

# Patient Participation Meeting

**Date:** Thursday 01<sup>st</sup> November 2018  
**Time:** 10:30 - 11:30 am  
**Location:** Meeting Room.

**Type of meeting:**  
Formal PPG meeting  
**Note taker:**  
Hajra Ansar

**Facilitator:**  
Pauline Woodrow

Attendee's; Hajra Ansar, Nazmeen Khan, Pauline Woodrow, Susan Gavin, Sadaqat Khan, Renata Dziama, Mohammad Siddique, Kalsoom Bibi and Mansour Youseffi.

## Agenda

Apologies	HA
Minutes and Actions from previous meetings	NK
<i>Appendix 1</i>	HA
Compliments and Comments <i>Appendix 2</i>	HA
DNA report <i>Appendix 3</i>	PW
Heart Attack Protocol. <i>Appendix 4</i>	HA
GP Survey <i>Appendix 5</i>	PW
BD5 Health Visiting Team Services <i>Appendix 6</i>	HA/PW
Extended Access (new services) <i>Appendix 7</i>	PW
Triage- Susan Gavin	HA/NK
Care Navigation	HA
ORCHA	HA
Evergreen	HA
Spa Medica (Rapid NHS Ophthalmology Services)	PW/HA
Equipment Fund	PW
Weight Management Clinics	PW
Performance review CCG	
Suggestions	
AOB	

Date and time of next meeting ;  
Date: Thursday 27<sup>th</sup> February 2018  
Time; 10:30am- 11:30am

*Refreshments are available after the meeting if anybody would like to stay.*

# Patient Participation Meeting

Date; 17<sup>th</sup> May 2018 Time; 10:30 – 11:30  
Meeting Room

**Type of meeting:**

Formal Clinical Meeting

Note taker: Hajra Ansar

**Facilitator:**

Pauline Woodrow

Attendees; Hajra Ansar, Nazmeen Khan, Pauline Woodrow, Susan Gavin, Dr A Azam, Sadaqat Khan, Renata Dziama, Mohammad Siddique, Kalsoom Bibi.

## Agenda

**Apologies****SN**

Discussion: Apologies were given from 2 members who were not able to make it Araf Alam and Farideh Javed.

Action items:

Minutes to be sent out with date and time of next meeting.

Person responsible:

Hajra Ansar

Deadline:

19/11/2018.

**Minutes and Actions from previous meetings Appendix 1**

Discussion: NK presented Minutes and Actions from the previous meeting to the members. All actions were completed to whomever they were assigned to.

Conclusions: The previous minutes were discussed and agreed by all attendees to be a true record.

Action Items:

No action required.

Person responsible:

N/A

Deadline:

N/A

## Compliments and comments *Appendix 2*

Discussion: The team were presented with a compilation of comments we received from patients from 01<sup>st</sup> August 2018 31<sup>st</sup> October 2018. From reading over the comments the PPG members were happy with these results and feel that these comments reflect the positive work ethic the practice has and also displays that as a practice we continuously will strive to provide the best health care we can to patients to ensure they feel like all staff members have taken into consideration all their problems and dealt with them effectively and in the best way possible. Pauline Woodrow also presented to PPG members with the informal complaint procedure in which patients can make a complaint or make a suggestion, this will then be dealt with and addressed in the correct manner with the staff member appropriate. This is kept confidential and if patient would like they will not be mentioned within the complaint.

Conclusions: PPG members found the informal complaint procedure a good and effective method in improving our services however would like for this to be brought forward more often as this was not known to them before.

Action items:	Person responsible:	Deadline:
To make all patients aware of the informal complaint procedure using a poster.	Hajra Ansar	23.11.2018
For practice staff to begin to use this procedure a lot more.	All staff	To be discussed at next practice meeting

## DNA Report *Appendix 3*

Discussion: Hajra presented the team with DNA report for October and also a chart which displayed the DNA figures for the last 4 months July, August, September and October. We found that there was a gradual decrease in the number of DNA's however during October the number of DNA's once again increased. However, we must bear in mind this was during the time in which there was a system wide problem with the computers which also affected the text messaging system. Though, it was mentioned that the text messaging service is a courtesy and patients should be mindful of their appointments and it is their responsibility to make it on time to their appointments. In addition to this we found that within October the Practice nurse had the highest number of DNA's totalling to 560 minutes wasted. Practice staff explained to patients that we are always in need of these appointments and it is quite disappointing that these were wasted we found that some of these appointments were pre-booked but we informed the members that this is as these appointments were made with the patients consent as part of their annual review of their health conditions. To reduce these figures we found that the text messaging service is a fantastic service as commented by a member and we also found that clinical staff members do understand if staff can not make it various appointments we do make arrangements suitable for them. In addition to this we must remind all patients of the text messaging service we have for cancelling their appointments as it is rarely ever used. When patients DNA they do have a letter sent to them informing them of the importance of attending appointments and why it is so important to cancel.

Conclusions: Upon discussion we agreed that the text messaging service is an additional service however it is patient's responsibility to manage and attend their own appointments.

Action items:	Person responsible:	Deadline:
Hajra to place a poster mentioning the importance of patients attending their own appointments	Hajra	23.11.2018
Hajra to create a poster listing the various services clinicians can provide.	Hajra	23.11.2018
Hajra to remind patients of the text messaging service.	Hajra	23.11.018

### **Heart attack protocol *Appendix 4***

Discussion: Pauline presented the patients with the Heart Attack protocol and informed patients that all staff are aware of this protocol and staff are already carrying out this procedure and the office manager is monitoring this on a weekly basis to ensure staff are compliant. We ensure these patients are categorised as a priority and are seen to as soon as possible whether it is by a clinician within the practice or through emergency services. We also check up on these patients.

Conclusions: For all patient participation members to be aware of this protocol.

Action items:

For all patient participation members to be aware of this protocol.

Heart Attack protocol all staff to be aware and Supervisor to Monitor.

Person responsible:

All members

All Reception Staff

Deadline:

Completed

Ongoing

### **GP Survey *Appendix 5***

Discussion: Hajra presented the patients with the GP survey and also the actions and comments which were compiled from the clinical and practice meeting. We discussed the three main points the practice could improve on: 21% of respondents usually get to see or speak to their preferred GP when they would like to- we found that this was bias on the persons opinion as the clinician they may have wanted to speak to may not have been available at that time, We also discussed the 56% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) we informed the patients that leaflets will be handed out explaining the patient's condition and how to manage it effectively. Hajra informed patients that she was still waiting on the leaflets to be delivered. A member of the group mentioned that the GP survey was in fact quite difficult to carry out, we informed patients that Hajra did try her best to help patients fill this out and understand it as best she could and text messages were sent to patients to inform them of this service we were able to provide, In regards to the last point we agreed that we did achieve a high percentage which was that 75% of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment. However we discussed that mental health is a vast and different for every patient and members also mentioned that people don't want to admit to Mental health problems as it has negative connotations to it and therefore a lot of patients won't admit it. In addition to this we found that a patients who don't have a lot of support wont accept a referral to a service such as these however we informed patients there are services such as My Wellbeing College which patients can self-refer to and they can provide support to patients on a 24/7 basis. In addition to this we can refer pregnant ladies/ new mums to a mental health service which would cater to their mental health needs; this can only be done if they see a GP.

Conclusions: GP action plan to be amended as appropriate.

Action items:

Hajra to amend the GP action plan as appropriate

Person responsible:

Hajra

Deadline:

30.11.2018

## BD5 Health Visiting Team Services

Discussion: Pauline Woodrow informed patients of the health visiting team and their services which consists of providing evidence-based health information, health assessments, development reviews and can refer patients to further services if required. The services they provide is all tailored to the individual needs of the individual and their family. The reason why this was brought to the meeting is as PG members wanted to know more about this service. We also have a matrix of all the childhood vaccines that children need and this will be put up each clinical room.

Conclusions: For all PPG members to be aware of this service and to promote it within the public.

Action items:	Person responsible:	Deadline:
For all PPG members to be aware of this service and to promote it within the public.	All members	Completed 01.11.2018
For all practice staff to be made aware of this service within the next practice meeting and leaflet to be given out on the Reception Letter.	Sofina Hussain	Within next practice meeting,
This information will be also included in the letters sent out for childhood immunisations.	Sofina Hussain	Ongoing
Information about Health Visitors and the Matrix regarding vaccines will add to both Practices Websites.	G Telford	16.11.20

## Extended Access (new services) Appendix 6

Discussion: We informed the patient participation group of the various and different services that extended access are offering to patients within the three hubs North- Shipley Medical Practice, Central Hub- Picton Medical Practice, and South- the Ridge Medical Practice, which are all accessible if patients ask the admin staff. This can only be booked if patients ask practice staff. Services are offered such as: carer's advice, benefits advice, young people's mental health. We also highlighted that they are now offering various nurse led clinics which would be helpful to our patients who are unable to attend their routine reviews within working hours clinics include; asthma clinics, blood test clinics, blood pressure checks and smear test clinics. These additional services are in fact very helpful and can help us meet our patients' expectations and improve outcomes.

Conclusions: For all patients to be aware of the additional services extended access service and to inform members of the public in regards to this.

Action items:	Person responsible:	Deadline:
For all PPG members to familiarise with the additional services ( Members have been provided a copy of the service Extended Access can offer)	PPG members	Completed
Hajra to promote the additional services using posters.	Hajra	30.11.2018

## Triage- Susan Gavin

Discussion: Pauline Woodrow presented patients with the Triage system which we have had in place for a month now, it is when patients telephone in the morning and speak to a admin staff who can at first navigate them to the correct service, if a patient refuses or requires to see a healthcare professional then they are placed on a triage list. Susan Gavin the ANP is then able to filter through this list and contact each and every patient and assign them to the correct clinician whether it is in house pharmacist, HCA, GP or ANP. This is held from 8:00- 9:30am and calls throughout the day are also placed on this triage. The reason why this is in place was that clinicians found 50% of their patients did not need to be seen by a GP instead they could either self-care or have been seen by another clinician./pharmacist/physiotherapy etc.

Conclusions: All staff members to be aware of this service and if they have any suggestions to contact Hajra.

Action items:

All staff members to be aware of this service and if they have any suggestions to contact Hajra.

Person responsible:

All members

Deadline:

Completed  
01.11.2018

## Care Navigation

Discussion: As briefly discussed in the last meeting this is a new scheme which is coming into force within December 2018. Once the scheme begins when a patient telephones for an appointment reception staff members have all been trained to ask appropriate questions so that they can navigate the patient to the correct service. For instance the patient may want an appointment with the GP but once questioned further it may be that the patient needs signposting to 'carers resource, etc. therefore freeing up an appointment for a patient who genuinely needs to see a GP. At the moment the services on offer are Locala, Physio First, HALE (Community Connectors), Midwife, Drug and Alcohol and the community pharmacist. PPG members understand this service and find it to be quite efficient however they mentioned that if there are patients who require to see a GP as they have complicated health problems is there anything we do for them or are they also navigated? We informed the members that care navigation can only take place if the patient is willing for this to happen, in addition to this we have reminders placed on patient's home screen to ensure they are provided with the correct service whether it is a GP or an Advanced Nurse Practitioner.

Conclusions: All staff members to be aware of this service and wait launch date.

Action items:

All PPG members to be aware of this service and wait for the launch date.

Person responsible:

All members

Deadline:

Completed  
01.11.2018

## ORCHA

Discussion: ORCHA is a service which provides patients with information on various NHS health approved apps, it is a website which helps healthcare professionals to find the best apps to meet a patient's needs, and a tool to deliver the app directly to the patient. We can recommend apps to patients via text messaging or mail. Further information will be provided to staff members when nearer to launch of ORCHA within the practice.

Conclusions: This is a new service and further information will be provided closer to the launch date. All PPG members to be aware of this service and to wait launch date.

Action items:	Person responsible:	Deadline:
To speak to IT technicians in regards to WIFI instalment	Pauline Woodrow	01.12.2018

## Evergreen

Discussion: PPG members were informed of this App which is integrated with a patients system online and through using this Evergreen Life App, patients can: order repeat prescriptions, book appointments with their GP, check their test results. This app is useful and patients require the system online username and password in order to get to the evergreen app, in addition to this they require a 13 code 3<sup>rd</sup> party access passphrse which can only be provided to a patient upon request. It helps patients to take control of their health, well-being and fitness, enabling a new era of positive, informed and engaged healthcare for patients and their trusted health providers, carers and family members.

Conclusions: This is a new service and further information will be provided closer to the launch date. All PPG members to be aware of this service and to wait launch date.

Action items:	Person responsible:	Deadline:
To speak to IT technicians in regards to WIFI instalment	Pauline Woodrow	01.12.2018
Hajra to order resources from Evergreen to promote this app to patients	Hajra	Completed

## Spa Medica (Rapid NHS Ophthalmology Services)

Discussion: Hajra presented this service to the PPG members and informed them that this is a new service which deals with cataract and laser surgery. This service is based at Eccleshill treatment centre, we can refer patients via choose and book. The benefits of this service include; patient who are referred are seen within two weeks, the service can provide transport if the patient is within a 10 to 30 mile radius, free parking and refreshments, only senior and experienced consultant surgeons.

Conclusions: This is a new service and all PPG members should be aware of this and pass on to the community. Staff will be able of offer this to patients will be able to choose this –i.e. Choose and book service

Action items:	Person responsible:	Deadline:
This is a new service and all PPG members should be aware of this and pass on to the community.	PPG members	Completed
Staff will be able of offer this to patients will be able to choose this –i.e. Choose and book service	Secretaries	

## Equipment Fund

Discussion: Pauline Woodrow presented the following to the patient participation group: Cardiac arrests occur in the community. Survival from cardiac arrests is only 7%. The majority of people die. But an Automated External Defibrillator massively increases that survival rate to 50-70%. Therefore as a practice we are keen to raise money to purchase a defibrillator which would not only help the practice community but also the nearby community including surrounding practices. As the benefit to the community is huge and we feel this is a good cause to try to raise money for an

Automated External Defibrillator. This piece of kit will belong to Parkside Medical Practice, and be maintained and calibrated by the Practice on a regular basis.

The reason the above was presented to the members of the PPG was because we would like their support and thoughts in regards to this venture. Once it was presented to the PPG group we found each member was happy with this project and wanted to help support the fund. The PPG Chair Sadaqat mentioned that he is a part of the Bradford Trident community council where in which they deal with funding request concerning the BD5 community, he said this is a cause in which the board may take into consideration in which they can offer up to £300.00. However we require to complete the small Grants funding form which can be found online link: [www.bradfordtrident.co.uk/get\\_involved/community-council/](http://www.bradfordtrident.co.uk/get_involved/community-council/) and submit it before the 30<sup>th</sup> November 2018 4:00pm, Contact person: Mohammad Rafiq (clerk), Park Lane Bradford BD5 0LN, Tel: 01274 468061 we should also include a list of the number of patients registered with us who live in the BD5 area and then once we have been provided with the grant we need to ensure we provide the council with a receipt confirming purchase of this product. The PPG members also suggested a raffle and suggested that they are in regular contact with the PPG lead and if there is anything they would like to bring forward they will.

Also a member of the PPG mentioned that we must ensure we advertise this fund correctly to the patients and to include images of the defibrillator and the reason why we are funding this cause. Another staff member asked whether it would be possible for the members of the PPG to undertake CPR training including how to use a Defibrillator in case they come across such an emergency within their own households or in public where a member of their immediate family requires resuscitation.

We also informed all members that no decisions will be made without PPG involvement. In addition to this if there is surplus money from fundraising; the PPG will be consulted with how best to use the money to benefit patients further.

Conclusions: All PPG members are aware the above and are happy to be involved with this project. We also stress that no decisions will be made without the PPG involvement.

Action items:	Person responsible:	Deadline:
To apply for the funding grant through the link mentioned above.	Hajra/PW	30.11.2018
Hajra to create a poster promoting the equipment fund.	Hajra	30.11.2018
As a team to continue to come up with appropriate funding ideas and to keep in contact with Hajra,	All team members	Ongoing

## Weight Management Clinics

Discussion: As a surgery we are planning to hold weight management clinics this is to target patients who may be overweight/borderline obese/obese. This will commence on the 1<sup>st</sup> December and Michael Nunn will be facilitating this service. Michael will be able to provide advice and support in regards to weight, diet and managing their health in the correct manner. Michael will also be able to refer patients to other services such as walking group, cooking groups; Michael will also be seeing these patients on a regular basis to ensure they are meeting their set targets. This is a step by step process which will help in prevention and management of a patient's health and wellbeing. This is as when patients reach an unhealthy weight they are more likely to develop a chronic disease/illness which can be prevented if we can provide them with this free advice and support. We are planning to call five patients a week to attend these clinics.

Conclusions: members to be aware of this new service and to promote it within the public.

Action items:	Person responsible:	Deadline:
This is a new service and all PPG members should be aware of this and pass on to the community.	All members	Completed
Posters and leaflets to be placed around the practice to promote this service.	Hajra	01.12.2018



## Performance review CCG

Discussion: Pauline told the practice that we are one of the higher achieving practices with the city practices. This is all due to the hard work and commitment staff members have put in to the practice for the past 12-18 months. Members of the PPG agreed and mentioned they have seen a great improvement of mind-set and ethos within the practice clinical and admin staff. They commented on improved efficiency within staff and also mentioned that new members of staff have helped to contribute to the practice. Pauline also mentioned that the PPG and their support are what help us to recognise what we can do within the practice to improve and to highlight what we are doing well including providing us feedback on anything new we bring to the surgery.

Conclusions: All members to be aware of the above and if there are any questions/queries in regards to our services to contact the patients engagement lead.

Action items:	Person responsible:	Deadline:
All members to be aware of the above and if there are any questions/queries in regards to our services to contact the patients engagement lead.	All members	Completed

## Suggestions

Discussion: All members have been informed that we now have new suggestion sheets which are provided to patients on the front reception and then are passed to Hajra who will discuss with management and deal with as appropriate.

Conclusions: For PPG members to promote this service when in surgery and to ask other patient to fill these in and comment re our services.

Action items:	Person responsible:	Deadline:
For PPG members to promote this service when in surgery and to ask other patient to fill these in and comment re our services.	All members	Completed
Posters to be placed around the practice to promote this service.	Hajra	23.11.2018

## AOB

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Discussion: Pauline also brought forward that she is currently reviewing the palliative care protocol and the Gold Standard framework, this will also interlink with SEA's. We will be looking in to past palliative care patients to check if there is anything we could have done better. This is a learning process which we are currently looking to improve. This is to ensure information such as next of kin and place of death and cares are recorded correctly by a clinician also to ensure they are under the correct services. A clinician has been appointed to take control and care of palliative care patients on our register. This is currently still being worked on and will be brought to the next meeting when updated.

Conclusions: PPG members to be aware of the above.

Action items:	Person responsible:	Deadline:
PPG members to be aware of the above.	All members	Completed

## AOB

Discussion: A PPG member presented that he was extremely happy with the leaflets and posters placed within the practice he commented that the posters and leaflets contain useful and up to date information. However it was mentioned that notice boards should have focus points such as appointments, new services, practice information etc. We found this was useful and are currently in progress of this.

Conclusions: Hajra to ensure up to date leaflets are ordered and notice boards are renewed monthly.

Action items:	Person responsible:	Deadline:
For Hajra to ensure all posters are updated monthly.	Hajra	Monthly
Hajra to renew notice boards.	Hajra	31.12.2018

## Appendix 1

Parkside Medical PPG Meeting Action Log					
Type of meeting - PPG MEETING	05.07.2018				Type ongoing/
Meeting Date	Actions	Person Responsible	Update Due	Update Notes	Status
	To continue to place minutes for future meetings on the practice website and to provide a paper copy for members who have requested for one.	Hajra PEL	ASAP	Minutes of meetings are placed on website and are sent to PPG members.	Completed
	PPG members to provide a photo and profile of themselves with this month if this has not already been done	Hajra PEL	ASAP	Just one picture left to obtain the notice board has been updated	Ongoing
	To continue to compile comments received from patients and present them in all upcoming meetings.	Hajra PEL	Every PPG meeting	Comments are compiled on a monthly basis.	Ongoing
	To introduce more catch up slots in Dr Javid's clinic	NK	ASAP	Extra slots added into Dr MJ Clinics	Completed
	Hajra to hold the event on 17 <sup>th</sup> July with the help of PPG members	Hajra PEL	17.07.2018	Stall was held by dementia friendly team.	Completed
	For PPG members to try and attend Patient Network meetings held in the near future.	Hajra PEL/PPG Members	Before next meeting	Provided patients with network calendar.	Completed
	Hajra to continue to compile any suggestions and bring to practice meetings.	Hajra PEL	Before next meeting	Suggestions are compiled by HA.	Completed
	To always inform PPG members in regards to achievements obtained by the practice/ staff and to place these achievements on the practice website and on practice notice boards.	Hajra PEL		PPG members are always informed of achievements	Completed

	Hajra compile a list of local women community centres	Hajra PEL	ASAP	PPG Chair to provide list of centres. Chair is aware	
	Cervical screening To order a higher number of leaflets so PPG members can take out to the public	Hajra PEL	ASAP	Leaflets have been ordered.	
	To arrange for an cancer information stall to be held at the surgery	Hajra PEL	ASAP	Cancer stall arrived on the 10.09.2018	
	For staff to run reports on patient who require shingles and MMR and to call them patients in to the surgery	SH/HA/Admin	ASAP	Reports have been passed to SH & Team	Ongoing
	Hajra to speak to Saeed Khan the PEL Lead to discuss that this survey should be sent out by Carers' resource instead of GP practices.	Hajra PEL	ASAP	Saeed said they will bear this in mind for next year.	
	Extended Access - Pauline to find out strategy of how blood results will be sent to GP practices.	PW	ASAP		
	GDPR - Whenever new information is introduced for Hajra to update the General Information Leaflet.	Hajra PEL		Newsletter has been updated.	
	Hajra to liaise with the health advisor to see whether there are any grants people at time of bereavements can apply for. Discuss Death grants with Health advisor.	Hajra PEL	ASAP		

**Comments received from 01<sup>st</sup> August 2018 to 31<sup>st</sup> October 2018**

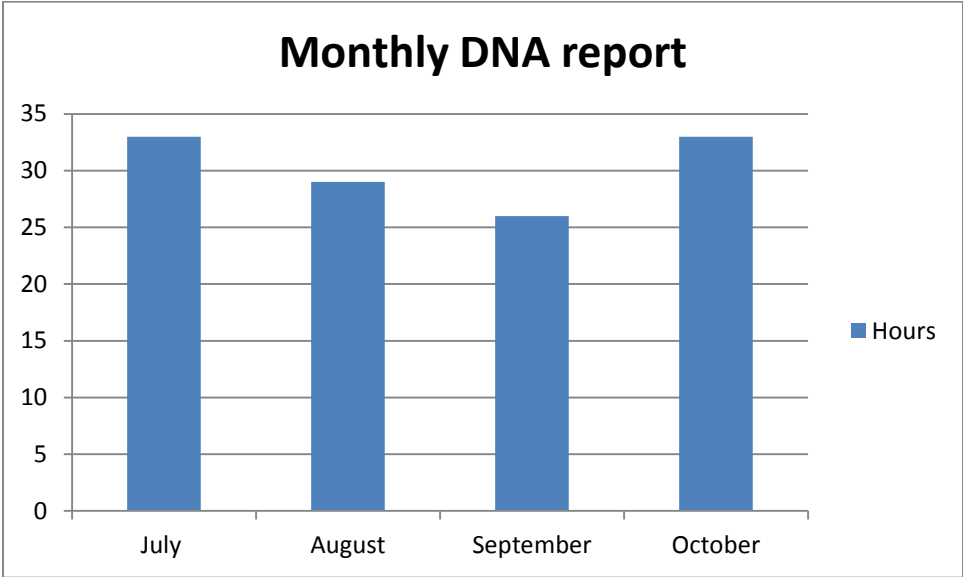
02/08/2018	I have been suffering with swelling for over ten years and felt the doctor didn't listen or care.
03/08/2018	Look after us and treat us well.
06/08/2018	Good explanation and discussion
07/08/2018	Less hassle making appointments same day appointments has been available
08/08/2018	Because whole team treats me well. Many thanks to the whole team looking after me.
15/08/2018	Staff is mostly friendly except one
22/08/2018	Service even though its slow quality of service is efficient
22/08/2018	Sometimes the service is very good.
22/08/2018	I get a very good service from here
23/08/2018	It has other facilities within the building
31/08/2018	Always manage to get an appointment if you call 8.00am staff are helpful
03/09/2018	Brilliant Service, always get an appointment would never change GP
05/09/2018	Quick appointments answer phone straight away, good care
11/09/2018	I am extremely happy with this GP, that I remain with them when I moved to another area.
12/09/2018	Nurse Sue was excellent.
13/09/2018	Came to see Sue
14/09/2018	Just injections explained well.
19/09/2018	Friendly staff and doctors
21/09/2018	The Lady was very friendly
25/09/2018	Good service, ask the right Questions
26/09/2018	Receive evaluation of any problems in person as well as over the phone
27/09/2018	I am very pleased with the care I received , reception staff are very helpful, approachable and always friendly, excellent Service thanks
04/10/2018	Surgery has got better at communicating to patients regarding their health needs.
09/10/2018	Good for service and GP, extremely knowledge from the receptionist doing it right the 1 <sup>st</sup> time to the professional medical advice given by the doctors.
10/10/2018	They call you on time of your appointments and don't keep you waiting.
11/10/2018	Always helpful and friendly staff
22/10/2018	Took my working hours into account, speedy and organised registration.
23/10/2018	Happy because I got an appointment for my daughter the same day.
24/10/2018	Reception staff go out of the way to help.
25/10/2018	Waiting time today was appropriate normally I have to wait 40 minute to get seen.
26/10/2018	Because they are good
30/10/2018	Love the Team

# Parkside Medical Practice

## DNA ATTEND REPORT October 2018

Staff	Appointment Count	Time Wasted
Dr Rahela Akbani	3	30
Mr Raman Sharma	3	45
Miss Hajra Ansar	8	80
Dr Jahan Azam	1	15
Mrs Susan Gavin	30	325
Mrs Barbara Sanderson	44	560
Mr Asghar Rahman	6	120
Mr Michael Nunn	54	591
Dr Sarfaraz Khan	8	80
Dr Mohammed Javid	3	30
Dr Sameerah Azam	2	20
Dr Anwer Azam	8	95

**1991 minutes of “clinical time” wasted = Approx. 33 hours**  
**If you could not get an appointment this is the reason why.**



Month	Hours wasted
July	33
August	29
September	26
October	33

**ACTIONS TO BE TAKEN IN THE EVENT  
OF A SUSPECTED HEART ATTACK**

**Parkside Medical Practice**

If an individual calls the practice, stating that either they or a friend or relative has any of the following symptoms:

**CHEST PAIN – TIGHTNESS, HEAVINESS, BURNING**

**with possibly**

**PAIN WHICH RADIATES TO THE ARM, JAW, BACK OR STOMACH  
(MILD OR SEVERE)**

**and/or**

**FEELING LIGHT-HEADED, NAUSEOUS OR VOMITING,  
SHORTNESS OF BREATH**

**DO NOT DELAY – CALL 999 IMMEDIATELY**

Advise the caller that you will call 999, obtaining the patient's name, age, address, postcode, telephone number, conscious level of patient.

Tell the caller to remain on the line whilst you call the ambulance. If the patient is unconscious, ask the ambulance service to telephone the caller to provide CPR guidance, then advise the caller that the ambulance service will call them.

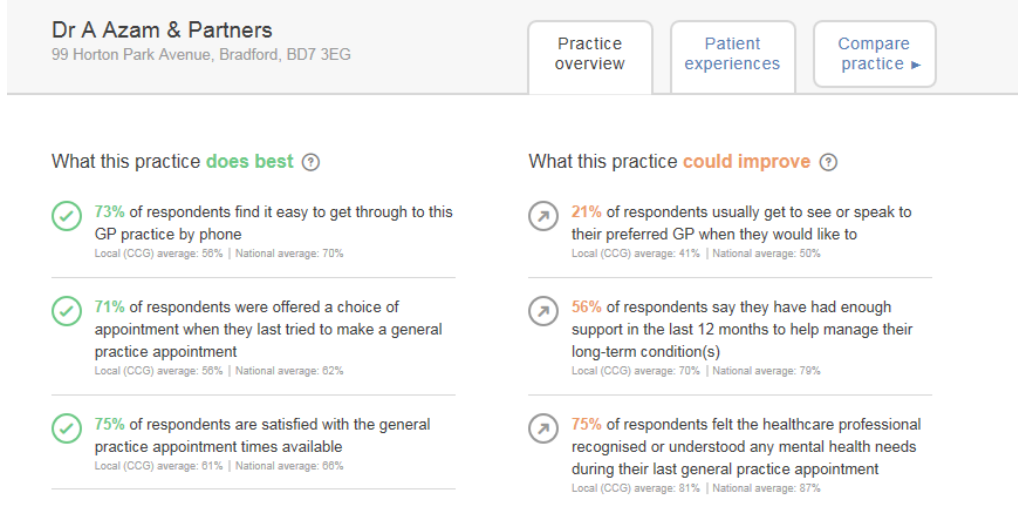
If the patient isn't allergic to aspirin and it is readily available, advise the caller to instruct the patient to chew and swallow a 300mg tablet whilst waiting for the ambulance to arrive.

Ensure the duty doctor is informed and the patient's healthcare record annotated appropriately.

<b>Version:</b>	<b>Review date:</b>	<b>Edited by:</b>	<b>Approved by:</b>	<b>Comments:</b>
1	01.08.2019		Dr SRA	

## Parkside Medical Practice

### National GP Survey Action Plan from August 2018 Survey



#### PLEASE SEE COMPLETE GP SURVEY



02W - NHS  
BRADFORD CITY CCC

21% of respondents usually get to see or speak to their preferred GP when they would like to- Local (CCG) average: 41% National average: 50%
Discussion: Many patients want to see a specific clinician when it comes to booking their appointments and upon discussion with the practice clinical team we found that the reasons why they must want a specific clinician is because if they have brought their issue to one clinician then they expect to continuously have an appointment with the same clinician if it is regarding the same problem as they believe this clinician knows them best, within the clinical meeting it was discussed that clinicians should say to patients that they can see other clinicians who will be able to help them out. In addition to this we have varied clinicians and reception staff have been asked to signpost patients to the correct service when required for e.g. a patient may want to see a GP for a back problem whereas the receptionist may ask them to see the physio first service as this is a service which would suit the patients clinical needs much better.
Action: •All clinicians to remind patients who see them that their query can be dealt with other clinicians and to not wait an entire week to see the same clinician if their clinical needs are urgent.
56% of respondents say they have had enough support in the last 12 months to help manage their long-term condition(s): Local (CCG) average: 70% National average: 79%
Discussion: Upon discussion with the practice clinical team Dr S R Azam informed the team that in order to support patients with long term conditions we will be holding separate chronic condition clinics these sessions will be used by clinicians to sit and talk to patients in regards to managing their conditions. It was suggested by the clinicians that they would like to order managing conditions booklets for e.g. managing asthma, managing diabetes e.c.t. this is as they would like to provide these to patients during their review and to use these booklets to monitor how well patients are managing their conditions.
Action: • Hajra to order managing conditions booklets for heart disease and Diabetes and COPD. • Practice Manager to discuss with Dr S R Azam chronic support clinic.

75% of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment- Local (CCG) average: 81% National average: 87%

Discussion: All staff were happy with this high percentage however as it was still classed as something which we could improve on in the clinical meeting it was suggested whether we could introduce an easy and accessible template which would include questions a clinician could ask a patient in regards to their mental health needs in this way the clinician can recognise the patient mental health state and then from these questions we could try to understand why the person feels this way and if as a GP surgery we could help in any other way whether it was to refer them to community connectors or signpost them to socialising clubs such as art classes. This could then be recorded in the patients record to record how the patient felt during that appointment.

Action;

- Practice manager and assistant manager to work together with a clinician and IT Lead to create a template which includes questions suitable for clinician to ask patients in regards to mental health needs.
- All clinical staff to be made aware of using this template once set up



## Appendix 6

Extended access has introduced some new services from today:

1. Smear Appointments
2. Asthma Reviews for adult and Children
3. Blood Pressure checks
4. Blood Tests
5. Carers Support Service
6. Young people's counselling
7. Young people's mental health
8. Mental Health and Wellbeing Support
9. Women's Specific Services

These appointments will be offered at the 3 hubs – North (Shipley Medical Centre), Central Hub (Picton Medical Centre), and South Hub (The Ridge Medical Practice).