviews as it is important to see patients on regular medications at appropriate intervals. The nurses have undertaken more work on the disease registers which has meant more patients being seen for chronic disease management. Although this has increased the pressure on appointments regular reviews have a long term benefit on patients' health and life. The practice had considered triaging patients when they request an appointment but this can only be done by senior staff.

Dr Spooner hoped that now the GP staffing was at a full numbers that a period of stability may improve the situation. It would also give the practice an opportunity of reviewing GP workload to see if any efficiencies could be gained. The biggest challenge at present is the increasing number of patients attending the surgery. Some patients are switching to see different GPs and then developing different expectations. At the time of the meeting no audit had been undertaken to establish whether the number of patients attending the emergency surgery was increasing or not. It was suggested that maybe a week in November could be compared with a week in May. This has been done after the meeting please see **Appendix A**.

Dr Spooner updated the panel that the practice was currently in the process of completing its registration for the Care Quality Commission (CQC) something that all practices will have to have done by the 31 March 2012. This will involve reviewing current policies and procedures so is an opportune time to look at where changes can be made.

The touch screen the Practice has been organising for Gresty Brook is almost ready, although there are WIFI connection issues which we hope will be fixed soon. This will be used for Practice questionnaires and information.

### **3. South Cheshire CCG event**

Trevor attended the event which was aimed at ascertaining priorities for commissioning intentions as well as identifying what could be available in surgeries. The key priority reviewed was: What does the patient want? Trevor agreed to provide a summary of the meeting.



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Dr Spooner updated Sylvia and Trevor on the work he undertakes at the CCG and the importance of understanding how patients feel.

### **4. Self Care week**

This promoted Choose Well but it was recognised that this may not always address the issues that patients present with when seeing the GP. The biggest influence on a patients' health was lifestyle factors and information boards informing patients about the CCG health promotion initiatives

### **5. Expanding the Group**

Although the virtual group had increased in numbers from 23 to 28 only one further lady had expressed an interest in becoming a panel member. The clear priority is therefore to look at how patients can be encouraged to join the group. Sylvia had already advised that she was happy to do another session in the waiting room. Unfortunately the meeting was held after the Saturday flu session as this would have been an ideal opportunity to promote the panel. This will be borne in mind for next year but a date early in the New Year would be advantageous.

Also there are not many young people on the panel so thought will need to be given as to how this cohort could be encouraged. Most youngsters live in a technology environment so the virtual group is likely to be more appealing to them.

As the minutes will be circulated to the virtual group it would be useful if group members could respond with their thoughts and ideas as soon as possible but at the latest before the next meeting

### **6. Questions for 2012/13 survey**

The survey for 2012/13 will need to be undertaken in early 2013. Suitable questions from the panel will need to be canvassed. Undoubtedly the

appointment system is a major focus which the practice will also be reviewing. Therefore the questions for this aspect need to focus on what could help with improvements e.g. range of alternatives to appointments i.e. telephone consultations, chemist; health promotion initiatives. Such is the pressure on the practice that patients may need to be asked what we should stop doing.

Again as the minutes will be circulated to the virtual group the practice hopes that suggestions for questions could be ascertained by the panel fairly quickly, ideally before the next meeting.

### **AOB – Involvement in monies to spend**

The practice has recently been able to access some capital funds that can be spent on equipment for the main and branch surgery. The clinical equipment that the practice has short listed is all relating to patient care particularly for the chronic disease management clinics. The practice has to put the application in very shortly and discussed the items with the panel at the meeting to ensure that the panel members present were agreeable to the shortlist. If successful with the application the items will be purchased before the 31 March 2013 and in the final paperwork it is likely that a panel member will need to sign off the process for probity purposes. The panel members present endorsed the selection made.



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**Date of next meeting:** 15 January 2013 2 pm at Grosvenor Medical Centre

## **APPENDIX A**

COMPARISON OF THE NUMBER OF PATIENTS BOOKED INTO THE EMERGENCY SURGERY FOR A WEEK IN MAY WITH A WEEK IN NOVEMBER

<b>TABLE FOR NUMBER OF EMERGENCY SLOTS FILLED</b>					
<b>MONDAY</b> 21.5.12	<b>TUESDAY</b> 22.5.12	<b>WEDNESDAY</b> 23.5.12	<b>THURSDAY</b> 24.5.12	<b>FRIDAY</b> 25.5.12	<b>TOTAL</b>
30	19	13	19	26	107
<b>MONDAY</b> 26.11.12	<b>TUESDAY</b> 27.11.12	<b>WEDNESDAY</b> 28.11.12	<b>THURSDAY</b> 29.11.12	<b>FRIDAY</b> 30.11.12	
29	17	15	14	15	90

N.B.

- The numbers seen in each week are not significantly different
- Mondays and Tuesdays, unsurprisingly, have the highest demand followed by Friday.