

## MINUTES

### GREAT HARWOOD MEDICAL GROUP

### PATIENT PARTICIPATION GROUP MEETING

**Date & Time:** 30<sup>th</sup> July 2014  
2.00pm – 3.00pm

**Venue:** Library / Resource Room  
Great Harwood Health Centre

**Those Present:** S. Lord, S. Knott, G. Whitehead, C.O'Brien, L. Timmins, B. Timmins,  
G. Rostron, J. Hall, I. Robinson, A. Cunningham, J. Ashworth, D. Bury

**Apologies:** Dr. R. Grayson, B.Chippendale, A. Barker, T. McAloon

**Welcome:** Stephen welcomed everyone to the meeting including our two new members

#### Survey results

Question Asked	PPG Conclusions & Possible Solutions
<u>1. How many people were surveyed</u>	It was felt we had a good response to the questionnaires given the time we had to plan.
<u>2. Are you a member of the Gt Harwood Medical Practice?</u>	4 not answered question but others were members
<u>3. Have you heard of the PPG?</u>	Information regarding the PPG is to be put onto the screen within the waiting room, on our website and we are to publish a newsletter after each meeting which will be left in reception and also put onto the website.
<u>4. On a scale of 1-10 how do you rate the practice?</u>	More than ¾ of patients rated the practice 6 or above which is very good.
<u>5. How many hours on average per month do you think is wasted on missed appointment?</u>	A low percentage were aware of the actual Dr hours missed due to missed appointments. Sarah will re-word the letter which goes out to non-attenders to include that the PPG are concerned about missed appointments. A new cancel by text service may be available soon (Mjog)

<p><u>6.Any other comments made by patients ;</u></p>	
<p>1. Telephones</p>	<p>1. A new server was implemented on the 7<sup>th</sup> July 2014 at the Commissioning Support Unit and this is currently on a months test. From the beginning of August this should be rolled out to practices and practices will have the option to have a call queueing / handling service. There are cost implications which the practice will have to consider.</p>
<p>2. Over running appointment times</p>	<p>2. This is unavoidable due to some patients needing a longer consultation than others.</p>
<p>3. Awareness of new services</p>	<p>3. Gerald will put the existing information produced for PPG Week onto the PPG page of the Practice website. He will also upload any new items as they arise and after each PPG meeting load 'minute' bullet points. A newsletter will also published following each bi-monthly meeting, which will cover; updates from the Practice, bullet points from the minutes etc.</p>
<p>4, 6, 9 &amp; 10 Like to see the same Dr. And this can be 2wks</p>	<p>4. This unfortunately is unavoidable and patients are reminded that they can see the duty GP on the same day if their problem is urgent.</p>
<p>5. Room temperature</p>	<p>5. Stephen circulated a copy of the report from the Accrington Observer (Fri 25<sup>th</sup> July 2014) regarding heat issues with the building. The Buildings Manager has sent an update as to what is being done, mainly having the settings changed. This will be monitored by them. It was decided that until we see how these changes actually affect the building we will not contact them ourselves.</p>
<p>7. –</p>	
<p>8. Layout of waiting room</p>	<p>8. Not quite sure what was meant. If it was that all the chairs are not facing the screen then the only way to solve that would be to turn all the chairs around in rows. This would not look as aesthetically pleasing.</p>
<p>11. Emergency appointments not available had to go to A&amp;E for peace of mind</p>	<p>11.This is unfortunate but at least they got piece of mind from that outlet. However, since the sit and wait clinic this is hoped to have reduced this scenario.</p>
<p>12. Drop in to cater for workers</p>	<p>12. The Sit &amp; Wait trial is due to run until the end of August when it will be reviewed taking into account feedback from patients, staff and GPs. If it continues Sarah will see if it would be feasible to move the clinic a little later in the afternoon.</p>
<p>13. No water to flush toilets</p>	<p>13. It is thought that this happened when differing parts of Great Harwood had their water switched off and could not be helped.</p>
<p>14. Prescription not arriving at chemist on time/not taking</p>	<p>This seems to relate to Boots only. The other Chemists seem to work well with the repeat prescription service.</p>

<p>account of 30/31 days in month</p> <p><b>Positive Comments</b></p> <ol style="list-style-type: none"> <li>1. Very satisfied with service</li> <li>2. Find it very good</li> <li>3. Drop in service seems a good idea and solve many problems</li> <li>4. Very Happy</li> <li>5. Generally satisfied</li> <li>6. Fairly satisfied</li> <li>7. Reasonably happy – no issues</li> <li>8. Very helpful always willing to help out and if needed can always get an appointment quick</li> <li>9. Freedom of choice with doctor</li> <li>10. Electronic boom good</li> <li>11. Always willing to help you out and if need can always get an appointment quick.</li> <li>12. Very satisfied</li> </ol> <p><b>General</b></p> <p>Not happy with amount of missed appointments</p> <p><b>Possible solutions</b></p> <ol style="list-style-type: none"> <li>1. Could text be sent to advise</li> <li>2. Suggest charging for missed appointments</li> <li>3. Suggest a later slot for drop in clinic to cater for workers 4.30 – 6.30</li> <li>4. Good methods of communication – The Herald, council web site &amp; LCC web site</li> <li>5. Reminder for appointments by phone</li> <li>6. Anyone missing 3 appointments should be fined or stuck off</li> <li>7. Information on activities eg Bank Mill – weekly lunch, card days, tea and talk Tues</li> </ol> <p>8. Need a geriatric clinic ???/ old peoples eating advice/ weight control/diet/blood</p>	<p>Carol with have a meeting with Louise at Boots The Chemist.</p> <p>It was great to hear positive comments also from the Practice patients.</p> <p>Comments offering possible solutions where also welcome. 1 – 3 &amp; 6 have been dealt with in an earlier section.</p> <ol style="list-style-type: none"> <li>4. This could prove problematic and not everyone who reads these publications are a member of Gt. Harwood Medical Group</li> <li>5. Not possible – not enough staff hours and phone costs would increase substantially.</li> <li>7. Jessie is to put a list together of activities at Bank Mill and pass to Carol who will also add information on; Community Action Group and Methodist Lunch. Gerald then to make a poster for the surgery include on newsletter.</li> <li>8. A full time nurse (Carol Flynn) who was initially employed at the Rishton surgery part time will commence a 35hour role across both sites. However, the majority of her time will be spent over at the Gt.</li> </ol>
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<p>pressure/feet/ well woman's clinic</p>	<p>Harwood site. It will mainly consist of bookable slots but some emergency appointments will be available. Her duties will include; BP, disease management, travel vaccines, cervical smears, childhood vaccinations etc.</p> <p>We will still have Sharon our Health Care Assistant and access to Treatment Room, Podiatry, Smoking Cessation etc.</p> <p>This could therefore help with the geriatric services which have been highlighted.</p> <p>Sarah also mentioned that there could also be a new service in the pipeline which would target the over 75's, but there is nothing concrete at this time.</p>
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A suggestion slip had also been received regarding toys/magazines in the waiting room. The Infection Control guidelines which practice adheres to state that if they cannot be cleaned in-between each person use then they cannot be displayed. However, parents may bring in their own quiet toys/books to keep their own children occupied.

In order to relay our actions back to the patients it was decided that we should compile a poster depicting –

You commented/suggested

How about this/we did this

This information will again go into the Newsletter and on the web.

**4. Treatment Room Survey** – A survey was circulated to all members present. Sarah gave a little background information – at present the service is run by East Lancashire Hospitals Trust who employ the nurses and determine what services are provided. The East Lancs Clinical Commissioning Group are looking at the service they commission from the Trust with a view to making some changes which would benefit patients. A discussion then took place regarding the present 'Treatment Room' services and facilities. Members who were not present will be sent the questionnaire via e-mail. Sarah to collate the information and send to Rachel Watkin at ELCCG.

**5. 'Put Patients First' Campaign** – Sarah gave the background to this current campaign. Patient care is being undermined by a growing crisis in general practice. GPs are struggling to cope with a rapid growth of patients needing care whilst the share of NHS resources spent on general practice is falling year on year. General practice deals with 90% of patient contacts but only receives 8.4% of the NHS budget which results in more than 80% of GPs having insufficient resources to provide high quality patient care. This campaign is being run by the Royal College of General Practitioners who aim to put an end to this crisis and to back general practice and safeguard patient care. Their proposal is to increase funding from 8.4% to 11% of the NHS budget by 2017 this will allow practices to employ more GPs and offer more appointments ensuring patients can be seen at their practice in a timely manner without the need to attend a walk in centre or urgent care centre.

A petition can be signed at reception and the members were encouraged to sign it, if they hadn't already done so. This can also be accessed on line at; [www.putpatientsfirst.rcgp.org.uk](http://www.putpatientsfirst.rcgp.org.uk) This website will also give you details of the campaign.

It should also be mentioned that the organisation which we are members of the National Association of Patient Participation (NAPP) are also backing this campaign and spoke about it at their annual conference which was held in June 2014. It encouraged all PPG's to get behind the campaign.

**THE DEADLINE FOR SIGNING THE PETITION IS 15<sup>TH</sup> AUGUST 2014**

## **6. Updates from Gt. Harwood Medical Group**

Sarah updated the PPG regarding the merger of the Rishton Practice, High Street Surgery, with Gt. Harwood Medical Group. The merger occurred due to Dr Grayson being requested by the retiring doctor at Rishton, Dr Agarwal. This was due to him wanting his Practice which he had built up over many years to be taken over by an upmost professional and superb GP.

During the transition period the GPs have employed a locum GP, Dr Vicky Bramwell, to provide sessions at both sites until they decide how to balance the appointments across the two sites.

Parking at the Rishton site is quite difficult especially for the disabled (if they do not possess a blue badge). However, there is good access to the building and the facilities are up to the DDA standards.

When booking appointments with the Practice patients will be asked which site they wish to be seen at. The two sites will also be available to book on-line.

It was also pointed out that next week two trainees will be starting with the Practice, Dr Choudhury and Dr Dassanayake who are both qualified doctors. These appointments are paid for by the NHS and will be supervised by our own full time GPs.

## **7. AOB**

Carol stated that due to time constraints she would email updates from the NAPP instead of discussing them within the meeting. She will also keep up to date with all the latest news from the organisation and if necessary discuss these as they arise with Sarah and/or Stephen and Gerald prior to members meetings.

Stephen wished to know how the members felt asking questions of patients during PPG Week. The general feeling was that members thought this was a good idea and one that should be repeated. It was also stated that patients seems generally pleased that they were being asked their opinions.

One patient during the week who was questioned was quite annoyed with a particle incident which occurred regarding different doctors all prescribing diverse medication. Sarah stated that all incidents like this should be reported to the Practice so that these can be properly dealt with.

Ian Robinson mentioned that within our catchment area there is to be a considerable property increase;

Lyndfield Road area of Gt. Harwood - approx 250 houses

Junction 7 M65 - approx 300 houses

The Clayton triangle - approx 220 houses

This will certainly increase the pressure on the Practices within our area.

Sarah finished by thanking everyone concerned with the PPG Week and also Carol for collating all the answers.

**8. Next Meeting** –Wednesday 24<sup>th</sup> September 2014