

## **Minutes of the Patient Group held on Tuesday 30<sup>th</sup> October 2018 at HHWB (Allerton)**

**Present:** Adeeba Malik (Chair)  
Jennifer Hattersley  
John Samuel  
Kathy Bairstow  
Sharon Barraclough – Business Development, Enterprise and Finance Manager HHW  
Marion Le Pla  
Dr Christine Temperley – GP HHW  
Rebecca Hanson – Assistant Business Manager HHW  
Fred Stone  
Alexandra Matthews

**1. Apologies:** John Stone  
Wilma Nichol  
Sandra Shallcross

### **2. Matters arising / Minutes of the last meeting**

The July minutes were accepted as an accurate record

Two new members of the group were announced, Leo and Sally Blake who are starting from the next group meeting

Apologies were issued with regard to some quite major I.T. issues emanating from Douglas Mill caused by air-conditioning and server failures. Servers were being moved to a new storage environment and this move went wrong and a contingency plan was put in place. An independent review is under way involving NHS England and Kier Construction who own EMBED who are the IT contractor and main supplier. This is now the 3<sup>rd</sup> week of the issue and still ongoing but is part fixed. This affected not only our surgeries but the whole area.

Awaited results and urgent communications were dealt with effectively by fax and telephone.

### **3. DNA Policy**

A quite lengthy discussion about the DNA (Did Not Attend) situation that is a thorn in the side of the Healthcare professionals and the patients alike. It was said that there were 70 to 80 “serial offenders” with no reasons given

The current policy for a recorded DNA is:

- a) If the patient cancels within 30 minutes of the appointment
- b) The patient is 10 minutes or more late
- c) The patient misses the allocated 30 minute rapid access clinic section

A patients’ policy is to be published that sets out responsibilities and actions to be taken that include a warning for 2 misses in 3 months, a letter for a further miss in 6 months and a 1 to 1 meeting with

a Dr to discuss the situation. If there is no improvement the patient could possibly be excluded from the patient list. There will be no action if there is a valid reason given.

In response it was stated that at the peak morning times it was difficult to get through in the 30 minute slot to cancel. It is possible to cancel on-line and the idea of a text line was put forward but this would involve cost implications.

The outcome of this is still in the early stages as the data is being analysed but eventually the DNA policy will be publicised.

Different surgeries are not compared for a "league table" at the moment but the feeling is it will happen as this is a common problem to all and looking more like an insoluble problem.

#### **4. Patient Participation Survey**

A copy of the Patient Participation Survey 2017 was distributed among group members and emailed the day after. We were asked to comment on any necessary amendments by November 9<sup>th</sup> with the print run taking place the following week

#### **5. Care Navigation**

The process of Care Navigation is taking place. Non-medical surgery staff, such as receptionists and call handlers, have been given training for this to try and make best use of the resources available. For example a person requiring a blood test would be allocated a nurse rather than a GP

A campaign is beginning detailing why. These involve sign on buses, posters and a radio campaign. All staff have now been trained and instruction given including the fact that it is not compulsory (although very helpful) for the patient to answer questions

Issues were raised about the right to privacy and who has what knowledge, and staff have been told to not push hard for an answer as some patients felt uneasy about questions on the phone.

The voice message from Dr Raw that mentions the questions at the start of each phone call was played and discussed. This was viewed in some parts as a little severe and we should ask for a different recording to make it feel nicer / softer

Although this will be a benefit to all and aid patient communications, the feeling of the group is to wait for the marketing campaign and actively monitor response. It is felt that the staff are better thought of and communications regarding issues have improved

#### **6. Surgery Merger**

The merging of the Allerton and Clayton surgeries is going well. The staff are fully informed, the administration streamlining is complete and the clinicians are working together well

#### **7. Practice staffing**

Dr Andrew Withers is retiring in early 2019 although he will retain the chair of the CCG until 2020. This adds to the pressures on the surgeries as recruiting new GPs is very difficult. Most new GPs seem to prefer being a locum to the pressures of a fixed practice

Helen Wright a new Advanced Nurse Practitioner has been employed and starts on 12<sup>th</sup> November

4 new patient administrators are starting although 2 are to replace departures and HCA Laura Town has left the Practice as she is training to be a Nurse.

We are recently joined by Karen Fraser, new Health Care Assistant and Dr Sarah Marris is welcomed back from maternity leave

Nurse Julie Trutwein is training to become an ANP. She's nearly there and has perhaps 6 months to qualification

Unfortunately Dr Sarah Shaper is also leaving for personal reasons such as travel and will be locuming in the future.

### **8. Phone issues**

The fibre line installation is now complete and there is some improvement in the lines and transferring of calls between Clayton and Allerton

It was stated that older people are struggling with the phone system

The practice partners will be having a meeting to discuss the phone system and to perhaps revise the system to cater for special groups

There is no lunchtime shutdown and calls are taken from 08:00 to 18:00 (8am to 6pm)

### **9. Other business**

Jennifer took a survey at Café West and there was some concern about long term appointments (e.g. 3 months hence) which cannot be booked immediately. This ties in with the Does Not Attend issue and therefore it is the patient's responsibility to book an appointment nearer to the required date, perhaps within the month previous

It was suggested we put details of Flu jabs on to the website. Additionally can we put the Flu Clinic on the next agenda for discussion – **Beccy**

### **And finally – Date and time of next meeting**

Thank you all for attending and please look forward to the next one that will take place on Tuesday lunchtime in Clayton most probably in February 2019. Details to be forwarded nearer the event