**PRG Meeting Notes**

**Tuesday 3rd November 2015 at 12pm**

Present:

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager (Chairperson)

Colin Cooper Patient Representative

Laraine Cooper Patient Representative

Mick Lomax Public Health Nurse

Rianne Norton Public Health Administrator

Apologies

Paul Stephens Gail Alexander Sabrina Alexander

**Minutes**

Minutes from the previous meeting in September were reviewed and agreed.

**Repeat prescribing**

There was a question raised as to why the timescale for ordering repeat prescriptions had increased from 48 hours to 72 hours. It was explained that this was as a result of the prescription clerk being new in post, but now that the new systems in place are working well, we are now aiming for all prescriptions to be ready in 48 hours and we are achieving this in most cases.

**DNA’s**

There was an action point from the previous meeting whereby Mick was asked to bring the DNA findings/results information to the next meeting. Mick did not have this information available, but stated that previously the practice had achieved a 94% attendance rate. Mick also explained that there is a government website that is looking at changing people’s perceptions and is promoting advertising the number of patients or percentage of patients who did attend appointments and making that “the norm” rather than the number of appointments that were missed, or the number of patients who DNA’d their appointment.

 A member of the group mentioned that during one recent visit to Kinsley they had registered using the self-arrival screen but were then sat in the waiting room for 75 minutes before they went and enquired at reception about their wait. They found out then that the self-arrival machine had not registered their attendance and the patient had been marked as DNA even though they were sat in the waiting room. They said that a few days later they received a phone call asking why they hadn’t attended for their appointment.

Kate asked the patient if the self-arrival screen had “arrived” them and they confirmed that it had. Kate explained that this should then have been reported as a technical fault by the reception staff. Kate also mentioned that the reception staff should have noticed them waiting in the reception area for such a long period of time.

A question was raised as to when DNA letters are sent out to patients, and Kate confirmed that they are not sent out after every DNA but we look at the overall ‘picture’ of attendance for the patient.

**McMillan Coffee Morning**

The McMillan coffee morning went very well, especially as it was arranged at short notice. All of the cakes sold very quickly. Kate did not know the final amount raised but will arrange for Angela to bring the figures to the next meeting. Kate asked members of the group how they felt the coffee morning went. The consensus was that the morning went well and it was better holding the event at the surgery rather than in the community centre.

Kate agreed that it seemed to generate more interest at the surgery as it attracted people who were walking in and out of reception, and people could then chose whether or not to become involved.

**Post meeting note – the figure confirmed by MacMillan Cancer Support is £134.65**

**Comments and Compliments**

All of the comments and compliments received have also been discussed at the Line Manager’s meeting.

The first compliment was addressed to Mick Lomax and this has been fed back to him. It thanked him for helping the patient and her daughter to complete some paperwork and to provide them with the appropriate information.

The second was a complaint about a prescription not being ready to collect. Kate said that she rang the patient and explained about our new systems and that we are also having meetings to try and improve the whole repeat prescription ordering service for our patients. Kate also explained to the patient about the alternative ways of ordering a repeat prescription. Kate explained that the patient was happy to have received her call.

The third was a comment about reception staff ‘lying’ about the whereabouts of the GP’s. No contact details were provided so we were unable to contact the patient to ask for further information.

The fourth, fifth and sixth complaints would all appear to be from the same patient and are all prescription related. We are working hard to resolve problems experienced by patients when ordering repeat prescriptions. No contact details were provided by the patient so again we were unable to contact them to ask for further information or to offer an explanation.

There was also a comment about having chairs in the queuing area at reception or a ticket machine system for those patients who are unable to stand for long periods of time. Kate explained that having a seated queue was not a practical option, but explained that there are notices up directing patients to the self-check-in area for those who are able to use it to help reduce any queues. Additional reception staff where available also come to the front desk to assist at busy periods.

A member of the group made a comment about the self-arrival screen being in the wrong place as patients can’t easily see it when they enter the reception area. It was also commented that there is not very much room near the self-arrival screen for patients with wheelchairs or pushchairs. Kate explained that unfortunately, due to wiring, this was only place that the screen could be positioned but accepts this is perhaps not the best position.

This same patient also commented that it would be helpful to have on-the-day text message reminders for appointments. This is a facility that we do offer but we need the patient’s permission in order to be able to send the texts. Again, as no contact information was provided we are unable to feed this information back to the patient.

The eighth comment was from a patient stating their disappointment at being almost an hour late into their appointment. The patient states that the GP was taking between 5-10 minutes once a patient had left before calling the next. Again, no contact details were provided by the patient.

Kate explained that there are a number of reasons why a GP might not immediately call the next patient. Some of GP’s will type their notes onto the computer while the patient is talking to them, whereas others will do it at the end of the consultation. Some GP’s do stick to their allocated time and then will have blocked off appointments during the clinic which are used as “catch-up” time to try and help them keep to the allocated patient appointment times.

**Appointment Systems**

We are still looking at ways of improving access for our patients. We are looking at moving GP’s and other clinicians across our other sites at Kinsley and Upton. There are many other different agencies and organisations that come to Hemsworth, including Citizens Advice Bureau, Right Steps and visiting consultants. It is so much quieter at Kinsley and Greenview and they have full facilities there. Lots of our patients live in Upton but will come to The Grange. If it is an emergency will patients from Hemsworth and Kinsley travel to Upton? We think that if patients feel poorly enough and can travel, then they will. We have been trialling this for the last 3-4 weeks now, and every appointment is getting booked up. Our plan is to spread all of our services more evenly across all three sites.

We are also looking at our on-the-day appointment requirements to see how many appointments we need on each day. Mondays are very busy but it may be that fewer appointments are needed during mid-week. We are looking at different options to manage the requirements of our patients.

A member of the group stated that he felt that the ‘Triage’ system that we used to use to help manage demand was a mistake.

Kate explained that she used to work at a GP surgery in Leeds where they also used the ‘Triage’ system and it worked very well there. She explained that there were a lot of patients who were happy for their appointments to be managed over the phone, but she also stated that we are dealing with a different cohort of patients in this area. Different methods work for different areas.

**Staffing**

Kate confirmed that the practice has appointed a new nurse practitioner who is currently undergoing her pre-employment checks. She is working her 3 months’ notice at her current employment and we are hoping that she will start at The Grange on 8th January. We still have a GP vacancy to fill.

**Telephone Update**

Work has now started on our new telephone system, and a member of the group asked what the advantages of the new system would be for patients? Kate explained that the current system may be ‘losing’ patients as sometimes there are no phones ringing at all in reception but patients tell us they have been ringing for many minutes and no-one answers.

The new system will have a server which can be analysed to see how long calls have been ringing for and also to see where calls are being directed. All calls are also recorded. Kate explained that it will offer a much more efficient and streamlined service to our patients.

A member of the group commented that the recorded voice on the phone which plays while on hold is “annoying”, and they questioned whether there is really a need to tell people that they are in a queue.

Kate explained that some patients do contact admin staff when they are unable to get through to reception. Kate also explained that with the new telephone system, there would be an option of recording more useful messages for patients, e.g. to advise them of current health campaigns such booking an appointment for the ‘Flu vaccination.

We are aware that contacting the surgery by phone is one of the major frustrations experienced by our patients, and we do hope that patient’s will notice a difference once this new system is up and running.

**‘Flu Clinics**

Kate explained that ‘Flu clinics are progressing well. Mick stated that the appointment-based clinics and drop-in clinics were ongoing throughout November and the clinic dates are being advertised on the waiting room screens at each site, on the website, on prescriptions and on flyers in reception.

Kate explained that there will be clinics throughout November and possibly into December and January. The figures for October are currently being calculated and once they are finished we can look to see how we are progressing against our target groups. Local pharmacies are also giving vaccines to eligible patients, and they are then sending us the information so that we can code patient’s notes correctly and not send them another reminder.

**Prescriptions Update**

Weekly meetings are being held with Denise and Jenny (Reception Team Leaders) and Lorraine (Prescription Clerk) who are also keeping in regular contact with Cohen’s Chemist and other local pharmacies in order to look at ways we can improve our services and create a more positive working relationship which will, in turn, benefit our patients.

A member of the group commented that they had never had any problems with ordering repeat prescriptions and they stick to ‘old’ method of handing in paper copies at reception.

Kate explained that new measures have been put in place to make the whole system more efficient. Tasks are now generated when patients request a repeat prescription online. We do also receive faxed requests and paper requests.

All paper prescription requests are collected four times a day by our reception staff with the last collection being at 2pm. If prescription requests are placed into the box after 2pm then they will not be collected until the box is opened the following morning and therefore the 48-hour turnaround will not start until this time. There are posters advising patients of this.

We want to try and manage our patient’s expectations. Patients can order up to a week in advance of the date on the prescription. GP’s are also working hard to conduct timely medicines reviews and also to arrange for all items on a prescription to be due at the same time where possible.

**CQC Inspection**

We have received the draft report which we then had to check for any factual inaccuracies. Some of the surgery opening times were incorrect. Practices are graded in one of four ways – outstanding, good, requires improvement or special measures.

The CQC look at five different questions across six population groups and then decided on a final outcome. Our overall grading was “Good” and we are very pleased with this outcome.

We have had many challenges this year but the CQC want you to be honest with them. We have had problems with staffing this year and have struggled to recruit staff. We also still have one GP vacancy. Angela explained that she and the GP partners were very pleased to get an overall rating of good. Angela stated that she did not know of any GP practices in the Wakefield area who had been rated as outstanding but there is one practice in Bradford. CQC are looking to speak with them to see what they do in order to achieve this grading.

The report is now on the CQC website and a link is available from our practice website. It is a very long report but the summary at the beginning is worth reading.

On the day of the inspection the CQC spoke to patients in the waiting room and the main issues raised were the difficulties in getting through to reception on the telephone and then not being able to get a timely appointment. We do know that these issues frustrate our patients and we are looking at ways we can improve our service.

One of the points raised by the CQC was the way we conduct our audits – we need to conduct our audits /surveys, interpret the results, make any necessary improvements and then re-survey after a period of time to assess the changes.

Another issue raised was the length of time we allocate for travel vaccination appointments. We allocate 10 minute appointments whereas the CQC state that we should be allowing 20 minutes per appointment. The reason we only allocate 10 minute appointments is because we ask patients to hand in their documentation before their appointment. This is then reviewed by the nurse in advance, the patient is contacted over the phone and an appropriate appointment made. This reduces the amount of work that actually needs to be done on the day of the appointment as on the day of the appointment there is only the need to clarify any outstanding questions and then to give the vaccinations.

A further issue raised by the CQC was our prescribing of hypnotic medications which is high and approximately twice the national average. This medication includes sleeping medication and anti-depressants. Dr Crawley is the lead on this work but all of the prescribing team are working at reducing our prescribing levels of hypnotic medications. Mick explained that there has to be a plan in place. NICE (National Institute of Clinical Excellence) provide guidelines on how to reduce usage of hypnotic medication and patients have to want to come off their medication. We also look to work with other organisations e.g. Right Steps, who can provide sleep clinics rather than just relying on clinicians to continue writing out prescriptions.

The CQC also spoke to members of staff and some staff had forgotten the name of the practice’s Safeguarding Lead. There was also one meeting that has not been regularly minuted – this has now been rectified. It is also now a legal requirement for the practice to display a poster showing the different age groups assessed by the CQC and the results from each age group.

**Seven-day Working**

Angela explained that she was unable to attend the network meeting the previous week where the subject of weekend working was discussed. This has also been discussed with other networks across the district. Trinity Medical Centre in Wakefield is working with other surgeries in their network to offer Saturday appointments. A GP is available at the surgery. A nurse is also present to triage calls and will then make appointments with the GP as required.

We will be working with other surgeries in network 2, and the proposal is to work on a Saturday from 9am to 6pm with a GP present all day (no nurse). The proposal is that we would run one morning and one afternoon session. Extra staffing will be required and funding has been applied for this.

Local Care Direct will still continue to be an out-of-hours service provider in its own right, and will continue to provide both GP and nurse appointments working with the 111 service (this is a subcontracted service).

Patients will ring 111 and will either be offered telephone advice or a visit which would be carried out by Local Care Direct.

If, on a Saturday, patients call 111, they will be responsible for triaging the call and if the patient requires an appointment (not an A&E appointment), then The Grange will appear as a location for these patients to attend for their appointment.

Our reception team are not able to book into these Saturday appointments. At the moment we are looking at trialling this service between 1st December 2015 and 31st

March 2016. We don’t know at this point if the service will be extended past 31st March. Some networks are only offering appointments from 9am to 3pm as they found that appointments after 3pm were not being booked up. Sunday appointments are not currently being offered due to a lack of demand for this service.

**AOB**

Mick explained that on Thursday 12th November a charity by the name of Kidz Aware who support children and adults with hidden disabilities, are holding an information morning at Hemsworth Library, from 10am to 12pm.

Mick also explained that the carer’s drop-in sessions for carers of patients with Dementia continue to run on the first Monday of every month from 10am to 12pm at Hemsworth Library. The next session is on Monday 7th December and we will also be joined at the event by Wakefield Carer’s. This session will specifically focus on the legal aspects of caring for a relative with Dementia, including power of attorney. Janice will also be attending in her role as practice counsellor.

**Next Meeting** Tuesday 8th December 2015