

# **DRS SHAMSEE, WARD, WILDING & ASSOCIATES**

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## **Minutes of Patient Participation Group Meeting**

**12<sup>th</sup> December 2013 @ 7.00pm**

**Attendees:** Dr James Ward (GP Partner), Kelda Childs (Operational Manager), Ann Middleton, Kevin Souter, Andrea Gregory and the group warmly welcomed a new member, Jennifer Mackenzie.

**Minutes of Previous Meeting:** The minutes of the last meeting on 3<sup>rd</sup> October 2013 were made available for review and were worked through in terms of action plans.

**Government Plans for 8.00am – 8.00pm Opening:** Although these plans have once again made news headlines, they are still a long way off fruition. Dr Ward introduced the new winter pressures scheme which patients may have seen in the local paper and confirmed that Slaithwaite Health Centre are participating in this. Up until 1<sup>st</sup> March 2014 the surgery phone lines will be open on a Saturday morning between 8.30am and 12.30pm. Patients will be able to request URGENT appointments (to be seen that morning) and URGENT prescriptions. The aim is to reduce the pressure on the out of hours service and A&E during the busy winter period. Emergency home visits will continue to be provided by the out of hours service at this time.

**Patient Survey:** Dr Ward unveiled the proposed survey for 2013/14. On designing the survey he was particularly keen to find out if we are missing ways to keep the local population out of secondary care (i.e. hospital)? Are there ways in which primary care can be improved to assist this? Question 8 of the proposed survey looks at A&E usage:

‘Have you used Accident and Emergency services at a hospital in the last 12 months?’

This is the first time questions relating to A&E secondary care have been included in the survey. Discussion took place on how to reduce inappropriate A&E attendances and it was agreed that this was a very difficult problem to address. Question 11 asks:

‘If you have used A&E services or the out of hours service in the last 12 months is there anything the surgery could have done to prevent this?’

The surgery is particularly interested to know if there is something we can be doing to reduce the burden on A&E or the out of hours service. Similarly, is there something that can be done in primary care to prevent hospital admissions? Can we manage patients more effectively before it becomes necessary to admit someone to hospital? Generally people are fearful of voicing their opinions, but we welcome suggestions in order to make the required changes.

During this discussion the question arose as to whether GP's have sufficient time to talk to patients and diagnose their problem, i.e. is a 10 minute appointment enough? Dr Ward's response was that more time is always beneficial, but that the pressure of time is the issue. He added that it is not great to run late, but that if a problem takes 30 minutes, the patient will get 30 minutes of his time. Personally, Dr Ward would rather this than ask the patient to return at a later date once their 10 minutes is up. He is intrigued by the new GP contract, which removes the caveat of a minimum of 10 minutes per consultation. Can patients really be seen in less than 10 minutes? In Dr Ward's opinion it is very rare that this can be done.

It was agreed that a question should be included in the survey to ascertain where local people feel there are gaps in the services offered across the greater Huddersfield area.

**Appointments:** For the benefit of our new member the appointment system was explained once again. It is necessary to maintain a balance between appointments that can be booked in advance and appointments which are available for urgent on the day cases. The group were assured that the system is constantly being tweaked to ensure such a balance.

**GHCCG:** The Greater Huddersfield CCG is committed to involving the local public and gaining feedback from its practice populations. They have therefore set up a Patient Reference Group Network, which provides a forum for patient groups to share ideas, support one another and suggest effective CCG engagement opportunities.

If you would like to get involved:

Email [informationccg@greaterhuddersfieldccg.nhs.uk](mailto:informationccg@greaterhuddersfieldccg.nhs.uk) or Telephone 01484 464000.

**Online Patient Access:** An online service for booking and cancelling appointments will go live shortly. Patients are able to sign up for the service now and forms are available on our website or from reception. Initially, the appointments available to book online will be limited, but it is anticipated that all pre-bookable appointments will be available to patients in the future.

**AOB:** It was noted that Dr Shamsee had done some diabetic clinics at Slaithwaite, but they had ceased after a couple of months. It was asked what had happened to these surgeries. Dr Ward will speak to Dr Shamsee about re-instating the clinics once more.

A patient had recently received a text message to confirm an appointment, but they had not booked one. It was explained that the system books prescription requests and message from patients in the same way it would an appointment. These automatically default to sending a text confirmation, unless the receptionist physically removes the default. Receptionists are instructed to remove the default in the case of messages and script requests, but sometimes they do forget and a text reminder is sent.

**Date of Next Meeting:** TBC, but anticipated to be sometime in March 2014.