# **Meeting with Garswood Patient Group**

# **18 December 2009**

### In attendance:

Mr K Cleary
Mrs S Cleary
Mr L Harrison
Mrs L Halliwell
Miss L Clayworth
Mrs S Greenwood
Dr John Holden

## **Apologies for Absence**

Apologies for absence were received from Mr W Billington, Mr J Rice, Dr J White, Cllr S Murphy, Mr D Chesworth, Mrs R Chesworth, Mr T Narayanan

## **Minutes of Last Meeting**

The minutes of the meeting held on 18 August 2009 were agreed

## **2009/10 QOF Survey**

The group were advised that this year the usual patient survey was no longer required and that instead the Government would be sending out patient experience surveys to randomly selected patients as they believed this would provide a more representative opinion of patient's views.

### **Patient List Update**

The patient list had increased to 3,668.

## Signage Update

The group were advised that we had obtained a quote from a company regarding provision of a sign and an addition to the film on the front doors advertising the presence of the practice, however, we would need the permission of the Landlord to erect the sign and add the film and this was currently being sought,

### **Saturday Flu Clinics**

Mr Cleary advised that from a personal perspective his experience of the Saturday influenza vaccination clinics had been very positive and he felt that this was a good initiative, however, he was confused by some complaints he had received from some

patients. He advised that he had been advised that several patients had had turned up early only to be kept waiting for 45 minutes whilst others had arrived after them and been dealt with more quickly whilst others had turned up in the afternoon to find the doors locked.

Sharon Greenwood explained that the advertised times for the flu clinics were 8:30am -4:00pm but that when she had arrived to unlock at 8:10 am there was already a sizeable queue and she had been unable to stop these patients from entering the building. Those patients had then sat for 20 minutes in the waiting room until the clinics started at 8:30am. Moreover, Dr Holden and the practice nurse were dealing with Chronic Disease management as well as flu jabs whilst the Health Care assistants were only administering flu jabs and that a coloured ticket had been handed out when patients booked in which denoted which clinician patients would see. Because Dr Holden was required to observe and assess the competency of the HCAs in administering the vaccines he was a little later starting than the other clinicians and so those patients who needed to see him were delayed by 15 minutes although he quickly caught up. The practice had run out of vaccines by lunchtime and closed at 12:45pm, however, a notice was placed on the doors advising patients to that effect. The leaflet with the advertised clinic times had also contained a recommendation to come early as vaccine supplies were limited and would be administered on a first-come, first-served basis. Further supplies had been obtained the following day and a late evening drop in clinic was held for several successive Monday evenings along with a second Saturday morning clinic which had run very smoothly.

The group accepted these explanations and agreed that patients had turned up far earlier than the advertised time and that the flu clinic flyers had indeed advised that vaccine supplies were limited and would be administered on a first-come, first-served basis. Whilst this initiative had upset a small number of patients the learning outcome from the first clinic had been useful and the mistakes were not repeated with the second clinic held a couple of weeks later. Overall the initiative had proved popular with patients and the group requested that that the practice consider administering flu vaccines this way in future years.

## Phones and Queues at the front desk

There were concerns expressed at the waiting time for the phones to be answered and also about the volume of queuing at the front desk.

The group asked if anything could be done to alleviate the problem.

It was explained that this had been an unusual year as we had experienced an increase in demand due to Pandemic Flu which coupled with some significant change of staff and that it took a considerable time for new staff to get up to speed as the reception role was complex and that another member of staff would be leaving at then end of March. Also, patients were being educated to expect more and more responsive services and the practice was expected to provide more services for longer within the same human resource establishment and that lone working was inevitable at times. This practice paid its staff at NHS Agenda for Change pay and holiday rates which are expensive and

additional staff would impact adversely upon the practice budgets at a time when we were trying to recruit an additional female GP and the NHS was under threat of cuts.

Monday mornings were perceived to be particularly difficult and it was agreed that we would try to divert extra resources into dealing with phones at that time.

#### Patient Self Check -In

The group were advised that the practice wanted to move to a clinical system which was believed to offer greater flexibility than that we currently used. It was not viable to move to a new system until after April 2010 due to the potential disruption that it would cause as well as the potential mismatches that were generally experienced during the migration of data from one system to another. One potential benefit of the new clinical system was a self check in system so that patients attending for appointments could simply check in on arrival at a machine that was no more complicated to use than an ATM machine. This would help alleviate queues at the desk.

# **Electronic Transfer of Prescriptions**

Another useful innovation that would potentially help with queues at the front desk was the electronic transfer of prescriptions directly to the pharmacy of choice. This was still in development however, the practice had registered to be a pilot site in an effort to be one of the first to 'go-live'.

# **Date & Time of Next Meeting**

It was proposed that the next meeting be held after Easter 2010.