

## **THE JUNCTION SURGERY ACTIVE PATIENT GROUP MEETING**

**DATE:** 2<sup>nd</sup> December 2019

**TIME:** 5.00PM – 6.00PM

**ATTENDEES:**

Dr R Ali  
Julie Sunderland (Practice manager)  
Anita Ward (Receptionist)  
Pamela Briggs (Patient)  
Robert Briggs (Patient)  
Philip Carr (Patient)  
Zahid Iqbal (Patient)  
Trevor Wimpenny (Patient)

**Apologies:** Denise Oyston (Patient)  
Mr & Mrs Brown (Patients)  
Sally Oldbury

**Tabled:**

G P Survey results for 2019  
Invitation to Whole network event 10<sup>th</sup> December 22019  
Minutes of last meeting

### **1. Apologies and Introductions**

Dr Ali asked attendees for brief introductions.

### **Aims and objectives**

*The role of the Group is to work closely with the practice to discuss services being delivered, the patient experience and to consider improvements that could reasonably be made and to act as a 'critical friend'. No personal grievances or medical issues are to be discussed at any time.*

### **2. Matters arising from the last meeting**

### **3.**

Julie advised the attendees that she had spoken to local chemist about returning patients to practice but there was no themes identified just ad-hoc queries. She did advise the group however that both Sammi Hall, Pharmacist

from the CCG and Jen Arnold (representative from all community pharmacies) were attending the whole network meetings once a month where appropriate to ensure any issues are resolved promptly.

Julie had tried to investigate why some patients were having issues with responding to Friends & Family Test (FFT) questions via their mobile telephone but had been unable to identify a reason; it was probably down to individual devices.

#### **4. CQC Visit**

Julie advised the meeting members that the CQC (Care Quality Commission) meeting had been undertaken on 17<sup>th</sup> July 2019. Feedback had been very positive in many areas with just 'safety' being highlighted as an area for improvement. Dr Ali explained the issues behind this, involving high-risk medication and a crack in the staff exit door for example. He assured attendees these had all now been resolved and the CCG had been back to confirm everything was now in order.

#### **5. Patient survey results**

Members of the group were asked to consider the results of the anonymised survey undertaken in January 2019. She advised the practice was very happy to report the significant improvements with the results for patient's experience of making an appointment, seeing their preferred GP and appointment times. These were all significantly higher than local and national average. There were improvements to be made around involving patients in their decisions about their care, local support to help patients to manage their conditions and time to be listened to. Discussion ensued around the appropriateness of discussing more than one medical complaint at the 10 min appointment. Dr Ali advised ideally one condition should be discussed but that generally he does try and deal with more if able to with the caveat that any more than 2 would put safety in question.

#### **6. Primary Care Networks and the new G P Contract**

Julie reminded attendees about the primary care networks whereby a number of practices within the locality, joining together to cover 30,000 – 50,000 patients in an effort to improve services relative to their population and work collaboratively to share workforce and resources. As part of this Julie explained that as well as the extended hours provision the practice has provided from 1<sup>st</sup> April 2019, on a Monday evening, they had increased this further on 1<sup>st</sup> July 2019 by providing additional extended hours at the practice on a Thursday evening. There was additional extended hours provision on both Thursday evenings and Saturday morning for routine appointments at

The University Medical Centre, to include GP, HCA, physio and pharmacy provided by the Tolson Care Partnership network.

Julie advised that a whole network PPG meeting was planned for the 10<sup>th</sup> December 2019 at Brian Jackson House 6-8pm, to try and bring together group members from all the practices to meet and discuss any issues or suggestions they had.

## **7. Practice structure**

Dr Ali explained that the Healthcare Assistant (Mr Joe Barlow) had now joined the practice and was developing well. He outlined what Joe could do and praised his enthusiasm and energy. He encouraged attendees to use both Joe and the advanced clinical practitioner, Afzal where possible to help free up the doctors for the complex issues.

In addition Julie advised there was now a self-serve weighing machine in the corridor for patients to be able to weigh themselves and request an ad-hoc BP when passing the written weight results to reception. She advised this was in an effort to provide a better patient experience, more convenience and to also assist the practice to keep data on the medical records up to date as much as possible.

## **8. Locala referrals**

Julie had received apologies from Denise, however, she had mentioned in an earlier email that she wanted to discuss whether or not the process for being referred to Locala had to be via a GP and could it not be self-referral? Dr Ali agreed this would be a good idea. Julie agreed to feed this back to Locala for consideration. It was also discussed that a 'directory of services' available as information for patient to whom they could self-refer to might be useful. Julie agreed to provide this if possible.

**Action: Julie to feedback to locala and look at developing a DOS for self-referral**

## **9. The PPG group going forward.**

Julie advised that some of the other practices had really interactive PPG's and she was hoping to start developing the surgery's to be more involved and productive in terms of identifying issues and getting patients involved in things like fund-raising or walking groups etc. She advised she had a member of staff (Jacqui) who was willing to undertake this little project to get the group up and running better.

**The meeting was drawn to a close at 6.00pm. members were thanked for their contribution and were advised the minutes would be sent in due course. Dr Ali suggested the next meeting be in 6 months time.**