

1 THE SANDRINGHAM PRACTICE

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The Sandringham Practice

Patient Group Meeting 4th March 2014 6pm

Attendees:

Practice	Practice	Patients	Patients
Dr K J Strachan (GP)	Jayne Clamp (Lead Nurse)	JB	BB
Richard Langthorp (Practice Manager)	Caroline Cooke (Office Manager)	AF	MH
Jordan Batty (Receptionist)		CJ	AK
		PS	AS
		MT	ST

MINUTES/MEETING NOTES

Background

- **Patient Group** - RL welcomed the members to the first meeting and introduced the members to the team.
 - **Members** - RL outlined the current membership and of plans to widen the membership beyond the original cohort from the previous year.
 - **Structure** - RL advised the previous structure of working via email had not proved particularly effective and proposed this initial meeting which was hoped to follow with a subsequent meeting during March in order to maintain the momentum from this evenings meeting. With the support of the group members it was hoped to have ongoing meetings.
 - **Purpose** - RL explained that the initial purpose of the meeting was to revisit the 'Priorities' for the Practice originally raised in 2013. From these priorities, a wider patient survey would be developed and issued within the next week to enable a follow up meeting to be arranged to discuss the results. At that stage, we would

look to agree any changes prior to implementation. A report would be prepared and distributed following these discussions.

- **Future** - Meetings were seen as generally a better way of engaging with patients who were valuable in developing future strategies in an ever changing NHS.

Practice Representatives

- GPs Dr Strachan - GP Partner - first joined the practice well over 10 years ago.
- Practice Management - Richard Langthorp (Practice Manager) & Caroline Cooke (Office Manager).
- Nursing lead - Jayne Clamp (Lead Nurse/Advanced Nurse Practitioner) - has been at the Practice as Lead Nurse and Prescriber for over 3 years and had recently completed her Advanced Nurse Practitioner training which would enable her to see most of the routine conditions GPs can; indeed would be leaving early to work in Out of Hours for an evening shift.
- Staff - Jordan Batty was our most recent recruit and had been heavily involved in moving this years Patient Group activity forward.

Challenges Faced

- **Changes in the NHS**

A number of key changes had taken place over the last year including the demise of the old Primary Care Trusts (PCT's) the formation of the Doncaster Commissioning Group who controlled notional referral budgets, NHSE who look after GP Contracting, Finance and regulating functions.

A care Quality Commission visit was expected in the near future and were pretty much our new regulator

- **Patient Expectations & Demand**

Significant changes in patient expectation, needs and demand had been seen over the last few years. In some cases this wasn't always considered reasonable and were suffering from increasing 'I want it now' culture. We were also seeing generally higher levels of low level abuse and in a few cases more extreme abuse.

- **Practice Stance – Care**

The Practice continues to strive for the highest standards of care and this ethos had been carried over from Drs Love & Sykes when recruiting GPs and Nurses. This would continue to be the case, albeit with what currently represents a relatively inexperienced GP team.

- **Patient Needs**

Patients have many needs we need to try and best accommodate, including:

- Acute/urgent care - considered as needing same day attention
- Routine matters/care - anything beyond the same day
- Secondary care - attention and care from a hospital setting
- Prescriptions/medications - repeat and one off or short term medication
- Sick notes/benefit changes - changes to the benefit system have led to increased workloads and in some cases increased aggression from some patients

Recent changes to the Practice repeat prescription ordering system was commented on. One query was raised over switching off the voice recording system for leaving messages - this was advised as causing some issues over errors with incomplete messages. The new system did now mean that the phone line was staffed for more of the day than it was previously.

A further query was raised over how working people who could not readily reach the phone during working hours could use the telephone service. Whilst other options including on-line ordering and Pharmacy ordering were discussed the difficulty for working people to ring for medication was a point for further consideration. This point was also a similar issue for booking appointments during working hours. Further action point.

- **Capacity**

RL outlined changes which had occurred within the Practice appointment over the last 2-3 years during a period of increasing demand from patients.

- GP Partners - this would be reducing from 6 to 5 following the retirement of Dr Turner
- Advanced Nurse Practitioners - now have two Advanced Nurse Practitioners who would be able to see most conditions a GP can - this will result in more than double the number of lost appointments from Dr Turner. This appeared generally welcomed by the patient representatives.
- Nurse - having recruited a 6th Nurse to start 17 March this will allow the Nurse Practitioners to see routine patients originally intended 2 - years ago, this should be fully rolled out by early May.
- HCA - we now have four experienced Health Care Assistants who are able to attend to patient needs (note: whilst not stated during the meeting this also includes seasonal flu jabs)
- GPs in Training - We were one of the originating training practices in Doncaster though following the departure of Dr Mazai to Australia last summer we were currently without a trainer though this was currently being addressed and would expect to have our next trainee in 2015 and hopefully enabling 3-4 Trainee GPs once we have other new GPs fully accredited as trainers.

- **Appointment Book**

We have changed the way our appointment book is set up and released and the current system provides all of our available routine appointments within 7 days rather than the previous 14 days, which was believed to the benefit of the majority of patients.

An example of a typical the typical days GP appointment book was distributed for brief discussion.

Comment was made as to the inability to book appointments between 1 and 2 weeks ahead. This was a point to consider when for example a patient had been specifically asked to call back. Comment was also made as to the recent lack of continuity of care with the same GP. Both of the above points were things which need further consideration by the Practice.

- **“Staffing”**

RL advised that staffing levels had never been higher and that the more newly recruited staff had proved very quick to learn and had well developed people skills.

- **Patient numbers**

This had already been raised by some group members and RL outlined the background of patient numbers at this point in the meeting. Practice patient numbers had been static for a number of years when he arrived in late 2004, in part due to the *Facilitated Registration Scheme* in Doncaster which meant that in order to register at a Practice or move practices this could only be achieved via the PALS office in the town centre. Whilst this maintained the stability of Practices within the town, this effectively restricted the free movement of patients between practices.

The removal of these restrictions coincided with the premises move in July 2006 and the patient list size increased rapidly over the next 18 months with patient numbers increasing from less than 8,100 to over 8,700 by the end of 2007. Whilst the initial growth fell away, the forced departure of over 1,000 patients from an Armthorpe Practice led to a further rapid increase in patient numbers in early 2011 this stabilized later in the same year. Since then numbers have fallen back to the levels seen in 2010.

- **“Urban myths”**

- The Practice is increasing numbers; as set out above, a comment sometimes received is not accurate. It was however fair to say that some of the ‘new patients’ were placing increased demands on our services.
- Immigration - comment was received last year from a patient that ‘*it was common knowledge*’ that we had a priority system for immigrants’. RL advised that neither he, the doctors nor staff were aware of this apparent policy (i.e. it was untrue)!!

- **“Change”**

RL advised the Practice and NHS had gone through significant change and communicating change was not always easy to reach all patients.

Suggestions coming from the patient members included having the newsletter displayed on a large display board - agreed was something to consider (please see summary at the end of the note for further information).

Priorities

- **Discuss**
 - Last year - RL advised that last years points may well have changed and was proposed to revisit the perceived priorities for the practice and this year's patient survey.
 - Survey - this survey would be developed on the back of suggestions now requested.

- **Suggested Priorities**
 - **Continuity/stability**
 - **Phone**
 - Message change
 - Telephone answering
 - **Staff training on appointments**
 - **DNA's - Patients not attending booked appointments**
 - **Communication with patients**
 - **Repeat Prescriptions**

These were they key priorities which would be subject to this years survey.

What happens next?

1. Wider Patient Survey
2. Provide YOU with the results
3. Follow up meeting – agree date and actions
4. Provide you with summary report
5. Distribute final report to all patients

The Future

1. **NHS** - this will change and we will all have to adapt to make best use for all patients.
2. **PRACTICE** - We will, continue to focus on high standards of patient care
3. **PATIENT GROUP** - This will remain an important means of developing the Practice as time goes on and the Practice as a whole welcomes the input from you all.

Thank you

Priorities Agreed at Meeting

- **Continuity of Care / Stability**
- **Getting through on telephone & up to date messages on hold line.**
- **Staff Training (continuity of information to patients including appointments)**
- **Patients not attending booked appointments and implications**
- **Repeat Prescriptions and ordering for working people**
- **Communication to patient and between other medical institutions (including Hospital and Summary Care Records)**

Further notes/comments were also made during the course of the meeting:

Contacting the Practice

ISSUE: Trouble accessing appointments.

ISSUE: Working people have trouble MAKING an appointment due to times as well as getting one.

Appointments

ISSUE: not being able to book more than 7 days in advance

- **POSSIBLE SOLUTION:** Giving appointments for 1-2 weeks

ISSUE: DNAs (Patients Not attending booked appointments)

- **POSSIBLE SOLUTION:** patients should have 3 strikes & out
- **POSSIBLE SOLUTION:** charge for missing appointment

Clinical Care

COMMENT: FPC nurses are great!

ISSUE: Patients want to get into see a doctor for their specialist area. This helps with continuity of care.

ISSUE: Continuity of care - not existent

Prescriptions

ISSUE: Times for prescription line for working people

- **POSSIBLE SOLUTION:** certain times for appointments and prescription line for working people

ISSUE: Prescription line

- **POSSIBLE SOLUTION:** recordings back,
- **POSSIBLE SOLUTION:** online more accessible

Providing Information

ISSUE: training for receptionists for 'grey areas'

- **POSSIBLE SOLUTION:** Standardising information given patients

Continuity of care - not existent

- POSSIBLE SOLUTION: receptionists to check which dr/nurse

ISSUE: Dr Sykes newsletters were very good. Would like them to continue - some patients don't know they have still been available

- POSSIBLE SOLUTION: Dr Vicary will take over from Richard Langthorp
- POSSIBLE SOLUTION: Large newsletter on notice board
- POSSIBLE SOLUTION: Add newsletter to TV Screens
- POSSIBLE SOLUTION: Create Patient communication board in reception.

ISSUE: Patients don't know which doctors have specialties and would like to know.

- POSSIBLE SOLUTION: Add to newsletter?

ISSUE: How often do we do a newsletter? So irregular patients would know when to look.

Overall Satisfaction

ISSUE: **communication** to and from GPs to hospitals seems lacking e.g. blood tests results done at hospital being available to the practice and practice blood tests to patients.

- POSSIBLE SOLUTION: Changes to DRI system

End