PRG Minutes

Tuesday 26th April 2016

Present

John Buttree Chairperson

Colin Cooper Patient representative

Larraine Cooper Patient representative

Paul Stephens Patient representative

Angela Marwood Practice Manager

Mick Lomax Public Health Nurse

Rianne Norton Public Health Administrator/Complaint’s Officer

Apologies

No apologies were received.

On-call GP

A member of the group commented about his recent experience in seeing the on-call GP on Thursday 31st March. He arrived at the surgery and as the self-check-in machine wasn’t working he went to reception to say that he had arrived for his appointment. He had been sitting down for approximately 90 minutes, watching patients arrive after him and be called in before him. He went and spoke to a member of reception who told him that the on-call GP will see children first, to which the patient replied that adults had also been seen before him, and was then told that the GP will prioritise the list of patients. After the patient had spoken to reception he was the next patient in to see the GP, and the patient believes that the receptionist had forgotten to mark him down as having arrived for his appointment. He says that if this was the case then he would have preferred the receptionist to be honest and admit that she had forgotten to sign him in.

Angela stated that we can check the records for that day to see what time the patient was arrived and the time he saw the GP. Angela explained that there is no cut-off time when seeing the on-call GP, but there may be a long wait because of the nature of this clinic. Angela also confirmed that the on-call GP may prioritise patients accordingly.

Staffing update

Isobel Disney is leaving this week and her last day is Friday 29th April. Members of the group commented that they had always found Isobel to be very approachable, that we are losing a good member of staff, and that it will be a massive loss to the practice.

Angela confirmed that Isobel is moving to a neighbouring practice. Angela also explained that there is a national shortage of nurse practitioners. When speaking to agencies and trying to arrange locum cover for Isobel’s post, they state that West Yorkshire is the worst area for recruiting locum staff. Angela explained that they tried to recruit an agency nurse a couple of years ago and she was coming from well outside of the Yorkshire area before she realised that it was just too far to travel each day. It is unclear whether it is the area or the demands that make it difficult to recruit in this area.

We have advertised for the vacancy left by Isobel and are looking at either a nurse practitioner or possibly a minor illness nurse.

A member of the group asked what Richard’s status is. Angela confirmed that he is employed as a minor illness nurse and that he has been completing his prescribing course and is nearly finished – expected to be finished around July.

Another member of the group asked if having Advanced Nurse Practitioners worked well for our patients. Angela stated that yes, definitely, and a practitioner like Isobel had years of experience working at that higher level. Sometimes we are able to make an appointment for a patient to see a nurse practitioner sooner than a GP. Also, if the Nurse Practitioner needs any advice during the appointment then they will speak to a GP.

We have a new member of staff who started seeing patients on Monday 25th April – Emily Rushton. She is a CASH (Contraception and Sexual Health) Nurse. She is able to carry out pill checks, swabs and smear tests for ladies, and is also able to see males for any sexual health issues. Emily will only work one day a week (7 hours on a Monday) with us and will also continue to work with Spectrum.

As part of the additional work we need to do for the CCG this year, the practice needs to be “young people” friendly and ensure that we provide services for younger people, and so Emily’s work will also be involved in this area.

A member of the group commented that GP’s are expected to offer more and more services, and they are worried that this will be at the expense of patient care.

Mick commented that we are located in a large, spread out area, and although we still have family planning clinics they are located in either Wakefield or Pontefract and so not local for our patients. Mick further commented that school nurses used to do a lot of health promotion work in schools.

Angela commented that the more services you offer the more monitoring we need to do in order to justify the funding that we receive.

Angela confirmed that we are hoping to have another GP in post shortly. They will be starting on 4 sessions a week, although it will be a few weeks away yet before we can start offering clinics.

A member of the group commented that he is very happy seeing Dr Nabi.

Angela commented that the practice has received lots of positive feedback about Dr Nabi. We do have Dr Nabi on a long-term locum contract, but there are still some limitations to a locum role, e.g. Dr Nabi doesn’t do home visits or on-calls and other GP’s will also have to pick up any test results etc. that are addressed to him if he is not in the surgery that day, so in that respect it can also create extra work for other GP’s.

Sammy, one of our receptionists has also left recently. She was an excellent member of staff but has left to take on a management position at B&Q which is great news for her. We would have offered her a role in admin but unfortunately there are no current vacancies.

Practice update

Network/Federation

We have now had definite confirmation from the CCG of the networks being re-configured. We are part of network 2 who have now merged with network 4. The CCG has placed practices into networks to encourage practices to work together. Separately, we are also part of the Wakefield United Health Alliance Federation which is a private arrangement. One of the first things we have arranged to do as a federation is for the practice manages to meet with representatives from PCSE (Primary Care Support England) to discuss current problems that we are experiencing.

There used to be a helpline we could contact with any queries regarding the running of the practice, but this has now been replaced by PCSE which is based in Darlington. Rather than being a local organisation, it covers the whole of England and it cannot cope with the demand. There is no longer an option to make a quick phone call and ask a question as everything now needs to be done via email and you lose the personal connection that we previously had with the staff at the helpline.

Angela explained that Capita are the organisation behind PCSE, but we are also unable to contact them to discuss our concerns, and this is why the practice managers in the federation have arranged this meeting.

A member of the group commented that everything is becoming more modernised and centralised but that sometimes it can go too far.

Angela also confirmed that she and Dr Johnston will be attending a network meeting in a couple of weeks which will be looking at the role of the community nurses.

Patient Survey

Angela stated that we had looked at and agreed the Patient Survey during the last PRG meeting, and she confirmed that the surveys had now been distributed.

Telephone Update

A member of the group enquired as to whether there had been any problems with the new telephone system.

Angela confirmed that yes we had experienced some technical problems with the new telephone system and that we have apologised to our patients for the frustration and inconvenience that this has caused. Angela explained that a technical fault meant that rather than calls being directed to all three sites, calls were only ringing in Hemsworth. Angela stated that she spoke to the Managing Director of Premier Telecom to discuss the problems we had experienced and our dissatisfaction with the service we have received, and how we were left on the first major bank holiday weekend of the year to deal with these problems without any support from Premier. This has been very frustrating for both staff and patients alike. We have now been reassured by Premier Telecom that all of the technical issues have been resolved, and we are pleased that calls are now being answered at all three sites.

Prescriptions

A member of the group asked who pays for the drugs that are prescribed by GP’s. Angela confirmed that the practice has a prescribing budget and a member of the group asked if the prescribing budget had been cut to which Angela confirmed that it had.

A member of the group stated that one of his relatives was late picking up his prescription, and so the pharmacist knocked off the drugs for the days that the prescription had been waiting.

Angela stated that pharmacists have a responsibility to dispense the correct amount of medication as prescribed by the GP. Otherwise there is a possibility of conflict arising between the patient and GP if the patient is requesting more medication in a shorter timescale.

Another member of the group commented that they were talking to lady who had visited 7 pharmacies in quite a wide area, but had been told by all of them that they would not order her drugs because they were too expensive.

Angela stated that this was a pharmacy issue. She explained that we do receive information regarding drugs that have been discontinued, but otherwise it is the responsibility of the pharmacy to dispense the drugs that are prescribed by the GP.

Another member of the group explained that they had visited Cohen’s chemist to get some antibiotics that had been prescribed. The chemist did not have the anti-biotics in stock and so said that they would order them in for tomorrow, however, this was not satisfactory when the doctor had told him to start taking them that same day.

Angela also explained that if the pharmacy made any changes to a prescription then it needs to come back to the GP for them to authorise the changes. Angela further explained that just as we are accountable to the CQC, pharmacists are responsible to the General Pharmaceutical Council and must meet their professional requirements.

Dentists and GP’s have to be registered with the CQC but chemists don’t as they are not considered “a risk” even though they are dispensing medication. It is often chemists who pick up on any contra-indications with medications that are prescribed to patients.

Angela explained that patients can order a repeat prescription up to a week in advance of when it is due.

Angela confirmed that she has meetings approximately every two months with the Cohen’s area supervisor to discuss any current issues.

A member of the group commented that he can’t just phone Upton and order his prescription over the phone anymore.

A further member of the group commented on the problems experienced by Lloyd’s chemist since they have merged the two local stores together.

A comment was made that Cohen’s pharmacy appeared to be over-staff with lots of staff just chatting to each other.

Another member of staff commented that they took their prescription into Cohen’s pharmacy, and was told that they had no diuretics and no insulin in stock. Angela commented that these were essential, and she was surprised that insulin especially was not held in stock. She explained that if a patient runs out of insulin then a GP will always write a script.

Mick said that sometimes the pharmacists don’t want too much stock on their shelves. Pharmacists have to buy the stock themselves and will then claim back the cost.

It was commented that sometimes pharmacies will buy stock from other local pharmacies if they do not have something specific in stock that has been prescribed to a patient.

A further comment was made that when seeing a consultant in hospital for an out-patient appointment and they prescribe medication, they will not write you a prescription but instead tell you to go and see your GP, but then GP’s can’t write a prescription without a copy of the discharge letter which can take a while to arrive at the surgery.

Angela stated that the cost of prescribing is added onto the cost of an outpatient appointment, and so this should not be happening.

Angela explained that part of the work we need to do for the CCG involves logging interface incidents raised with other providers and then reporting it to the CCG. This would cover discharge letters that are not sent in a timely manner and with the correct information, and also patients being asked to contact the practice for tests results inappropriately.

A member of the group asked if we would always receive a letter when a patient had been discharged from out-patients.

Angela confirmed that yes we would, and that discharge letters were very important. However, Angela further explained that there has always been a delay in receiving discharge letters as it depends on how quickly they are typed up after a clinic. Also, if a consultant has prescribed medication, then they should issue the first prescription as they have been funded for it, and this will then be continued by the GP once the discharge letter has been received and actioned

JAG Accreditation

Kate is still working on achieving the JAG accreditation for the endoscopy unit. There is just some remedial work to do now, and we have a builder and a plumber in at the moment carrying this out, so we are hoping this will all be finalised very soon.

Flagstones

A member of the group commented on the flagstones on the entrance path and said that it was raised at a previous meeting. He witnessed an elderly lady walking with a stick who tripped on the flagstones and would have fallen over if someone had not been there to help her.

Angela said that Kate has has been looking into quotes.

Public Health Nurse Update

Mick informed the group that there had recently been a further KidzAware session at the library which had attracted a good turnout. Mick explained that KidzAware is a charity which offers support for adults and children with hidden disabilities.

Mick also confirmed that the dementia carers group continues to run on the first Monday of the month, and that because of the Bank Holiday in May, the session will be held on 9th May. Mick stated that we continue to get a good turnout to this session and there is always a new face. There is always someone present to offer support and advice at the drop-in session, and arrangements can also be made to see a patient at a later time on a 1-2-1 basis for additional support and advice if required.

Mick said that he had recently emailed Right Steps, and he is hoping to arrange regular sleep and anxiety drop-in events every month to help support those with sleep difficulties.

The practice set itself a target of training every member of staff to be a Dementia Friend by the end of March 2016, and we managed to reach a target of 99% which we are pleased with considering the target to achieve was 85%. This training will be ongoing for new members of staff. Angela thanked Mick for his work in delivering the Dementia Friends training to all of the staff.

Parking

Once again it was discussed that patients from the dentist are using our car park. A member of the group commented that they saw a lady this morning park in our car park and then walk straight across to the dentist. Cars are also continuing to park outside the kitchen area and causing an obstruction. It was mentioned that the area outside the kitchen still looks like a disabled space and can the lines be burned off? Angela said that even if the lines were burned off they would still leave a mark on the tarmac.

It was commented that people using the car park to visit the dentist have no consideration for others. There are members of staff; patients, district nurses and pharmacy staff all using the car park. Angela explained that the long-term plan is to re-surface the whole carpark and re-line it.

**Next meeting – Tuesday 7th June at 12pm**