**PRG Meeting Notes Tuesday 23rd May 2017**

Present:

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager

Colin Copper Patient Representative

Laraine Cooper Patient Representative

Janet Neville Patient Representative

Murray Schofield Radiographer

Rianne Norton Minutes

Apologies

Paul Stephens

Gail Alexander

Sabrina Alexander

**Previous Minutes**

All members of the group had received a copy of the previous minutes.

Action Points

Parking

Angela confirmed that the information regarding parking had been passed to the District Nursing Team. However, it was acknowledged that parking at The Grange was an ongoing issue, and unfortunately wasn’t going to get any easier for patients in the near future.

Towel Dispenser

Angela explained that the reason that hand towels had been removed from the dispenser in the men’s toilets was because there had been several blockages in the toilets. Since the paper hand towels had been removed there had been no further blockages. We will be looking into an alternative to hand towels for the toilets.

Incorrect locations for appointments

Angela explained that she spoke to Jenny, the reception Team Leader regarding the comments that had been made during the last meeting, and she has asked all staff to be more aware of confirming the location of the appointment with the patient.

Comments and Compliments

Upton

*Extremely likely to recommend this practice to friends and family because; when I ring up I get an appointment and sorted out as quickly as possible plus friendly doctors, nurses and receptionists.*

It is lovely to receive a positive comment about the practice.

Upton

*Extremely likely to recommend this practice to friends and family because; this surgery is the best. The doctors all listen and try to help sort out any problems.*

This appears to be a patient’s perception of the GP’s at Upton, but they are the same GP’s who work both at The Grange and at Kinsley. It was suggested that maybe it is because Greenview surgery is quieter, and has a more relaxed atmosphere than The Grange.

Hemsworth

*I usually like to read the information which you provide on the screens. Please could the screens stay up for longer as I never manage to finish the pages which is frustrating.*

We have received comments similar to this before, and the screens are set to the longest setting. However, we do review the information on the screens on an ongoing basis, and will split slides that contain a lot of information so that it is easier to read.

Hemsworth

*Helpful reception staff - brought them a cake to say thank-you.*

This was a lovely comment and a lovely gesture from the patient.

Hemsworth

*I live in Upton but could not get a pre-booked appointment near me. Should be more pre-booking further in advance like dentists. Greater local availability.*

Kate explained that the pre-bookable appointments are on a pro-rata basis.

Hemsworth

*Cannot believe this surgery don’t make many appointments. Have to come to reception at 7.30am to get an appointment, and when I do it is with a locum. I’m not happy at all; the appointment is always at least 30 minutes late. This surgery is awful. Getting them to answer phone instead of sat drinking coffee and talking to each other. Just because I’m 75 years old doesn’t mean I have to be put on the scrap heap.*

It is very disappointing to receive a comment like this, and unfortunately it was left anonymously and so we were unable to contact the patient to further discuss their concerns.

Hemsworth

*I’ve just spoken to a lady called Lynn who is the daughter of xx. She wants to express her thanks to reception staff and therapy unit for the way they have dealt with her Dad. She was especially impressed with Alison on the front desk who managed to get her Dad an appointment to be seen by a doctor on Friday 10/3. She went on to say that she lives quite a distance away from Hemsworth and it makes her feel better to know that he is looked after at The Grange.*

This was a lovely comment, and we are now recording any positive verbal feedback that we receive, as it is just as important that we recognise verbal as well as the written comments.

Hemsworth

*The lack of hand towels/dryer is a little daft. Personal Hygiene.*

We are resolving this matter – we removed the hand towels because they were being disposed of in the toilet and causing blockages.

Kinsley

*Patient feedback for her daughter Neave re: Dr Twine. The doctor sorted out her meds and her prescription which she collected from Kinsley. A massive thank you to Dr Twine for all her help and what she has done today getting this sorted for daughter. She is a credit to the surgery.*

This again was verbal feedback that we received.

Kinsley

*The waiting room at Kinsley is disgusting, needs decorating. Would look a lot better, cleaner, brighter if decorated.*

We are aware that the waiting room at Kinsley needs freshening up. Rianne has written to the patient to thank them for their feedback and to let them know that this is on our to-do list when funds allow.

Hemsworth

*Patient came to reception to pass on message onto the young receptionist working this morning to say how lovely and helpful she was (Chelsea).*

Again it is lovely to receive a positive comment regarding a member of our tea.

Hemsworth

*Patient brought flowers for Helen Riley to say thank you.*

Kate commented that Helen also received another gift a few days later.

Endoscopy

*Many thanks to all staff at the endoscopy centre for their kindness to me at the centre. Thank you.*

This is a lovely comment for our team working in the endoscopy unit.

**Staffing Update**

A member of the group said that she was aware that Jane Hinchliff had left the practice, and had been replaced by another ANP also called Jayne.

Angela confirmed that Jayne started at the practice on 15th May 2017. She is a very experienced practitioner, and so far we have received positive feedback from her patients.

Dr Skipp and Dr Javali have settled in well at the surgery. Dr Skipp is picking up some of the family planning clinics and is supporting Siobhan, our new CASH (Contraceptive and Sexual Health) Nurse. Siobhan is new to the practice and is a replacement for Emily who left earlier this year.

Angela confirmed that Dr Crawley is not returning to the surgery along with Dr Sweeney, although she does still have a business interest in the practice. We still have their sessions to fill, and at the moment we are using locums to cover the vacancies. We do try to use long-term locums where possible to help with continuity of care. At the moment we have three long-term locums in place – Dr Nabi, Dr Hussain and Dr Riaz – and we have received positive feedback from patients about each of these GPs.

A question was asked as to why some GP’s work locum shifts and do they get paid more than if they were a salaried GP?

Angela explained that locum GP’s will work on a self-employed basis, and this may offer them more flexibility and suit their personal circumstances more at this particular time. Angela further explained that there is a national average hourly rate for locums, but they don’t have the additional benefits that come with being employed, i.e. sick pay and holiday pay. It is just personal preference. It can cost more to employee locum GP’s through an agency, but an agency does offer more availability, and the ability to get short-notice cover if required.

Dr Javali is working 4 x sessions per week, but to be up to full strength again we are looking for another 2.5 FTE (full time equivalent) GP’s.

A comment was made that locum GP’s are OK, but unless they are long-term locums then they don’t get to know their patients and the patients also don’t know the GP that they are seeing, meaning that there is no continuity of care for the patient which is important.

Angela confirmed that the 3 x GP partners at the surgery now are Dr Kamal, Dr Herrero and Dr Johnston, all of which are full time.

A member of the group asked Angela if she could provide any further information on Dr Sweeney. Angela explained that the only information that has been given to members of staff is what has been authorised by the family.

**Endoscopy Service**

Kate explained that the Practice is delighted to announce that we will be expanding our endoscopy service, and will be welcoming patients from further afield. We have successfully bid for the Leeds contract, and will be welcoming Leeds patients with an endoscopy referral from July 2017. Patients will be having procedures in the endoscopy unit here, and attending for outpatient appointments either at The Grange Medical Centre or at New Cross Surgery in Rothwell. This is a huge achievement for the service following our accreditation in 2016, and we are excited to be involved in this new opportunity.

**X-ray Service**

Murray Schofield, the practice radiographer, attended the PRG meeting to introduce the x-ray service. He handed out comment sheets and asked if anyone had any suggestions to make on the service. The feedback sheets will be returned at the next meeting.

A member of the group commented that she “couldn’t fault the service” from her experience, although she commented that she had taken her father to see a locum GP in December 2016 and the locum had referred her father to A&E for an x-ray. Knowing that the practice offered an x-ray service she went to the reception desk, and they booked her father for an x-ray at the surgery. It was discussed that a new locum GP may not have been aware that we offered this service although the information will have been provided to them in the induction pack.

Murray explained that he can sometimes see patients on the same day, but will usually see the majority of patients within 1 working day.

Murray further explained that patients should have the choice of where they attend for their x-ray. If they are being referred elsewhere then do we know why?

A member of the group commented that they saw one of the orthopaedic consultants who sent him for an x-ray, the results of which were then immediately available to the consultant.

We will try and x-ray as many patients as we can here, but there are some exceptions where patients will need to attend at their local hospital, e.g. for trauma.

Murray also explained that sometimes consultants may have problems in retrieving images from x-rays that have been carried out elsewhere. He explained that he may be able to assist in retrieving these images on his systems, and will always help where possible.

Once an x-ray has been carried out, a report is written and then sent electronically to the Consultant Radiologist for verification. Murray will expect to receive the verified report back within 1-2 full working days.

Another member of the group commented that he had previously used the service and found it “spot on” and said that there was “nothing to complain about”.

Two members of the group commented that they did not remember being offered the feedback forms to complete following their x-rays. Murray explained that he only has a 15-minute slot to see the patient, to discuss their x-ray referral, to carry out the x-ray and then to write up the report, and so he has to make a judgement as to whether or not the patient has enough time to fill out the feedback form. He stated that he could hand out forms to all patients to take away with them, but unfortunately it would be unlikely that they would be returned, which is why he says that it is more beneficial to get the feedback there and then.

Kate further explained that the x-ray service is not just available to our own patients, but for all Wakefield CCG patients. Currently it is not as well publicised as we want it to be, which is why some patients are still travelling to their local hospitals for their x-rays.

Murray explained that patients with any suspected trauma, i.e. #NOK need to go to hospital for x-ray/treatment as following any x-ray at the surgery there would be nothing further that we could do for the patient and would only have to advise the patient to go to A&E. In addition, hospitals have more sophisticated equipment, i.e. x-ray equipment that can move 360 degrees around the patient which we do not have available at the surgery.

Kate explained that local CCG Commissioners will commission so many providers for each type of service, i.e. x-ray, ultrasound, and these services will then be available to patients via the choose and book system. Ultimately it is the patient’s choice as to which service they use and at which location.

**AOB**

A member of the group commented that there are still many patients who are not aware of the extra services offered at the practice, e.g. the endoscopy unit and the cataract services.

Kate explained that we have spoken to all of the optometrists in the Wakefield CCG area to advertise our service. They are aware of the services that we provide but they need to share this information with their patients. We have being carrying out cataract services at the surgery for over 1 year now. We offer a consultant led service with weekly appointments and a minimal waiting list. We are however revitalising the cataract service, and will be sending information again to all optometrists and GPs in the Wakefield CCG area.

A member of the group commented that our patients are not aware of how much this practice has to offer.

Kate also explained that we have been helping Mid-Yorkshire hospitals with their waiting list, direct access and surveillance patients. We can see them sooner, and it also means that the hospital can see patients who need more specialised care.

**Next meeting – Tuesday 4th July 2017**