



Barkerend Health Centre, Barkerend Road, Bradford, BD3 8QH

Thursday 17 August 2017 – 1.00pm

Attended –Mohammed Shaid, Dr Akbar's Practice Manager, Vikki Hunt, Patient Engagement Lead, Soobia Akhter, HCA, Bushra Malik, Office Manager. AK, Yorkshire Clinic GP Liaison

YH, AJH, MA, MY, SB, NS, AL,GSP. (Dr Akbar's patients)

Apologies – Apologies from Dr Akbar who is currently on A/L.

Welcome to everyone

The meeting was opened at 1.00pm by Vikki Hunt (VH) who thanked all attendees for coming and gave a brief history and reason behind the Patient Groups and this relaunch.

Mohammed Shaid(MS) Introduced himself as the new Practice Manager for Dr Akbar's Surgery. MS acknowledge there had been issues in the past and wanted to be clear to the patients we were to listen to their concerns and move forward together for the benefit of all the patient's that were registered at the practice regardless of religion, sex or race.

Welcome new and old members

MS thanked the attendees for their time today. MS was pleased there was such a good response.

The purpose of the Patient Participation Group.

MS and VH both informed the meeting the reason why practices have Patient Participation Groups. A leaflet had been given out at the beginning of the meeting outlining the role of the Patient Engagement Lead and the purpose of the groups. A discussion followed. Most patients attending today were aware of the group, but not many had attended before. The practice is continually looking at new ways to promote the PPG meetings and involve new members. VH stressed the importance of these meetings being patient led, and how vital it is

to keep the relationship between patients and their practice open. Several members of the meeting were very happy to have the opportunity to have their say, but wanted assurance that their voices would be heard. MS assured patients that all opinions would be listened to, and where necessary action taken.

YH advised the group that one of the main issues he had found was the lack of communication between practice and patients whenever there was a change to surgery policy. YH wants better access to communication. MS said that the newly developed website was the ideal place for updating information. Patients are to be encouraged to use the website for up to date information such as flu clinics, surgery opening and closings times etc.

GPOS survey

GPOS survey was discussed at length and printed so patients could review what had been said. MS acknowledged contents were not good and he put forward the following action plan in place that would address some of the key issues that affect most patients at the surgery.

Action Plan – Dr Akbar's

Phone System

All the Patients in the room complained they were unable to get through on the phones at 08:30am in the morning. MS acknowledge he had tested the phone system and agreed 100% with them that if 1 patient was ringing the phone then the second would not be able to get through and resulted in lengthy waits for majority of the patients. MS acknowledge this system the Surgery had inherited this system was very poor and not fit for purpose. MS advised the group he had discussed this with the partner prior to the meeting and arrangements already had been made to replace the phone system. MS explained the new phone system to be implemented was to be core telecom and re-assured all patients there would be 5 phones in the office. All phones would be answered within 4/5 rings and there would be no further engaged tone they have experienced. Communications into the surgery would drastically be improved.

MS advised the go live date of the new phone system was 18th August 2017.

Extended Hours

Patients complained they were unable to make appointments during outside office hours and would prefer Saturday morning opening.

MS advised the meeting that starting 2 September 2017 the surgery would be offering Saturday morning appointments. These are predominately for patients who are unable to attend during normal Monday to Friday surgery hours. Appointments for Saturdays would be open to book into from Friday lunchtime the day before.

Conclusion

MS advised the group the key changes are needed and all members were very supportive and welcomed the new approach and felt that this time the management was listening and taking their concerns seriously. MS advised he is happy to listen to all concerns and Vikki Hunt the PPG engagement lead for the practice would facilitate this going forward.

Open discussion (all)

MS advised that all appointments can now be booked on the day. Patients are to call surgery at 8.30am for an appointment on same day. There will be some pre bookable ones still available. MS encourages patients and staff to try be consistent with their GPs for continuity of care. VH advised the meeting that the practice is also holding a cancellation list. If a patient wants to be considered for a call back in event of a cancelled appointment becoming available then they can be put on a list. A clinician at the surgery can then triage the list.

A discussion began about the frequency and the type of meetings that patients wanted. YH suggested having more 'informal meetings' where patients could maybe get together on their own to discuss any ongoing issues they may be having. VH can arrange a room if this is what is required and patients are welcome to come in to use. VH can attend if needed. Patients would like the GP rotas to be publicised so they can see which GP is in clinic and when. The question of blood tests was raised with a query regarding why a relative was refused to be allowed to go to St Luke's for their blood test. On further discussion it turned out that the relative works near St Luke's and it is far easier for them to use the service there. VH advised the meeting why St Luke's not encouraged, but stressed that there has to be an exception to this rule. If a patient informs us that they want to go to St Luke's for a genuine reason then we can offer to do the ICE forms for them to take up.

BS suggested the surgery gets a water machine. MS advised one is available in the staff room.

There is no clock in the waiting room, however when the new call board is brought in then there will be a clock featured on this. This is currently under review.

MS advised the meeting that very soon all surgeries will have wifi access. So YH asked why mobile phones were not allowed. VH explained the use of mobile phones is allowed, but to have respect for other patients and not be too loud on your call. Any recording is forbidden though.

It was agreed by the meeting that any future meetings could be held around 6pm. This seemed to be the favoured time for most people. Dr Akbar will be able to attend future meetings.

Patients seem happy with having quarterly meetings for now, with the possibility of having more frequent informal ones in between if necessary.

MS and VH thanked everyone for attending today. VH expressed her thanks at the good turnout of patients today. It is very positive step forward with the relaunch. The meeting closed at 2.35pm

Post meeting note: – Extended hours. Will be only Saturday mornings 9am-11am. At the current time there are no plans for extended access during the week.

We will let you know when the next patient participation group meeting will be.