**PRG Minutes**

**Tuesday 19th July 2016**

**Present**

John Buttree Patient Representative (Chairperson)

Colin Cooper Patient Representative

Larraine Cooper Patient Representative

Paul Stephens Patient Representative

Kate Lamb Assistant Practice Manager

Mick Lomax Public Health Nurse

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

**Apologies**

Angela Marwood Practice Manager

Sabrina Alexander Patient Representative

Gail Alexander Patient Representative

**Previous Minutes**

There were no Action Points from the previous meeting.

A member of the group asked for an amendment to the previous meeting’s minutes.

The information below –

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.

Is to be amended to –

Another member of the group raised a query about a patient who went to **Lloyd’s** to collect a prescription as **Cohen’s** said that they did not have it in stock. **Lloyd’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 previous minutes have been amended accordingly.

Regarding this matter, Kate explained that they had heard nothing further from the Lloyd’s chemist, and it does need to be raised as an incident. A member of the group who visits this chemist will speak to them, and ask them to contact Kate or Angela directly to follow-up this incident.

Another member of the group asked if there was any update on the matter raised during the last meeting, after being told by a pharmacist that prescriptions can only be ordered electronically by them.

Kate explained that this information is incorrect. She explained that patients, who order their prescriptions themselves, whether it is electronically or by handing in the paper part of the prescription, can then be in complete control of their medication.

If the patient nominates the pharmacy to order all of their prescriptions, then the pharmacy will have a list of all items that the patient currently has on a repeat prescription. The pharmacist should then ring the patient before sending the prescription to the practice, and ask what items need to be ordered otherwise we find that the pharmacies are ordering medications that are not required, which in turn leads to increased waste and higher costs.

Kate explained that measures are being put in place to stop this from happening as patients are potentially stockpiling medications.

Kate explained that sending prescriptions electronically is an efficient service, and can be easier for the patient as it means they don’t have to go to the surgery to collect their prescription, and then take it, in person, to the pharmacy. It is up to the patient to ask the pharmacy if they want them to order their medication on their behalf.

It was also mentioned that once prescribed, medications cannot be sent back to the pharmacy to be given to another patient, and will instead be destroyed.

**Practice Update**

**Prescriptions**

Kate explained that prescribing staff had a training session with a prescriber trainer during our last TARGET training session. The trainer spent the morning with the prescription clerk and then the afternoon doing the training with clinicians. It was very useful for all involved and has given us some useful information to use going forward. We now have additional information which we can use when speaking to pharmacists, and so hopefully causing minimal inconvenience to the patient should any problems arise with their electronic prescription. At the moment some pharmacists are sending patients back to the surgery to sort out any problems, and this is not acceptable.

In addition, if, for example, there are 3 items on a prescription, and the pharmacist only has 1 item in stock, they can phone other local pharmacists to see if they have the items in stock, and if they do then the pharmacists can send the remainder of the prescription electronically to that pharmacy to dispense.

A member of the group commented that when he went to his local pharmacy and there was an item on the prescription that they didn’t have in stock, they telephoned and found another pharmacy that had it in stock and then asked him if he wanted to collect it or they could deliver it. This is good service.

Kate said that pharmacists should be thinking about what is best for the patient. She explained that when we send prescriptions electronically they are attached to the patient’s nominated pharmacy. If the patient goes to collect the prescription and the pharmacy are saying that they haven’t received it, they can contact us and we can confirm that it has been successfully sent on our part and give them the unique barcode so that they can pull the prescription into their folder. In addition, there was lots of other useful information provided at the training session.

Kate said that we are making an effort to ensure that all items on a patient’s prescription are in line, and therefore medication only needs to be ordered once rather than several times each month. This makes it easier for both patients and clinicians and should reduce the number of contacts with the surgery.

A member of the group asked if this would lead to more work for the GP. Kate said that, yes, initially it would and that it would probably be a 6-month project to reach the majority of our patients.

A member of the group commented that it might not always work. Kate agreed and said that we are asking clinicians to be aware of this when prescribing new medication so anything new is brought in to line.

Kate also informed the group that Hayley, the Prescription Clerk, is also training up the 2 x new receptionists so that they will be able to assist her in her role. The prescription clerk(s) also have a role in ensuring that all medications, where possible, are aligned.

Kate highlighted one patient who was ordering her different medications every week. Having medications aligned made it easier for that patient as she now only needs to order once a month and gets all of her medications.

**Comments and Compliments**

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

Hemsworth

*“Very pleased with the fast service and rapid treatment for my daughter’s eye infection. THANK YOU”.*

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. This has not been done to date but it is good to give patients the option.

Kinsley

*“Claire at reception was really helpful and should have more like her and very welcoming.”*

This is the second positive comment that we have received about Claire recently.

Hemsworth

*“Elaine is brilliant. We LOVE Elaine. That Elaine is the best nurse in the world I tell ya. She needs a big reward for being so spectacular. Give her a medal. Give her loads of dosh.”*

Kate explained that these 3 x comments were all written in the same pen and with the same handwriting. They were signed, “fan of Elaine”, “From unidentified patients (lots of us) and Joe Bloggs”. Still very nice comments to receive.

Hemsworth

*“Today at 8am I rang for an appointment. The first message said no appointments were available. I went through to the receptionist and was offered a choice of 3 appointments across Hemsworth and Upton. Some people may have rang off at the first message.*

Kate said she is not sure what happened here and unfortunately the patient has not left any contact details so we cannot trace the call. She said that this message should only be played when all routine appointments are booked up for that day.

A member of the group commented that he had also experienced this happening when phoning the surgery. He said that he had called early in the morning and thought that it was very early to be saying that all of the appointments had been taken. He also commented that he had phoned the surgery and after being on hold for 25 minutes and getting to number 1 in the queue, the line went dead which was very frustrating.

He said that although patients are discouraged from phoning admin to book appointments he did on this occasion, and they booked an appointment for him with his preferred GP. Another member of the group also commented that they phone admin who will also book him GP appointments.

Kate asked that if this is happening with the phone lines to please report it. We need to know the date and time of the call and the number from which the call was made. Premier is telling us that this is not happening so we need the evidence to report back to them.

**Telephone Update**

Premier Telecom came out to the practice on 15th June to one of our previous TARGET sessions. The Trainer and Managing Director also attended. Kate explained that they had a meeting with the reception ladies so that they could tell them about the problems they are experiencing on a day-to-day basis.

During that afternoon they did some upgrades to the system and we have seen some improvements since that time.

Kate says that she had not yet collated the information on the most recent questionnaires to see if patient’s are noticing any positive improvements.

A member of the group asked when we will be hearing Dr Crawley’s recorded voice message on the phone. Kate explained that we still plan to do this but that Dr Crawley was currently on annual leave.

Another member of the group asked if we had received any refund from Premier following the ongoing problems we are experiencing. Kate explained that Angela deals with the financial side of matters, but that we had received some extra complimentary handsets and headsets.

**Staffing Update**

Dr Russell Gilbert has now started at the practice and is currently doing 4 x sessions a week. He is still in his induction period.

We have also re-advertised again for a vacant GP position.

We have 2 x new nursing members of staff starting around October. Helen Riley has already been working at the practice doing her Nurse Practitioner training, and Joanne Taberner is a “Long-term Conditions Practitioner” and she specialises in chronic disease management, elderly patients and home visits. Both new ladies have to work a 3-month notice period with their current employer. Kate said that the Locum Nurse Practitioner that we currently have in post is not being fully utilised, so we are pleased that we have got permanent members of staff joining the practice.

We have also appointed a new receptionist who will be working 23 hours per week. We are just waiting for her pre-employment checks to come through and then she only has to work a 1-week notice period at her current employment.

**Zero Tolerance**

Kate says that she is aware of 2 x patients who have recently behaved inappropriately towards staff at the practice, and 1 of these patients has now been removed from our register. Kate witnessed the patient storming out of one of the consulting rooms and using foul language. The clinician involved was very upset by this incident, and there were also children present in the waiting room at the time. Kate said that they were going to send a ‘zero tolerance’ letter out to the patient, but it was then decided to remove them completely from our register. Kate explained that sometimes patients do get upset, angry and frustrated in certain situations, but may apologise for their behaviour. Each case is dealt with individually. We also have to think about the clinician involved – this incident happened just after 8am and the clinician then had to carry on with a full day of patients.

A member of the group commented that another surgery will then have to register this patient. Kate stated that we will have to report why we have taken the patient off our records, but that this information is not provided to the new surgery so the patient will start there with a clean slate. Eventually it may get to the stage where a patient has been taken off the register at all of their local surgeries, and in this case surgeries will be asked to register the patient for just a short period (possibly 3 months) as they are still entitled to care.

A member of the group asked if this incident was a one-off, or whether the patient had behaved in this way previously? Kate said that there had been other minor incidents before but nothing as serious as this incident.

**Hospital prescribing**

Kate explained that she has not yet received a full response to this query however the Wakefield CCG contractual requirements are that the hospitals issue the first 7 days of medication to the patient whereas this may not be the case with other CCG’s – Leeds for example. It would appear to be a local CCG agreement.

**Flagstones**

A quote has now been approved by the GP Partners and work will start imminently. Kate explained that we need to be mindful of patients still being able to safely access the surgery while the work is being undertaken on both the front and rear entrances, especially patient’s in wheelchairs or other disabilities.

**Endoscopy**

We have now purchased our new scope washer and the first part of the equipment is now in place. It was wired up to the water and power on Friday (15th July) but unfortunately a leak developed on the Friday night. This caused a lot of work for staff over the weekend but the endoscopy service was not affected. The company have been out this morning and the problem has now been rectified. We will be working with the old washer until the end of July, and then the unit will be closed until the work is completed. The target date for completion of the work is 21st September 2016.

**AOB**

Mick explained that we now have a Job Coach in place, and she is doing 1 x session a week at Kinsley. She will help patients with CV’s and job searches, and those who are at risk of losing their jobs due to health problems. Mick explained that the Job Coach can’t sort out benefits, but if patients have been sanctioned and had their benefits stopped, then she can find out why the sanctions have been imposed and help to resolve these issues. This has been an ongoing project in Teesside for a little while now with good results.

Mick also explained that we have a Right Steps Sleep Clinic on the last Friday of every month between 4pm and 6pm, and are offering 20 minutes slots for sleep and anxiety problems. Clinicians can book these appointments.

The White Rose Credit Union was at The Grange last week. They are now based in Hemsworth Library, and more people see them there and can engage with their services. It is a very good service.

We now have black dementia friendly toilet seats in place across the practice. We also have 2 x benches which need to be built, so that patients can sit outside if they want to move away from the busy waiting room.

One of the group commented that the administrative service at the Grange was very good. He said that both him and his wife saw a GP on the Monday, and were referred to a specialist, and by Thursday they had both received their ‘choose and book’ referral information in the post.

Another member of the group commented that he believes a member of staff sometimes parks their car in the disabled bay at Hemsworth. Kate said that if anyone spots a car in that bay which is not displaying a disabled parking badge then to please report it to reception or her and action will be taken. It was mentioned that the second disabled bay had been moved after some works were done and could it be put back? It was agreed to put this back.

**Action Point**

Kate to arrange the second disabled parking bay in the car park.

**Coffee Morning**

A question was raised by a member of the group asking if we will be doing a coffee morning this year. It was decided to put this on the agenda for the next meeting for further discussion

**Next meeting – Tuesday 6th September at 12pm**