

## MINUTES OF PATIENT GROUP MEETING – TUESDAY 12 MARCH 2024

PRESENT – John Flinders (Chair), Judith Harvey, Christine Smith, Lesley Hall, Cedric Norman, Jane Wharton (Practice Manager), Mandy Hallam (Deputy Practice Manager), Dr Jayne Lynas (Senior Partner).

APOLOGIES – Roger Beresford, Janet Bostock.

OPEN MEETING - Following a request for new members during the patient survey week John sent out invites to 16 patients who had left their details with us. Two have given their apologies and three new members attended.

WELCOME NEWCOMERS - John welcomed the new members to the group. He spoke of his intention to step down as Chair. His wish is for someone with a fresh mind and new ideas to take over and his hope is that a new member will take this on.

THANK THOSE WHO PARTICIPATED IN SURVEY – John thanked Lesley for her help with the survey. They spent a week in the practice speaking to patients and collected 350 survey results. Jane reiterated the thanks from the whole practice who greatly value the survey and are very grateful for their time and effort.

RESULTS AND DISCUSSION OF THE SURVEY – John went through each survey question:-

Q1 – how satisfied are you with your last consultation?

Very satisfied	181
Satisfied	139
Neither	23
Dissatisfied	3
Very dissatisfied	21

Q2 – generally how easy is it to get through to someone at the surgery on the phone?

Very easy	39
Easy	94
Neither	97
Difficult	4
Very difficult	33

Q3 – how easy is it to use the surgery's website?

Very easy	37
Easy	85
Neither	3
Difficult	11
Very difficult	5
Never tried	180

Q4 – how satisfied were you with the appointment(s) you were offered?

Very satisfied	151
Satisfied	152

Neither	34
Dissatisfied	11
Very dissatisfied	2

Q5 – Overall how would you describe your experience of making an appointment?

Very good	107
Fairly good	153
Neither	49
Fairly poor	27
Very poor	14

Q6 – Overall how would you describe your experience at the GP practice?

Very good	165
Fairly good	149
Neither	28
Fairly poor	14
Very poor	2

Q7 – reported that the majority (around two thirds) of those surveyed were female.

Q8 – reported the split in ages. The age ranges were quite equally spread (slight majority of 55–74-year-olds). John reported that if a parent had brought a child, he recorded that age of the child rather than the parent completing the survey.

Discussion – the group agreed that the survey results were positive. They acknowledged improvements with the phone lines over the years and were encouraged to hear that we will be upgrading the phone lines again shortly. This will enable patients to request to be called back rather than having to wait in a queue. They will keep their place as if they were holding but will be called back when they get to the front of the queue. We talked about the message at the beginning of the call and whether this is relevant and appropriate. We agreed that a system that relays useful information whilst queueing would be more helpful. This will be possible with the new system. It will also provide a lot of data that we can use to help us understand the demand better.

Jane informed the group that we will shortly be undertaking the General Practice Improvement Programme. This is a six-month programme focussing on demand and capacity that was introduced by the government to provide support to practices to make changes and improvements to how they work. We will have facilitators working with us on a regular basis to assist in us identifying the areas of need and helping us through the process.

#### ANY OTHER BUSINESS

General discussion – the group were informed that we have 5 partners, namely Dr Jayne Lynas, Dr Adam Tooley, Dr Kathryn Harrison, Dr Emma Waller, and Dr Sahaja Gopu. We are a training practice and try to encourage young doctors to come into general practice. As a matter of fact, all our partners trained at the practice and were either taken on at the end of their training or came back to work with us when the opportunity arose. Our new salaried GP Dr Qasim Shazad completed his training with us last August. We also have three Advanced Nurse Practitioners who can see patients with a wide variety of conditions.

There are staff attached to practice, such as First Contact Physiotherapists and Clinical Pharmacists who we can book patients in with directly. Jane explained that for those patients concerned about the

receptionist asking them for details of their problem, this is the reason so that they can be triaged to the appropriate clinician available, hence freeing up GP time for more complex problems.

We talked about EConsult which can be accessed via our website and is our online tool for appointments. This is very useful for admin queries and sick notes but can be used for any medical condition. The GPs can message patients back directly from the clinical system. We receive regular feedback about the service, and it is highly praised.

Several of the members use the NHS app for ordering medication and viewing their records and blood test results which they feel is very useful and in turn reduces the need for them to call the practice.

Technology in general practice – John expressed concern that had been raised with him about elderly patients not wanting to use technology. Jane reassured the group that although we are embracing technology to provide more options and convenience to those who wish to use it, we still feel it very important to cater to those patients who do not wish to. The traditional ways of contacting us will remain and our staff are encouraged to be flexible around patients who struggle in any way.

Blood tests – reports of difficulty in making appointments via Swiftqueue which is an online service. They have provided a phone line, but it is only available for a short period of time and is often engaged. It was suggested that they have an answerphone and call patients back with an appointment. Jane will feedback the issues raised to the provider/commissioner and hopefully be provided with a response to pass back. There was a brief discussion around the surgery providing the service, but it was explained that we are not commissioned/paid for it and do not have surgery space to facilitate.

Armed Forces Veteran Friendly practice – the group were informed that we have applied for accreditation and our GP is undertaking the training and audit required. It was explained that the NHS has a duty to deliver on a number of health commitments, which are set out in the Armed Force Covenant as follows:

- The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.
- Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted.
- Veterans should receive priority treatment for a condition which relates to their service, subject to clinical need.
- Those injured in service should be cared for in a way that reflects the nation's moral obligation to them, by healthcare professionals who have an understanding of the Armed Forces culture.

Derbyshire Safe Place Scheme – the group were informed that the practice has joined the Derbyshire Safe Place scheme. This means that we are a safe haven for anyone who needs it. The public can apply for a Keep Safe Card that they write details of their name, phone number, contact and any other information we may need to know. If they are out and about and need help they can come to us.

The group were positive and encouraging about their recent experiences of the practice and felt that services had improved. They were reassured that we are trying our best in difficult circumstances and welcome their opinions and input.

Date and time of next meeting – Tuesday 9<sup>th</sup> July 2024 at 7 pm