

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

**DATE:** 19<sup>th</sup> October 2015

**TIME:** 7.00PM – 8.00PM

**ATTENDEES:** Dr R Ali  
Dr S Siddique  
Julie Sunderland (Practice manager)  
Jan Strodder (Nurse)  
Nancy Gibson (Receptionist)  
Mark Lancaster (Patient)  
David Born (Patient)  
Wendy Walker (Patient)  
Denise Sutcliffe (Patient)  
Margaret Wadsworth (Patient)  
Tom Marsden (Patient)  
Philip Carr (Patient)  
Ann Marie Brabiner

**Apologies:** Sarah Briggs (Patient)  
Eleanor Ritchie (Patient)

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

Julie gave apologies from Lindsey Moseley

As an ice-breaker Dr Ali requested that each attendee introduce themselves and provide a small interesting fact about themselves which was revealing.

### **2. TOR**

Julie tabled the up to date Terms of Reference (TOR) and advised that she had reviewed these and made a couple of small changes to the original ones. The changes included reducing the amount of meetings to twice a year and increasing the number of 'staff' to four from the original three to enable a broader representation of the practice. She requested that after perusal of these, patients that were wishing to remain as members of the patient reference group, sign the TOR and pass back to Julie. A copy would be sent to all members with the minutes for future reference.

### 3. Matters arising from the last meeting

Julie advised the attendees that a meeting had been held on Wednesday 25th March and that the following was discussed:

- a. **0844 numbers:** this decision to remove the 0844 number from the practice had now been deferred to 2018 as the practice was under contract for 5 years. The benefits of keeping the number were that it provided patients with more choice to contact the surgery, allowing the facility to leave messages for prescriptions and being able to queue at busy times. Mrs Sutcliffe suggested that perhaps a poster informing patients of the new processes be displayed in the waiting room so patients would know what they have to do for certain things, like prescription ordering. Dr Ali agreed this would be useful and to also include it in the practice newsletter.

**Action: Julie to produce poster outlining process for prescriptions, booking appointments etc.**

- b. **Decision to increase the number of pre-bookable appointments:** The decision to consider increasing the pre-bookable appointments had been deferred from the last meeting. Julie had therefore carried out an audit to see what the impact of pre-bookable appointments was in order to inform the decision. The audit identified that the DNA rate (Did not attend) had steadily increased from November 2015 from 44 – 67 as of August 2015. It was advised that currently 20% of all GP appointments were pre-bookable up to two weeks in advance. Following a discussion it was agreed by all members that the number of pre-bookable appointments should remain at 20% (for up to two weeks) for the foreseeable future.
- c. **Improvement of patient feedback:** Julie advised that despite efforts to improve access and service the practice continued to receive negative feedback on NHS Choices. She queried if this was due to it being an easy platform to just 'have a go' whereas the Friends and Family Feedback questionnaires provided a more positive reflection of the practice. A discussion was held around responding to negative feedback and Julie advised all comments were responded to and offers to come into the practice to discuss further were always made. Julie also advised she had invited some of the patients who had made a complaint to attend the patient reference group meeting but had not received any communication from them as to whether or not they were attending. Julie tabled the latest results from the anonymous NHS England national survey for attendees to peruse at their leisure to provide more information on the performance of the practice.

#### **4. Routine / Urgent appointments**

- a. A general discussion was had around the number of appointments being provided against the number of nationally recommended appointments. Julie tabled some information gleaned from the Wessex LMC which highlighted the increase of attendances from patients between 2003 and 2009. She advised that she had undertaken an audit of the number of appointments the Practice had provided between 2013-2014. This showed the practice providing 4.7 appointments per registered patient which had fallen short of the suggested 5.5, however between April 1<sup>st</sup> and June 30<sup>th</sup> 2015 the practice had increased their appointment per patient to 6.7 which was in excess of the suggested 5.5.
- b. Mr Carr asked about the feasibility of 15min appointments. It was advised by Dr Ali that this would only reduce the number of available appointments. Mr Carr further asked why then could another GP not be brought on board, Dr Ali responded by advising him that additional GP's could only be brought on board when the practice list size increased as the practice was paid per capita. Dr Ali also advised that the practice would be employing an additional salaried GP in January and that Dr Ahmad would be back from maternity leave thus alleviating some of the pressure in the system.

#### **5. Reception**

- a. Julie advised the group that several changes had been made to the structure in reception to try and address the issues around answering of telephones. She advised that two people were now answering the telephone which of course had impacted on the speed the appointments were being booked. Julie also tabled an audit which had been carried out by the practice which showed a snap-shot of telephone calls between 1<sup>st</sup> August and 31<sup>st</sup> August 2015. The information showed that the practice received 7171 telephone calls during this period, of which 88% were answered, 84% of these were answered within 7 seconds. It was agreed that this showed the improvements were working but that further improvements could be made.

***It is suggested that although an action plan wasn't discussed at the meeting , perhaps a reduction in lost telephone calls would be a suitable action?***

#### **6. Prescriptions**

- a. This subject was not discussed in any detail, however, Mr Carr sought clarity on what happened when a consultant decided on a medication change. Dr Ali responded by explaining the process of adjusting medication once a hospital letter was received , however, he also emphasised that the letters can often

take weeks to reach the practice and therefore can result in delays to changes.

## **7. Telephone appointments**

- a. This item was covered in 7.

The meeting was drawn to a close. Julie informed the attendees that she would compose the minutes and send out for approval. If changes were to be made she requested that these be directed to herself. She also requested any ideas / suggestions for improvements be directed to her along with any questions around the information that had been tabled during the meeting.