Shaftesbury Medical Centre

Patient Group Meeting Wednesday 19th August 2015

Patients: Niranjana Desai, Mario Gandolfi, Pamela Joseph, Sadhna Patel, Maris De Schivanovits, Lis Tanner,

Pharmacists: Lila Thakerar

Practice staff: Alpna Chavda (Practice Manager) Dr Almona Musa (GP Partner)

Apologies: Jaswant Gohil

Dr Musa opened the meeting by thanking everyone for attending.

Dr Musa explained the purpose for the meeting was to get together to update all of the merger plans with Roxbourne Medical Centre and of practice developments and improvements plans.

Review minutes of last meeting distributed to all and agreed.

Practice has recently recruited a full time business manager Pratibha Kumar from 17th August who is working from both sites 3 days at Roxbourne Medical Centre and 2 days at Shaftesbury Medical Centre. Pratibha has 7 years practice management experience working at a Harrow GP Surgery.

Sue Sullivan practice manager of Roxbourne Medical Centre wants to wind down and lead towards retirement and therefore stepping down. As from 1st October and Alpna Chavda will replace her role as Practice Manager and will be working from both sites.

Merger plans still going ahead with Roxbourne Medical Centre. Contractually there are still two separate identities and have separate contracts. There is going to be a review of GP contracts as a whole and eventually all GP surgeries will have a single type of contract and when that happens then both surgeries can be merged.

Merging staff as partnership agreement is going ahead but merging the practice list cannot be done as yet. The premises will remain open and both Dr Nizamuddin and Dr Musa are continuing to work from Shaftesbury Medical Centre. Dr Nizamuddin is in the process of purchasing the building.

We have applied for planning permission for extension. The architecture has prepared the plans and submitted to the council so awaiting approval. The planning application has been preliminary approved but awaiting for final approval.

Extension applied for is going to be at the back of the building located in the car parking space. This will increase two further consulting rooms on the ground floor to 4 consulting rooms and reception area relocated to the middle of the patient waiting area.

Patients raised questions if they are able to use the services at Roxbourne Medical Centre? Dr Musa explained that patients are not able to use services at Roxbourne Medical Centre for the moment. But going forward and in the foreseeable future patients registered here will be able to use services.

At the moment there are two separate surgeries eventually it will become one surgery with one name and patients able to be seen at both sites and eventually a name change for both sites.

MDS: Raised the question why is there been changes of reception staff? She was feeling comfortable with previous receptionists and recently seen so many new faces.

Dr Musa explained that after Dr Hayat retired last August, there has been some staff turnover due to staff retirement or staff wanting to move on due to family pressures and other reasons. There has been two

receptionist recruited within 6 weeks hence new faces on reception desk. We are getting name badges for all staff.

Dr Musa informed the group as we are a GP training practice Dr Samir Latit joined the practice last week and will be with us until Feb 2016. Patients are able to book appointments with him. He is under Dr Musa supervision and will be seeing patients with joint surgeries.

MDS: Raised the question if she is still able to ask for Giusella when she calls as she prefers to speak to her.

Dr Musa explained we can feed this back to the reception team as they have a reception message book. The only problem is that you will have to leave a message for Giusella and you must be happy and be able for Giusella to call you back later. It should only use when you have specific issues to discuss as this would not be practical all the time. Giusella is the longest member of receptionist staff and the newer staffs have been with us for less than a year. We are being careful with our recruitment, they have 6 months' probation and if they get through the probation there are permanently employed. We make sure that we get good feedback from staff and patients so we did have a couple of receptionist who did unfortunately not get through the probation period and that is another reason why you may notice the turnover of reception staff. We are careful and make sure we are all happy including patients. We had a bank receptionist covering for the past few months. We need the right person who is able multi tasks. We are keen for steady staff but it has been difficult recruiting.

PJ: I think that you have really good staff and I can say that the service you provide is excellent. I agree you have had the same staff for long time but it is understandable that there are now staff changes. If staff is not doing their jobs properly, the doctors and manager needs to be informed. It is important to get the right person in the role. I hear everything that is being said and staffs have to follow protocols and do their job properly. The role is a difficult post where the person must be able to multi task and able to work under pressure as they are front line of the practice.

ND: Commented that she always likes a friendly face and when they call her by her name she feels nice and happy. She is happy to see young faces on reception desk in GP and feels the services have much improved. She is pleased that the practice has recruited new young team from different cultures and back ground.

Dr Musa discussed Friends and Family questionnaire. The practice continues to collect completed friends and family questionnaires from patients. We are getting good positive feedback, have had good positive comments about Dr Jawahir who has been with us for under a year and Dr Yeoh who was only with us for 6 months only as she had other commitments with another surgery in Ealing. We are also getting positive good feedback for Giusella who has been with us for over 2 years. The negative feedback is probably the long waiting time for patients or delay whilst waiting to see the doctor. It depends as each patient that comes with different problems and we try our best to sort the problems out but on the whole we are getting positive comments.

SP: Asked how many do we complete a month?

AC: 30-40 on average

SP: Raised her concerns of the few negative comments on NHS choices.

Dr Musa agreed that there are a few negative comments made back in July 2014 and currently practice manager looking at them. Although negative comments, it is good so that we can learn and where possible make changes to improve the services.

After discussion the patient group agreed practice staff to find other ways of encouraging patients to visit the NHS choice website and rate the services. The suggestions included to create a small slip of paper with website address so that patients could just log on and rate the surgery. This slip of paper could be stapled to prescriptions or letters. Other suggestions included adding the NHS Choice website address to new registration forms, put posters up in reception and on the LED board.

ND: commented that patients should not be allowed to use mobiles in the waiting room. She finds it disturbing and annoying having to listen to their conversation.

MG: also commented that she disliked patients using their mobiles in the waiting area.

After discussion it was agreed that receptionist to speak to the patient and ask switch off the mobile or to take the call outside. It is noted that receptionist do ask the patients to switch off their mobiles and some instances patients chose to ignore the request.

Dr Musa discussed and updated all about nurse practitioner recruitment. From last meeting we discussed that the practice will be exploring recruiting Nurse Practitioner. The practice had recruited a Nurse Practitioner for 3 months from May- July. Initially she was quite popular and good and patients saw her and no problems at all. However, as Nurse Practitioner is only able to treat certain conditions e.g. short term illnesses, minor injuries and routine cough and cold she was limited. We had good positive feedback from patients coming in with for short term problems. With complex patients with long term conditions Nurse Practitioner was only able to see and treat certain patients as complex patients needed to see GP. Feedback from patients and staff for capacity was positive but we found in terms of continuity and seeing the patient again for same condition by the doctor a duplicate visit.

We are in the process of recruiting Enhanced Nurse Practitioner that's jointly between three surgeries Shaftesbury Medical Centre, Roxbourne Medical Centre and King Road Surgery. This has been initiated by Harrow CCG to improve the chronic disease management and personal care to the house bound patients who are unable to access us.

It is a pilot scheme that Harrow CCG has put forward to the whole of Harrow and the practice is working in network groups. We have put out advert for the role and have had slow response. It is noted that there is shortage of nursing staff nationwide so recruitment is going to be challenging.