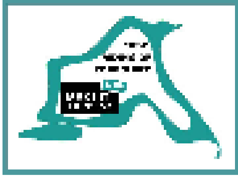

GP Appointment - Action Group Meeting

Tuesday 25th August 2009

Treasure House, Beverley

Attended: Jean Turner
Stuart Carr
Joan Fletcher
Ruth Marsden
Patricia Simmons
Mavis Austin
Susan Oliver – note taker (in place of Cea Vulliamy)

Apologies: Jean Wormwell

Introductions
As this was the first meeting of the group introductions were made by everyone present including a summary of their current experience of their own GP Surgery.

Analysis of common themes

Cea was thanked in her absence for the thorough and exhaustive work she had put into the analysis report derived from the questionnaires completed by ERYLINk members.

It was agreed to use the report and the issues highlighted as the focus of the discussion.

Good practice

Everyone agreed that it was important to highlight, hold onto and promote areas of good practice.

Looking at the data it was obvious that Brough Surgery, Bridlington Health Centre and Market Weighton Group Practice had a high level of satisfaction (and a high level of questionnaires returned). It was also felt that the three surgeries represented different geographical areas, sizes of settlement and demographic make up. It was agreed that there should be further investigation as to why patients had scored them so highly.

Joan has experience of Market Weighton Surgery and suggested that these improvements had been made in the last year and could be down to an informal 'Patient Participation Group'. The main complaints locally appeared to be surrounding Boots Pharmacy. Market Weighton is a training surgery (as is Pocklington) connected to Hull & York Medical School, this would suggest constant updating of ideas and innovative practice as a result

Discussion took place regarding the benefits but lack of implementation of the Patient Participation Groups.

Action: Stage one - The Host to write to the three practices identified. Use it as an opportunity to introduce the ERYLINk and promote working together to improve practice. To ask the practices how they felt that they had achieved this including the use of Patient Participation Groups or equivalent.

Stage two – Identified people to visit the three practices to look more closely at their systems and practices.

Stage three – use this good practice as a yardstick for other surgeries to be measured against and support them in adopting new practices.

Ruth to contact the National Association of Patient Participation Groups to investigate which practices locally have one in place.

0845 numbers

There has been a national push to have these numbers scrapped and the new GP contract will rule out the use of these numbers. Many surgeries bought the 0845 number as part of a contract package and are tied into these for a certain length of time.

Often the problem is not knowing how much the call is costing, this information could be included in the surgery's general information as it may not cost as much as people think.

Many people (particularly those on low incomes and young people) only have mobile phones and the cost is then much higher for 0845 numbers.

Action: Host to contact NHSERY (PCT) to ascertain their commitment to abolishing the 0845 number. To determine which numbers are currently in use locally, the benefits of the system to the surgery and the cost to the patient.

Accessing a named GP

It was agreed that there has to be a balance between seeing a named GP and expecting immediate appointments with them to be available. GP's are not available 24/7 but some patients cannot accept this.

The use of additional practitioners eg practice nurse, phlebotomist etc alleviates the pressure on GP's releasing them for consultation time.

If you have a long medical history new/temporary GP's are often reluctant to do anything!

A lot of older GP's are retiring at the same time. The average age of a GP in East Riding is 55+.

The patients relationship with their GP is seen as very important, they know the history and family context.

The ‘one-stop-shop’ type of practice where everything is under one roof (a kind of medical department store) is an excellent idea but should also promote keeping the relationship with the GP.

Patients often confuse “Out of Hours” (any GP) with “Home visits” (GP from the practice)

The Group was left with the question, how do you balance the two?

Perhaps the answer will come from the consultation with the 3 practices.

Is it purely about communicating with patients – if you want to see your own GP this is when they are on duty, you may not be able to see them immediately etc?

DNA – ‘Did Not Attend’ takes up precious appointment times. Often not able to get an appointment on the day you are ill, 3 days later when appointment is due the person has improved, no longer needs appointment but forgets to cancel! How many surgeries have adopted the practice of texting patients to remind them of appointments, a technique used by several other service providers?

How much are GP surgeries using technology as a way of keeping patients up to date eg website and even use of local press?

Action: Host to marry any initial information from the bus tour with those identified in the questionnaire who state that appointments with ‘own’ GP’s is a problem. A targeted letter to be sent asking if the practice is aware of this and whether they have identified any solutions for tackling the problem.

Access for people with a disability, push chairs etc

Mavis raised the issue of access to surgeries. Often the building is old with limited funds for improving access although it was agreed that not all issues cost money to resolve, sometimes it is common sense i.e moving chairs and tables etc in the reception.

Often buildings are owned by the PCT. With the squeeze on health budgets practices need to prioritise. However access can make a great difference to the patient experience and outcome of consultation

Action: Mavis to compile a list of general access issues to bring to the next meeting
Host to check if this was identified as an issue elsewhere.

Not enough appointments

Appointments usually booked in 10 minute slots but not enough 10 minute slots at the time needed. Some surgeries have a system of being able to book double appointments.

The ‘pop in’ surgery works well with longer appointments balancing out shorter ones but people have to wait and that is no good if you work. This system needs to be complemented by flexible appointments at 8am or Saturday morning.

Is it a capacity issue ie too many patients ‘on the books’ for the appointment time available?
Is it a flexibility issue ie are GP’s only making themselves available at certain times, not responding to ‘demand’?
Is it a system issue ie we only allow x number of y appointments each day?

Action: Host to ascertain from ERYNHS if there is a ‘formula’ that GP’s use to determine how many patients they should have within a given area or population. What is the costing system per patient? What impact does Designated Enhanced Services (DES) have?

Bring this information together with good practice examples.

Other issues raised:

- What is the role of Practice Manager/Secretary? Does the work that they complete contribute to the income to the practice?
- Prescriptions – the lack of supply on hospital discharge often leaving patients short on their return home
- There is a difference between the drugs available within a hospital to those available at home, this can often lead to GP practices not being able to supply
- Yellow card system – reporting when there has been an adverse reaction to a drug that is not listed on the medication information. It can then be investigated.

Action: Ruth to raise pharmacy queries with PCT drugs and therapeutics representative.

Next meeting:

Friday 2nd October 2009
10am to 12noon
Treasure House, Beverley

To be confirmed