

MINUTES OF THE PATIENT PARTICIPATION GROUP MEETING HELD ON
TUESDAY, 27th February 2018

PRESENT:

PPG Members:

MR J FAIRWEATHER

MR PETER BUTTERS

Staff:

JULIE SPINKS, PRACTICE MANAGER (PM)

APOLOGIES: Rev Joan Wagstaff

	ACTION
<p>Sub – contracting agreement- The surgery have had to request from NHS England a sub- contract agreement to enable the surgery to operate a service at times when we have no GP available.</p> <p>Old Hall Surgery has struggled to recruit Salaried Doctors in the past 2/ 3 years since the retirement of Dr Sally Shaw, Dr Alan Birch and Dr Karen Griffiths.</p> <p>We have finally managed to recruit 2 new Salaried Doctors:</p> <p>Dr Richard Dufton is starting with us at end of February</p> <p>Dr Saira Javed is starting with us at the beginning of March.</p> <p>Until they start with us there are some days that we are unable to provide GP cover in the surgery after 4.30pm.</p> <p>We have 5 GP Partners who also work as Partners at other surgeries;Dr Tracy Shaw, Dr Marc England and Dr Emily Morton at Whitby Group Practice.</p> <p>Dr David Thorburn and Dr Andrew McAlavey at Great Sutton Medical centre.</p> <p>If patients need an urgent appointment on one of the days when we are short of GP cover a GP Partner of the surgery will call you and if they feel you need to be seen you may be asked to see them at the Practice they are working at on that day.</p>	
<p>Update on recruitment/ retirements</p> <p>PM informed the group that Dr Martyn Phipps retires on 28th February 2018 after 37 years at the Practice and that we all wish him well in his retirement. He will be greatly missed.</p> <p>Our secretary Val Perrin of 27 years will also be retiring in April. She will be a huge loss to the practice and we also wish her well in her retirement.</p> <p>Old Hall Surgery have recruited 2 news doctors Dr Saira Javed who will be working 5 sessions per week and Dr Richard Dufton who will be working 6 sessions a week. We will also have Dr Josephine Hutchinson back from maternity leave from May.</p>	
<p>Chairman JF attended the PPGs chair meeting in January and informed the group of what was said. Emphasising that the CCG have saved over 1.2 million on the prescribing pilot.</p>	
<p>JF attended the Diabetes essentials classes at Whitby Sports Club and has found them very informative and useful and recommends patients to attend.</p>	

	PB informed me that Boots the Chemist have had a new manager and the service has greatly improved.	
	PB asked if there was any news on the new build Hub. PM will look into this as she has not heard anything for a while	PM to gather information
	Next meeting: Tuesday, 1 st May 2018 6.00pm	

OLD HALL SURGERY

REPORT ON APPOINTMENTS SYSTEM 2017

9.0 Summary of Findings

The current capacity modelling is not appropriate and is creating significant problems for patients and staff.

- Lack of routine appointments results in a “ring on the day” culture, promoting a reactive culture.
- Incorrect use of same day appointments leaves the practice exposed as no resilience exists to deal with urgent presentations.
- Patients are not encouraged to self-care as they are booked a same day when a routine would be best to allow the patient time to self-manage.
- Patients wanting a routine appointment for a follow up etc have to ring on the day and frequently end up in a same day slot, or worse still give up.
- Receptionists report that over 50% of all appointments offered were not appropriate. Usually a routine or telephone slot would have been more appropriate, than the one offered to the patient.
- Same day availability is not flexed based on demand. For instance there are no identifiable increases on Mondays or Fridays.

- Most importantly, the number of same day slots need to be reduced and routine appointments increased

The current workforce model could be reviewed to bring improvements.

- The ANP is still developing in post and should be supported to see a broader range of patients.
- Over 20% of the patients currently seen by the GPs could have been seen by an ANP.
- The practice could reduce its operating costs by making better use of ANPs.
- There appears to be little time available for GPs to spend/deal with chronic patients.
- The number of same day slots allocated to GPs should be reduced and the time used more effectively.
- More use of telephone consultations or introduction of a clinical consultation service to determine the appropriateness of same day appt requests.

The receptionist / patient interface needs to be reviewed.

- The current capacity model makes it very difficult for receptionists to manage patient demand at point of access.
- No formal process exists within the practice to support patient signposting or challenge appropriateness – **Solution implemented.**
- The practice is exposed as the receptionists have no templates to record the details of a contact. No audit trail — **Solution implemented.**
- No details around the reason for the appointment are taken from the receptionist. Potentially lengthening the clinical contact — **Solution implemented.**
- Patients do not engage with the reception staff. Resulting in a negative impact on patients and the practice— **Solution implemented.**
- Receptionists do not view the clinical record when dealing with patients.