**PRG Minutes**

**Tuesday 7th June 2016**

**Present**

Colin Cooper Patient representative

Larraine Cooper Patient representative

Paul Stephens Patient representative

Angela Marwood Practice Manager and Chairperson

Kate Lamb Assistant Practice Manager

Rianne Norton Public Health Administrator/Complaint’s Officer (Minutes)

**Apologies**

Apologies were received from John Buttree.

**Prescriptions**

A member of the group explained that we had talked at length about prescriptions during the previous PRG meeting, but that on 3 separate occasions since that meeting he has been to see a consultant who has changed his medication and then told him to see his GP for his prescription.

Angela has said that the consultant should prescribe a 7 days course of medication which will then be continued by the patient’s GP.

Another member added that if you are seen in A&E and require medication then you will be given a 7 day supply.

Kate said that she will discuss this matter further with the patient with a look to taking it forward. The patient was happy to do this.

The patient described that he had seen the consultant who then said that he would write to his GP. When the GP received the letter they then write to the patient asking them to make an appointment so that they can prescribe the medication. This has happened at 3 different hospitals.

Another member of the group added that if you are prescribed new medication or your medication has changed, then you need it to be effectively immediately, rather than having to wait for it to be prescribed by the GP.

Angela explained that the new Wakefield Practice Premium Contract includes incident reporting, and so this information can be reported to the CCG. They will be collecting lots of data so they can look to see if this is happening more at certain hospitals or departments.

A query was raised following a comment from a staff member at Lloyds Pharmacy about electronic and hard copies of prescriptions.

Kate explained that, as the patient, you have control to order and collect your prescription as you want and where you want. You can choose to take your script to the pharmacy, or have it sent electronically. If medications are constant, you can also choose to have a 6-month supply of mediation sent to the pharmacy at once, and they will then dispense it at monthly intervals. It is under the patient’s control. Pharmacies would prefer the patient to do it all electronically as it is more convenient for them.

A member of the group commented that an elderly lady at Lloyds had been twice sent from the pharmacy back to The Grange after Lloyds had explained that they had not received the prescription despite being told by staff at the surgery that the prescription has been sent electronically. Kate explained that this was unacceptable. She said that the pharmacy should be phoning us and we can give them the token number which they can use to “collect” the prescription if they cannot find it.

Another member of the group raised a query about a patient who went to Cohen’s to collect a prescription as Lloyds said that they did not have it in stock. Cohen’s then discovered that the dose that had been prescribed was 5/6 x more than it should have been. The patient was told that if she had taken this dose of medication it may have proved fatal. Kate said that the pharmacy should have reported this as a serious incident – they are obliged to do this. The surgery should also have been informed and would also raise it as an incident.

The group member said that the patient did not want to take the matter any further but Kate explained that this type of incident is not the patient’s decision to make. The pharmacy has a responsibility to report it. The matter should have been discussed with the prescriber and then sent to the Medicines Optimisation Team.

Kate explained that errors can occur, and the pharmacy is a ‘safety net’ as they know the medications that patients are prescribed. This prescription should have come back to the surgery so that the correct prescription could be issued.

**Comments and Compliments**

Kate explained that all of the comments and compliments had been taken to the line manager’s meeting for discussion.

Kinsley

*“Can I send you this short message concerning your receptionist at Kinsley Medical Centre. ON Monday 7th March at approximately 11.30am. I think her name is Clare. She was most helpful and efficient and helped in sorting out my difficulties in regards to my husband’s health needs, contacting the relevant people etc. Howe nice is this Clare. Xx”*

Kate explained that just recently we have received a further lovely comment about Clare. It is nice to have positive feedback. Rianne sent out a thank-you letter to the patient and referred her to the NHS choices website, asking the patient if they would consider adding their feedback online as it tends to be more negative feedback that we received online.

Hemsworth

*“Drs need to read up on notes about the patient instead of prescribing medication that makes people ill due to other complications of the patient and not being able to have that medication.”*

Angela explained that the clinical system we use records any drug allergies and/or sensitives that the patient has, and therefore if a clinician attempts to prescribe a medication that that contains an ingredient that the patient is allergic/sensitive to, then a warning will be shown on the screen to alert the clinician.

Kinsley

*“4 x messages re Can the fish tank be maintained”*

The fish tank was looking very dirty but all of the fish had already been removed. George has now removed the fish tank completely.

Upton

*“Made an appointment for 10.50 and arrived at 10.45am. There were 6 appointments before me. Sat in the waiting room 30 minutes before one person got called in after seeing last patient leave. Give Dr XX longer between appointments and when he is behind tell him to be more efficient instead of sat drinking coffee.”*

A reminder was given to all receptionists to inform patients if a clinician is running anything over 20 minutes late. Kate explained that they have trialled a system with Dr XX where additional ‘blank’ slots have been added into his clinic as catch up time and are hoping that this will ensure the appointment time given to patients is more accurate.

A member of the group commented that Dr XX is a caring doctor, and he sits and listens and how long he takes depends on the needs of the patients.

Some GP’s do record notes on to the computer after the patient has left the room, so this also takes a bit of time. Other GP’s will record notes while the patient is sat with them.

A member of the group commented that some GP’s don’t even look at you and just spend the whole consultation looking at the computer screen.

Kate also explained that if there is a referral to do for the patient, especially an urgent one, the GP may also do this after the patient has left and before calling the next patient in. Some GP’s do also take emergency phone calls during surgery, although this is discouraged unless the GP is on call.

Endoscopy

*“From start to finish the care and attention I received were first class. THANK YOU.”*

Excellent comment for our endoscopy suite which has been fed back to that team.

**Practice Update**

Year-end

Angela explained that the Management Team are still dealing with year-end work, which often carries on into June.

Staffing

Angela explained that we are hoping to have a new GP starting in June. They will be starting on 4 sessions per week and hopefully increasing to 8 sessions which is classed as full-time.

Dr Massheder is leaving us. She will be with us for a further 3 months. She is moving to a practice nearer home. We still have two female GP’s – Dr Crawley and Dr Twine, as well as a female nurse practitioner and the CASH nurse.

A member of the group commented that some female patients do prefer to see a female clinician.

We also have two new receptionists starting, as two members of the administrative/secretarial team are leaving us.

Kay Durkin has now left us as she has earned a promotion to the secretarial team at a practice in Featherstone. Joan Logan is retiring in July.

Lucy has started in the last couple of weeks, and Rebecca is starting on Monday 13th June.

Patient Behaviour

A member of the group commented that from what they have witnessed, they feel that the abuse that staff especially receptionists receive from patients is getting worse.

Angela explained that we continue to monitor this, and send out zero-tolerance letters to patients when required. We have received some apologies from patients and will always then write to them to thank them for reading and responding to the letter.

Wakefield Practice Premium Contract

We haven’t received much information for the CCG as yet. All practices have signed up to the contract, which means there is 100% coverage in the Wakefield area. We need to do the extra work involved with this contract in order to received additional funding.

**AOB**

JAG Accreditation

Kate confirmed that we have now been awarded JAG accreditation for the endoscopy suite.

Telephone System/Appointments

Kate acknowledged that there were still problems with the new telephone system, and we are constantly in contact with Premier trying to resolve matters. The problems seem to occur first thing in the morning. We are confident that our staff are not doing anything wrong, and we are currently disputing matters with Premier. Representatives from Premier are attending the practice next Wednesday – 15th June. They are fixing problems once they are reported, but it takes time to realise that the problem is occurring and then contact Premier to fix it, and, in the meantime, patients are getting frustrated and annoyed. Patients are on hold and are told that they are moving up the queue only to then be cut off.

Angela explained that the practice has received some refunds for the poor service that we have received since the installation in January, but we would prefer to have the system that we were promised.

A member of the group commented that they still felt that there was also an issue with the reception quality when contacting the practice by telephone.

Angela explained that the representatives were coming out on TARGET afternoon so they will have the whole afternoon to rectify things without any patients trying to contact the surgery.

Engineers will be attending and we have also asked for a trainer to attend. This will be an opportunity to provide some additional training to all staff, as on installation day not everyone received training and information has been passed verbally between members of staff.

Angela explained that she has also requested for the Managing Director to attend, and will arrange for him to attend a meeting with the receptionists.

Angela further explained that we have to be realistic. We knew that the installation of the new telephone system would not solve all of our problems, but on a Monday morning, when the bulk of telephone calls come through, we want what we were promised, which was to be able to see the orderly queue of patients moving through the system. This is supposed to be a reporting system. Angela says that she has questioned the Managing Director of Premier to see if he thinks the system can cope with the demands of a 3-site practice, and he believes that the system can cope.

Kate explains that when patients are told that they are a certain number in a queue they can then make a decision as to whether to hold on the line or to hang up and ring back at a quieter time.

A member of the group asked which department deals with ambulance bookings. Angela confirmed that reception have always dealt with ambulance bookings but with the old telephone system there was no specific option listed for this. Calls were put through to Admin who then transferred back to reception.

Angela explained that Premier Telecom was recommended by Methley GP Practice which is also a 3-site practice. They reported that everything went very smoothly for them. Premier is a southern-based company and doesn’t yet have much uptake in this area. Angela said that at this time she would not recommend their services to other GP practices.

Angela further explained that we did have a very old system with BT which was no longer efficient and was very expensive to run, so we have made a cost-saving by transferring to a new, more modernised system.

Kate explained that the old system was at the end of its useful life. There was only one engineer who could make changes and he is due for retirement, and so we could sometimes be a long time waiting for any repairs.

Angela explained that after next week we will have Dr Crawley’s voice on the phone and is it felt that patients are more willing to listen to the voice of a GP that they know. Dr Crawley will explain to patients why receptionists may ask questions when booking appointments, as the information given is used to direct the patient to the most appropriate appointment, but will explain that patient’s do not have to divulge any information if they do not feel comfortable doing so.

Angela says that this new system does also mean that some changes can be made remotely. Kate explained that overall it is a good system but still needs a lot of fine tuning to make it work for us.

Kate further explained that one of the recorded messages which is played when patients are on hold now notifies patients when all routine appointments for that day have gone, but explains that emergency appointments are available with the on-call GP. Patients are told that if they stay on the line then their call will be answered, but hopefully this will help to manage patient’s expectations.

A member of the group commented that some patients, when they are told by reception that there are no appointments available, will then phone admin who will book them an appointment.

Angela explained that this has happened in the past but it should not happen as it undermines the role of the receptionists. Angela explains that any patient requesting an appointment should be transferred back to reception and it explained that receptionists are in a better position to book appointments for patients.

A member of the group commented that they had always had good experiences with the receptionists at the practice.

Kate stated that receptionists are also looking at how they can improve services for our patients and to look at how things are worded. If no routine appointments are left for that day then maybe offer the patient an appointment for the following day and do not mention urgent appointments at all. This is being looked into by the Reception Team Leaders.

Kate explained that there was a lot of staff sickness on Friday 3rd June, and so we were asking patients if we could book them an appointment for the following Monday instead.

A member of the group commented that the nurse practitioners at the surgery are very good and they always listen. Kate explained that we have a locum nurse practitioner currently working at the surgery – Sarah Haith – and she is settling in well.

PRG Patient Questionnaire

Kate then discussed the PRG questionnaire which is about the telephone system. Considering the current problems that we are still experiencing, Kate explained that 50 questionnaires had been left on each of the reception desks. We can also then take this information back to Premier. If the changes are made by Premier as we are requesting, we can they survey patients in another few months to see if patient perceptions and experiences have changed. The questionnaires were placed on reception at the end of last week and so far we have had 5 responses.

Flag stones

A member of the group asked whether we had a quote yet to replace the flag stones at the entrance to the surgery. Kate explained that we have got a revised quote which will be going to the partner’s meeting on Wednesday 15th June.

Hemsley’s is a building company located in Barnsley and they did the work on the endoscopy suite and did a good job. They have quoted on some other work for us and we also have a quote from another company. It is not a job that George can do.

Kate said that they did look at tarmac instead of flag stones but this is still very expensive.

Car park

A member of the group stated that there were still the same ongoing problems with the car park. Kate explained that the practice was still looking at moving some clinics to other sites, but even so there are still a lot of patients coming in and out of the surgery at Hemsworth.

A member of the group commented that the yellow disabled bays were still marked, and said they need burning off so patients do not park there as it causes an obstruction.

**Next meeting – Tuesday 19th July at 12pm**