**PRG Meeting Notes**

**Tuesday 28th February 2017 at 12pm**

Present:

Kate Lamb Assistant Practice Manager (Chairperson)

Paul Stephens Patient Representative

Colin Copper Patient Representative

Laraine Cooper Patient Representative

Janet Neville Patient Representative

Rianne Norton Minutes

Apologies

Angela Marwood Practice Manager

John Buttree Patient Representative

**Previous Minutes**

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

Action Points

Parking

There was an action point from the previous meeting for Kate to speak to Sonia regarding car park signs. Kate confirmed that there is now one sign up in the car park.

A member of the group commented that they had seen nursing staff parking in the disabled bay of the car park.

Kate explained that there was no excuse for this to happen. She explained that nursing staff are aware that they can double park and then leave their details at reception so that they can be contacted to move their car when needed.

**Action Point**

* **Kate to send a notification to all staff advising them that under no circumstances should they be parking in a disabled bay.**

A comment was also made about cars continuing to park in the area outside the front of the surgery. It is felt this as normally patients just popping in and out of the surgery quickly. As long as the area remains unobstructed and we have ambulance access that is our priority.

Intercom

There was an action point for Kate to raise the matter of the intercom being left on by one of the GP’s during their consultations at the next Partner’s meeting.

A member of the group commented that this happened again the previous day while they were at the surgery, and it is very embarrassing for the patient(s) concerned. They also stated that it is happening far too often.

Kate explained that the matter has been raised at the Partner’s Meeting and all Partners are aware of this problem.

**Comments and Compliments**

Hemsworth

*Receptionist extremely rude and arrogant. A smile and ‘Can I Help’ goes a long* way.

The patient did describe this member of staff and the comment was taken to the Line Manager’s meeting. It has also been discussed with the relevant member of staff.

Endoscopy

*Excellent procedure. Staff friendly – made me feel at ease and explained facts to me. Bowel prep was the hardest, made me feel sick and found it difficult to take. Maybe less amounts of bowel prep if it worked the same.*

Kate explained that all of our endoscopy patients are asked to fill out a questionnaire following their procedure. With regards to bowel prep, Kate explained that the medications prescribed by the consultants are in line with current NICE guidelines. It was also explained that sometimes different clinicians may choose a different type of prep or a different dose for a particular patient depending in their individual needs.

Endoscopy

Really friendly and supportive staff group. Made me feel calmer and relaxed. Thank you.

*This was a lovely comment to receive.*

Kinsley

*I am wheelchair bound and can’t get into the surgery at Kinsley due to the door not being automatic so have to have someone come to help me. Comments box too high. Automatic doors. Lower comments box.*

Kate explained that these are both valid comments. She explained that we do have automatic doors both at Hemsworth and Greenview, but unfortunately we do not currently have the funds to install them at Kinsley at the moment.

Kate further explained that there is sometimes money offered by the CCG that we can bid for in order to make improvements to the surgery that will benefit our patients. The only stipulation with the money is that it is used to buy something which will benefit the patients. We can certainly look at replacing these doors next time.

**Action Point**

* **This patient left a contact telephone number so Kate will contact them to advise that we will consider replacing the doors at Kinsley for automatic doors when funds allow.**

A member of the group, who is not registered at the surgery but attends the PRG meetings on behalf of her father, explained that her GP surgery has a wheelchair available at the practice for patients to use.

Kate explained that we do now have access to a wheelchair for patients at our Hemsworth site which was donated to us by a member of staff. We also have a maintenance contract in place for it. We have not looked into getting a wheelchair at Kinsley or Greenview as yet, but we would certainly consider it if a good quality wheelchair was donated to us. We have not advertised the fact that we have the wheelchair, as up until now it has been used more to move patients who have become unwell whilst at the surgery.

A comment was made about whether the wheelchair might be stolen if we advertised that we had it?

Kate explained that the wheelchair would be available should patients ask for it and the comment about the box sees very reasonable.

**Action Point**

* **Kate to look into lowering the Comments box at Kinsley.**

Upton

*Best doctors of all – Upton. Really satisfied every visit. Well done to all staff.*

Kate explained that several GP’s work at Upton and it is nice to receive a positive comment.

PRG Network Update

Paul provided an update on his participation in the Network 2 PRG group.

Paul explained that it was a small group and that there was one patient representative from each surgery. Paul did explained that two patients attended from one practice but it was clarified by the Chairperson that only one patient should be in attendance in future.

There is no name for the group as yet. Paul thinks that it will be interesting to be involved and will continue to provide us with regular updates.

It was decided that these network meetings cannot be held at the Grange Medical Centre due to the pressures on parking spaces.

Paul said that he felt that patients were listened to during the meeting, and he is happy to attend the next meeting. The date is yet to be arranged and will be confirmed in the minutes from the meeting.

The aim of the network PRG is make improvements within the Wakefield CCG.

A member of the group asked if there was any further information about the network buying in bulk to help reduce costs.

Kate explained that we do get a discounted price for some goods from NHS Logistics but this doesn’t cover all of the items that we order. We always look to best value for money in all purchases.

Kate further explained that as a network we are committed to working together with the aim of sharing experiences and improving services for patients.

Nurse Practitioners

A member of the group stated that some patients still don’t want to see a Nurse Practitioner even if they are more qualified to deal with their particular problem.

Kate explained that if a patient sees a Nurse Practitioner and they are unable to help the patient fully or the patient would also benefit from seeing a GP, then this appointment will made as soon as possible, sometimes on the same day. Our Nurse Practitioners are an important part of our clinical team, and often specialise in particular areas, and so are fully qualified to provide advice to patients.

Telephone Survey

A survey was carried out soon after we had the new telephone system installed at the beginning of 2016, and we are conducting it again now to see if anything has changed in the last year. We will collate the information we receive however, we are currently short of completed questionnaires and so have asked reception staff to encourage patients to complete the surveys, as the results will not be as valid if there are not enough questionnaires completed.

Prince of Wales Update

Kate explained that we have a new cumulative figure for the amount of money that has been raised by the book stalls which are located at all three surgery sites.

**Post meeting Note**

* **The total figure that we have now raised is £765.58!**

The book stall was suggested by the PRG group. The turnover of books is very quick, and the stall makes a lot of money for very little maintenance. There are now both books and DVDs available on the stalls.

Practice Update

Dr Kamal returned to work on 27th February 2017.

Dr Crawley and Dr Sweeney are still not at work.

We have a new part-time GP starting in April. She will be working 1 x day per week during term time. She is newly qualified and comes recommended.

We have also interviewed another part-time GP who will be joining the practice around May 2017. She was previously a Partner GP at another Wakefield CCG surgery. She will be working 1.5 – 2 days a week.

Although neither GP is full-time, they are both permanent members of staff. From the end of March newly qualified GP’s will be looking for vacancies. We would be very willing to offer a position to a suitable newly qualified GP who would be mentored and supported by one of our own GP’s. As with all new members of staff, they will be given an extended period of training so that they can familiarise themselves with our policies and procedures.

We have 1 x Health Care Support Worker who is on extended sick leave, and then Ruby has recently started her maternity leave.

We are employing 3 x new Health Care Support Workers to cover these absences on part time, temporary contracts. Two have already started their roles with the third starting tomorrow. In additional to their day-to-day duties, they also help to run the visiting consultant clinics and the endoscopy clinics at the weekend.

We had a new member of staff start in reception recently and, although she was fully aware of the shifts that she would be required to work before she started at the practice, she had some childcare issues and unfortunately left within the first week.

We do have another receptionist starting soon, and we are currently carrying out her pre-employment checks.

A member of the group asked about Kay who was on reception this afternoon and said that they hadn’t seen her before. Kate explained that Kay has worked for us for many years but used to be based primarily at Greenview. She now works part-time in Admin and part-time as a receptionist and works across all three sites.

Telephone system

Premier Telecom has recently identified some training issues for our reception staff. They also identified that our peak call times are around 8am and again, surprisingly, at 10am, and so we have been looking at increasing our capacity to answer calls at these specific times. Kate explained that we do need patients to let us know if there have been any problems with contacting the surgery as we can track each call to see if the error was on our part or as a result of a fault with the telephone lines.

Kate explained that receptionists at any site can book appointments. When patients dial the general surgery telephone number they may get through to any site, but each receptionist is equally qualified to assist patients and book them into the site where they want their appointment.

A member of the group commented that they are sometimes on hold for long periods of time when contacting the surgery and are being charged all of this time.

Kate explained that yes patients are being charged whilst they are on hold, but the only alternative is that the patient rings the surgery and there is an engaged tone if all of the lines are busy. If the call is answered then the recorded message will advise the patient of where they are in the queue, and the patient can then make an informed decision as to whether they want to hold on or call back later. Some calls do also take longer than others, and will depend on the patient’s individual circumstances.

Care Navigation

Our reception team and Angela have already attended one of the ‘Care Navigation’ training days, and are due to attend the second date in March. After this second training session they will be helping to ‘care navigate’ patients to other appropriate sources of help and advice, e.g. local pharmacy. Our receptionists are not currently utilising this service until they have completed the relevant training.

In-House Pharmacist

A member of the group commented that some GP surgeries actually have pharmacists employed by the practice.

Kate explained that this has been discussed by the Partners and agrees that this service does appear to be working well in some surgeries. Kate explained that this had been discussed in the past and may be considered in the future.

CQC

Kate confirmed that the practice is now rated as ‘Good’ in all areas and therefore has a ‘Good’ overall rating. The posters indicating this new rating have now been put up in the surgery.

**Next meeting – Tuesday 11th April 2017**