

Grenoside Patient Participation Group

Report of a Meeting of the Steering Group held on 17 January 2019

Present: David Shearn (Chair, Patient), Dr Mark Durling (Senior Partner), Chris Stocks (Practice Manager), and Patients: Tony Whiting, Anne Heathcote, KeithWorne

National Patient Survey and Practice Survey: the results of the National Survey were reviewed and showed the practice in a favourable light compared with other practices. The main limitation of the survey was that the results were all quantitative with no scope in the survey for qualitative responses. It was agreed that since the National Survey was a comprehensive review of most aspects of practices a full survey of Grenoside patients as unnecessary. However, a limited review could be undertaken with an emphasis on qualitative feedback, perhaps just involving members of the virtual patient participation group.

Neighbourhoods: Grenoside is part of the North Sheffield Neighbourhood. So far limited, non-recurrent, funding has been made available to the Neighbourhood by the Sheffield Clinical Commissioning Group. This allowed the Neighbourhood to employ a community nurse for a one year contract: this proved to be of great value in terms of patient care. Unfortunately there were no funds to extend this contract. However, the Government has a 10 year plan to fund neighbourhoods on a continuing basis. Amongst other things it will allow practices to spend more on children's services and mental health support.

Practice Financing: an explanation of the main features of the practices finances was presented. Most of the income comes from a fixed fee per patient: this fee is independent of the age profile of the patient cohort meaning that practices with a relatively large number of older patients with complex needs might be regarded as disadvantaged. A smaller amount comes from meeting targets for the management of long term treatment (e.g. asthma, hypertension) and vaccination rates. Together with other small sources of income, the total for 2017-2018 was £1.1 million. Main outgoings were on staffing. Like all GP practices this is a business partnership, and the partners have been prudent in the amount of profit they have taken out each year to ensure that the business is run on a sound footing.

Notification of Test Results: a protocol was tabled and this can now be viewed on the practice website.

Booking Appointments Online: it was noted that appointments for locum GPs were not made available, and that there might be appointments available at other times or earlier than those shown online. If a patient cannot find a suitable non urgent appointment online they should try telephoning the practice. Patients noted that in comparison with other practices with which they had knowledge the Grenoside appointment system is excellent.

Privacy at Reception: it was noted that patients in the waiting area could often overhear conversations at reception meaning they were not private. However, the practice had not received any complaints about this. It was noted that the design of the building, dating from 2001, did not lend itself easily to providing privacy. The holding back of patients until a receptionist was free and the taking of telephone calls now in the back office should have improved the situation. If necessary a small room is available if patients want privacy for reception activities. The practice will see if any further improvements can be made.

DNAs - Did not Attends: statistics for November and December were presented. Doctor appointments were missed 101 times, representing 3.3 per cent of all appointments. Compared with a reported national average of 5 per cent of GP appointments missed this is a relatively good figure. However, it does mean that 17 hours of doctor time was wasted over that period since they cannot do anything useful in missed time, and other patients had to wait longer for an appointment. Also some patients will cancel at the last minute and it can be difficult to fill the appointment. It has to be recognised that there will sometimes be good reasons for missing an appointment, but patients need to recognise the consequences of not attending. Ways of reducing the figure are under consideration. The DNA figure for other health professionals (nurses and health care assistants) was 4.4 per cent, with 77 patients not attending.

Physician Associates: a new grade of health professional has recently been introduced and is regulated by the Royal College of Physicians (see <https://fparcp.co.uk/> for more details). Students who have an undergraduate degree in a medically related area take a two year full time post graduate degree course to be awarded the qualification. Working alongside and under the direction of a GP physician associates can undertake a range of duties. A final year student will be taking a placement at the practice shortly and it is hoped that in due course one or two fully qualified ones will join the practice. It is well recognised the tremendous strain that GPs are under and this will take a little of the load off them.

Date of Next Meeting: 25 April 2019 at 1.00pm.