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MINUTES OF THE MEETING

Patient Participation Group

Date: 20 March 2013

Held at: Liverpool Road

Present:	Dr G J Bird	John McGrath	Helen Magee
	Angela Mathieson	Alice Varney	Lorraine Hogg
	Sarah Carlin	Susan Williams	Mr & Mrs Phillips
	Mr & Mrs Heppell		

Apologies: Dr G K Misra, Maureen Guy, Jeanne Owens

- The meeting opened at 1.10pm. John McGrath welcomed everyone to the meeting and thanked them for their attendance. Apologies were received from Dr Misra, Maureen and Jeanne Owens.
- Action Items. John updated the meeting regarding GP availability, which was an action item from the previous meeting. He stated that the Practice has been joined by Dr Kays Kassha, which has made available 50-60 more appointments each week over both sites. It was generally agreed that this was of benefit regarding appointment availability.

Item Discharged.

- Patient Survey. John asked if everyone had read the GP Patient Survey. Mrs Phillips stated that she had been impressed by it. John stated that the purpose of this meeting was to discuss any issues arising from the results of the survey and if the Practice could improve on any areas. He stated that out of 100 surveys given out, 92 had been completed and handed in. The survey looked at how people booked their appointments and what their experience was of the surgery and its staff and clinician performances.
- **Appointments**: the majority of appointments were booked over the telephone, with some being booked in person. Most patients stated that this was their preferred method, but 15% stated that they would like to be able to book their appointments online. Dr Bird stated that this would be possible at some point in the future, most probably next year. Lorraine stated that her experience of this at her own surgery proved that online appointments limit the choice of slot available. Mrs Phillips agreed with this and stated that it was easier to explain the purpose of the appointment when

speaking to the reception staff and that this would be impossible when booking appointments online. Online appointments would also be unsuitable for accessing urgent care. The Survey noted that the majority of patients' preference was to make appointments via telephone or in person.

- **Getting through to the surgery:** 74% of patients found it very easy or fairly easy with 13% and 7.6% finding it not very or not at all easy. Alice and Angela thought that those who found it not easy were perhaps trying to ring at 8am when the phone lines are very busy. Mr and Mrs Phillips stated that they never have a problem ringing the surgery. John stated that there are two phone lines to each surgery and queried that perhaps an additional line could be considered, however, this was generally thought to be impractical as it would require additional staffing. A queuing system was considered, but it was agreed that these systems are unpopular and might involve a long wait in the queue for the caller, thus incurring costs for the caller.
- **Getting to speak to a doctor on the phone:** a large percentage (46.7%) of patients had not tried to speak to the doctor over the telephone. Lorraine pointed out that most people would only want to speak to the doctor if something was wrong. Mrs Heppell stated that it is very useful to be able to speak to the doctor over the telephone rather than taking up, or waiting for, an appointment, especially when an urgent query needs addressing. Susan Williams stated that she had never actually tried to speak to the doctor on the telephone and queried why this might be necessary. It was also generally thought that some patients might not be aware that this facility was offered. Mrs Phillips stated that sometimes Dr Misra has asked her to ring the surgery and speak to him to see how things are going with an on-going problem, or that the doctor will ring her after surgery if she has a query regarding her care. Both Mr and Mrs Phillips stated that this facility worked well for them.
- **Getting to speak to a nurse on the phone:** the results of this were similar to speaking to a doctor, with the majority of response (63.05%) favouring not having tried to speak to a nurse over the phone.
- **Obtaining test results over the phone:** again, the majority (43.47%) had not tried to obtain test results over the phone. 38.05% found it very or fairly easy with only 3.2% finding it not easy. Dr Bird said that he viewed all test results and that he would always prefer to give results where some action was required face to face, rather than over the phone.
- **Seeing a doctor quickly:** 66% of patients had tried to see a doctor quickly. Of those 57.4% were able to see a doctor the same day or within the next two days. 42.6% did not get to see a doctor within the timescale. It was queried that, at the time of the survey, we did not have enough doctor availability. Mrs Phillips added that, during a recent bout of tonsillitis, she had been seen by the doctor by going along to the surgery at 8.30am – Dr Misra had seen her without an appointment before he started surgery. Susan Williams stated that she had had to wait over a week to be seen. It was thought that this situation should improve now that Dr Kassha has joined the Practice. Mr Phillips thought that GPs in this area did not generally have any problems with availability, but that friends in other areas had not had the same experience.

- **Seeing the doctor of your choice:** 30.43% replied that they had received an appointment with the doctor of their choice within two days. 34.78% had unfortunately waited between four and seven days. Angela thought that this may be because many patients specify that they wish to see Dr Bird and therefore have to wait longer. She felt that these patients were prepared to wait in order to see Dr Bird.
- **How often do you see the doctor you prefer:** 75% of patients surveyed said they got to see the doctor of their choice a lot of the time, so this was generally felt not to be too much of a problem.
- **Booking ahead:** 54.3% of patients surveyed said they had tried to do this, and of those, 68% were able to get an appointment booked more than two week-days in advance, with 24% not able to do so. Angela thought this might be because some appointments are embargoed and only released on varying days in advance. She said that most patients booked in advance for review by the doctor or nurse following an initial consultation.
- **Getting into the surgery building:** 80.5% of patients felt it was very easy to gain access to the buildings. Mrs Heppell stated that on one occasion she had seen a patient trying to access the Liverpool Road building in his wheelchair, but due to parked cars across the bottom of the ramp, he had been unable to gain access. This was discussed and it was thought that in order to stop this happening again, it would be necessary to mark the tarmac. This area is usually understood to be for doctors' parking only, however, sometimes other cars are parked there. If the tarmac was marked for GP use only, this problem could be avoided. It was also queried whether the front door at Liverpool Road was now a problem since it was no longer automatic, but it was felt that as it was a wide, low-threshold door and that it should not present any difficulty.
- **Cleanliness of the surgery:** most felt (58.7%) that the surgery was very clean, with 40.2% feeling it was fairly clean. Susan Williams queried whether 40% was acceptable for surgery premises. It was felt that the perception of the surgery was at fault, rather than the actual cleanliness – i.e. the carpet at Liverpool Road not fitting properly and the seating being a little shabby. It was felt that wooden or vinyl flooring and polished seating would create a much better impression of cleanliness and reflect the actual clean state of the surgery. Sarah Carlin stated that if any of the seating was to be replaced, it must take into account disabled people and those using prams, etc. Susan Williams pointed out that the state of the carpet in the reception area at Liverpool Road had been one of the points raised in the first PPG meeting and really needed addressing. Alice stated that a contractor had been called out to provide an estimate on replacing the flooring, but that he had failed to provide this.
- **Confidentiality at reception:** the survey revealed that the majority of patients felt they could be overheard at reception, but 78.3% of those did not mind this. 20.6% did mind. It was felt that anyone who wished to speak privately should make their feelings known. Angela stated it was often the case that patients are taken aside where they cannot be overheard. Mrs Phillips said that patients in the waiting area at Moss Lane are right next to the reception window and can hear everything that is being said. Mr Phillips raised the question of a Loop system for those who are hard of hearing, and it was generally agreed that this would be a good idea as it would lessen

the need for staff to use a raised voice to make themselves heard to hearing aid wearers.

- **Have receptionists made it difficult to see or talk to a doctor:** 83.7% of patients surveyed felt that it was never made difficult by the reception staff to access a doctor. Mr and Mrs Phillips stated in their experience it was never difficult going through the reception staff at Moss Lane. 7.6%, however, stated it had been made difficult to access a doctor by the reception staff. It was felt that these negative answers may have been precipitated by lack of appointments and not because of any lack of helpfulness on the part of the reception staff. Mrs Phillips further stated that the system of being able to leave a message for the doctor in his message book was an excellent idea.
- **How long after appointment time were you seen:** 20.7% were seen on time or within 5 minutes. 44% were seen within 5-15 minutes (65% within 15 minutes). It was queried whether this was acceptable. Mrs Heppell stated that she thought it depended on what you wanted to talk to the doctor about – sometimes waiting past your appointment time depended on who had been in before you – some problems need more time than others and this has a snowball effect. Angela pointed out that if patients are likely to need more than their allotted ten minutes, it would be better to ask for a double appointment as this would help to address this problem. Susan Williams pointed out that it would help those waiting to know that there was an unavoidable delay and that the reception staff should keep patients aware of any possible delays. She felt that it was easier to wait when knowing that doctor was running late, rather than just sitting and wondering whether you'd been forgotten about. It was thought that the screen in the waiting rooms could also be used to announce any delays. Mr Phillips suggested charging those patients who do not arrive for their appointments without explanation. Dr Bird felt that this was unnecessary and pointed out that reminder letters are sent to those patients who DNA. Susan Williams said that at her dentist's surgery there is a notice to say that if patients fail to attend two appointments, they will be asked to register elsewhere. Dr Bird said that this system had been tried here before, but proved unfair as patients often had a variety of good reasons why they had been unable to attend or notify us. Susan Williams also suggested putting up a notice in the waiting room about how many patients had not attended for their appointments – John said that this had been done in the past and could be done again. Angela stated that when patients are booking in for an appointment, the system tells us the history of appointments for that patient and it becomes obvious how many they have attended or failed to attend. This can be stated to the patient at the time of booking in order to encourage either attendance or cancellation.
- **How do you feel about the wait:** 60.9% of patients felt they did not have to wait too long to be seen and 25% felt they normally had to wait a bit too long, but only 4.3% felt they had to wait far too long. The opinion of the meeting was that waiting times were generally acceptable.
- **Surgery opening hours:** 55.4% would like the surgery to be open at additional hours. Of those not wanting additional opening hours, 61.5% were not in full-time employment. Those working full-time were in the main the patients who would like to see additional opening hours. Mr Phillips queried whether the surgery could open

on Saturday mornings. It was not felt that Saturday morning openings could be resourced at the moment and that there were other options available to those who wished to see a doctor out of the current hours provided, such as the Walk-In centre in Litherland. Mr Heppell felt that Litherland's service was useful. He also pointed out that Dr Flanagan used to do a drop-in clinic from 7am to 8am every morning, which was extremely useful for working patients. Dr Bird felt that if GPs were eventually expected by the government to work in large groups, that extra opening hours may be possible. Mrs Heppell asked if this was likely to be forced through by the government and felt that most people would not want to attend a large GP group practice. She felt that continuity of care was not the same at a large practice with a lot of different doctors seeing patients. Sarah Carlin pointed out that the system trialled whereby your patient records were available at any doctor's surgery you attended did not ultimately seem to work.

- **GP performance:** Dr Bird and Dr Misra's overall performances were judged to be very good or good by the large majority of patients, with only two patients being dissatisfied in two of the areas surveyed. Nearly 100% of patients were happy with the GP they saw.
- **Nurse performance:** nearly 80% of patients stated it was very or fairly easy to get an appointment with a nurse. Negative responses regarding nurse performance were rare with the answer very poor only given once and the answer poor given only twice.
- **Who we asked:** 36% were male, 54% female. Most age groups were represented in the survey; however the largest group at 27.2% were aged between 45 and 54. Under 18s were the least represented. 38% were in full time work and 10.9% were part time, with the fully retired being 17.4%.

Any Other Business:

- Mr Phillips said he would just like to thank all the staff at the surgery for all their help.
- Sarah Carlin stated that it was very difficult to get through to Prince Street Clinic by telephone. She wondered if the staff would have more luck, but Angela assured her that they often have trouble with Prince Street Clinic not answering their phone.
- Mrs Phillips said that she now rings Moss Lane for her prescriptions. Angela and Lorraine pointed out that only housebound patients are supposed to ring for prescriptions and that if you contact the chemists, they are able to arrange repeat prescription ordering and collection for you, thereby saving a trip to the surgery to order.
- Sarah Carlin pointed out that there was still no facility for her to lock her bicycle up outside the surgery. John suggested she could lock it to the railing on the other side of the wheelchair ramp.
- Although everyone was pleased that Dr Kassha had joined the Practice, it was questioned as to why lady doctor was still not available. Dr Bird pointed out that

doctors are extremely hard to recruit and that his own personal feeling was that as Dr Kassha is a very competent doctor, this is what matters most, rather than the sex of the doctor. Angela pointed out that there is a lady doctor, Dr Paula Briggs, available for consultation at the May Logan Centre on Tuesday, Thursday and Saturday mornings and patients do not need to be registered with her to consult. Susan Williams found this information very good to know and thanked Angela.

The meeting closed at 2pm.