**PRG Meeting Notes**

**Tuesday 21st April 2015 at 12pm**

Present:

John Buttree Chairman

Angela Marwood Practice Manager

Dr Crawley GP Partner

Kate Lamb Assistant Practice Manager

Colin Cooper Patient Representative

Laraine Cooper Patient Representative

Sabrina Alexander Patient Representative

Gail Alexander Patient Representative

Rianne Norton Public Health Administrator

Apologies

Mick Lomax Public Health Nurse

There were no action points from the last meeting.

**PRG Survey**

Angela explained that the PRG Survey had been published on the practice website as of 31st March, but as yet there had been no feedback from NHS England.

**Dementia walk-through**

Angela thanked the members of the PRG who attended the dementia walk-through on 15th April. Mr and Mrs Cooper and Gail Alexander attended at The Grange, and John Buttree attended at Greenview.

We have not received any official feedback as yet, but Mick Lomax has typed up some brief notes which were distributed amongst the group.

Angela said that there was nothing in the notes that surprised her, and also nothing that wasn’t do-able.

Angela explained that the final results of the dementia walk-through will be shared with the group once they have been received.

One of the comments made was that the large windows at Kinsley were too reflective and they should be covered, for example, with posters to help minimise reflections. Dr Crawley stated however that these windows needed to be kept clear so that staff can see into the waiting area. If the windows are covered then this will block the view. Angela added that the external windows did have blinds which could be utilised.

A member of the group suggested that patients with dementia would always attend the surgery with their carer, but Dr Crawley said that this wasn’t always the case. She also said that reception staff at Kinsley do become of aware of patients attending there who have extra needs, and do assist them when possible.

A member of the group suggested that it may have been beneficial to have Dr Sweeney present during the walk-through as he is the practice’s lead GP for mental health.

Angela then informed the group about the dementia ‘drop-in’ event which has been arranged by Mick Lomax on Tuesday 5th May between 1pm and 3pm at Hemsworth Library. The event has been arranged to provide advice and support to anyone who has been affected by dementia in any way. There will also be representatives present from The Alzheimer’s Society and Wakefield Carers.

A member of the group asked if Age UK were aware of the drop-in event.

**Action Point**

To speak to Mick Lomax and ask him to contact Age UK to see if they would be interested in attending the drop-in event on 5th May.

Angela also had some information about a ‘Mental Health Awareness Day’ which has been arranged by Middlestown PPG. It is on Thursday 30th April and will run during morning surgery. There will be representatives present from Rightsteps and Dementia Champions to offer information and advice.

A member of the group asked how many dementia patients are registered at the surgery. Dr Crawley replied that there were about 150 patients who have been diagnosed with dementia, and around 40-50 patients without a diagnosis. She also explained that there was a difference in diagnosis between patients with dementia and those with cognitive impairment.

A member of the group asked if the King’s Fund would be willing to contribute to the cost of any improvements that would be needed. Angela said that Mick has informed her that once the official report has been published, we can apply for funding from The King’s Fund in order to help facilitate the changes needed to make the practice more dementia-friendly. However, Dr Crawley explained that any resources that we do receive will have to split three ways to cover each of the three sites. We will continue to keep the group informed.

**Practice Update**

Staffing

As of 1st April 2015, Dr Johnston is now a partner at the practice rather than a salaried GP.

As of 20th April, we have received notification that Dr Prasad is retiring, although at the time of the meeting we were still awaiting official confirmation. Angela has been told verbally that he will give three months’ notice, but he may leave sooner. We will endeavour to make sure that services run as normal at Greenview.

Michelle Simon has now left the practice. Her post has been advertised but is yet to be filled.

Lorraine Fitzgerald has also now left the practice, and Richard Phillips is in post as a treatment room nurse. He was due to work part-time hours, but has now increased to full-time hours. He will also cover at least two of the extended sessions each week.

Emma Mair is the new practice nurse and has replaced Karen Hartley.

Gail, one of our receptionists is retiring, and interviews were held last Wednesday for new reception staff.

A member of the group asked if there were any particular reasons why members of staff are leaving. It was also commented that staff looked stressed.

Dr Crawley explained that the NHS workforce is not expanding, and staff are just moving around from one place of work to another. With regards to the role of Advanced Nurse Practitioner which has been vacated by Michelle Simon, Dr Crawley said that Huddersfield University stopped offering this course two years ago and it is only now offered by Leeds University which means that there are a reduced number of nurses available to fulfil this role.

Another member of the group asked if there was a limit to the number of patients that can be registered at the practice. Dr Crawley explained that each GP at the practice currently has between 1400-1500 patients registered to them. The practice currently has 6.4 full time equivalent (FTE) GP’s and ideally we should have 8 FTE. The government guidelines state that there can be up to 2000 patients registered per GP. Dr Crawley also explained how medicine has become more complicated with increased services being offered and longer sessions.

Prime Minister’s Challenge

Angela informed the group that the bid submitted by the CCG for the Prime Minister’s Challenge was unsuccessful.

Security

A member of the group asked if we needed security at the practice. Dr Crawley replied that it wasn’t necessary. She explained that, should it be required, then staff would call the police to attend. Problems usually arise because patients are in pain or are worried. Practice staff have been trained in diffusing situations and will always do the best they can. We do have to accept that a GP surgery can be a stressful environment for patients.

Secondary Care

Kate provided an update on the cataract contract now being provided by the practice. She told the group that the equipment needed to provide the service is being delivered on 23rd April. The first consultant clinic is to be held on Saturday 25th April, with the first procedural clinic to be held on 9th May.

There has been progress with the vasectomy clinic, and further bids are to be submitted so that the practice can offer a full ophthalmology service. These services will be run subject to demand, and the practice will be able to accept referrals from ophthalmologists across Wakefield. The aim is to make these services more community-based.

NHS England/Wakefield CCG

Dr Crawley explained to the group about the “Reorganisation Principle”. She said that NHS England were responsible for commissioning services for different areas but this wasn’t working, so services are now back to being commissioned, and contracts being held, at a local level with the CCG’s. It is, in some way, making a move towards the old Primary Care Trust (PCT) service.

A member of the group asked if this was just a step towards privatisation, but Dr Crawley said that this was not the case, and rather we are just back to where we started. She said that there was a difference, politically speaking, as to whether the service was commissioned from NHS England or the CCG, especially surrounding secondary care, as there was a conflict for the CCG in being a commissioner and provider of services.

Angela explained that NHS England seemed to be a “nameless organisation” in respect that you just send emails to addresses without knowing the person that you are sending them to, whereas there are familiar names and faces at the CCG.

Newsletter

Mick will pick up with the newsletter at the next PRG. The aim is that it will be used to promote current issues and health campaigns.

Online appointments and prescribing

Angela confirmed that the online appointment system was now up and running although full access is not available as yet. A member of the group asked how many patients were signed up for online access. Angela did not know an exact figure but said that it was low.

Dr Crawley said that it would be easier for us as a practice if patients used the technology available to them, and currently the take-up for online prescriptions is much lower than we would like. She explained that the practice has high prescribing costs, and as a practice we do prescribe too much. It would be more beneficial for the surgery if there was a greater uptake of online services, as it would free up time and staff would therefore have more time to deal directly with patients.

At the present time, patients are queuing up at reception to order repeat prescriptions and requests are also being made via the telephone request line. It is the request line which causes the most problems as it is extremely time consuming and also clogs up the telephone system meaning it is more difficult for patients wanting an appointment to get through to the surgery.

There are lots of different ways that patients can obtain their prescriptions, but patients do not seem to be engaging with new technology. Older patients actually seem to be better – more of them are making arrangements with their preferred chemist. Overall though, patients at our practice are not using the other methods available as much as patients at other surgeries.

Patients may not be aware prescriptions can be sent electronically to any chemist of their choice. When required, suppliers are also able to accept electronic prescriptions and deliver devices. The process is so much more time consuming when not done online and is also more prone to human error. The only prescriptions which are unable to be sent electronically are those for controlled drugs. Patients can also change their preferred chemist if required.

Kate commented that we need to advertise this service more to our patients as many may still be unaware that it is offered by the practice.

**Action Point**

Mick is to include information on electronic prescriptions on the next practice newsletter.

If a patient was to go on holiday in the UK and forget or lose their prescription medication, then an electronic regular medication prescription can also be sent to a local chemist so that they can easily collect their medication. We need to use modern technology as it is providing more efficient ways of working.

Kate explained that there are different ways to order medications. They can be ordered and collected using the right hand side of the previous prescription; a hand-written list handed in or faxed, or can be ordered electronically and delivered to your home address.

Reception staff will provide details of how to register online. All patients will need a username and password so that they can access their own account. It is very easy to do.

A member of the group asked if you could obtain account details for another patient, e.g. if you are their carer. Angela said that this would be possible but we would need written permission from the patient.

Dr Crawley asked the patients in the group if they had any ideas on how we could encourage more of our patients to becoming involved in using online prescriptions.

A member of the group asked if the practice would be able to run classes to show patients what to do?

Angela said that we would have to think about the confidentiality issues involved with this, but we may be able to use test patients.

Dr Crawley also informed the group that even if the practice did decide to stop using the telephone prescription service, then there are still other options available, in fact there are some surgeries that no longer offer telephone prescription requests. We need to look at what is best for the practice as well as our patients.

We need to increase awareness of this service. We can look at the numbers of patients registered online and see if these numbers increase. Patients also need to be aware that using a computer is not the only other option available. Patients can still use the right hand side of their paper prescription and put it in the repeat box. This would still be preferable to using the telephone. Some patients also set up standing orders with their chosen pharmacy who then arranges delivery of regular medication.

**AOB**

Kate informed the group that Mick has arranged for Rightsteps to attend the next TARGET staff training afternoon on 20th May to conduct a stress workshop for reception and administrative staff. We are hoping that will be of benefit to our staff.

Date of next meeting: **Tuesday 9th June 2015**