**PRG Meeting Notes**

**Tuesday 6th September 2016 at 12pm**

Present:

John Buttree Chairman

Kate Lamb Assistant Practice Manager

Colin Cooper Patient Representative

Larraine Cooper Patient Representative

Paul Stephens Patient Representative

Gail Alexander Patient Representative

Sabrina Alexander Patient Representative

Rianne Norton Public Health Administrator/Complaints Officer (Minutes)

Apologies

Angela Marwood Practice Manager

Mick Lomax Public Health Nurse

**Previous Minutes**

Staffing

Kate discussed the minutes of the previous PRG meeting on 19th July 2016, and checked that all members of the group had received copies of the minutes.

Kate confirmed that Hayley has been training the two new receptionists to help her in her role as Prescription Clerk. One of new receptionists – Carly – has come from another GP surgery and so she is already very well trained and has slotted in well into the role of Prescription Clerk.

The Prescription Clerk is based upstairs in the Admin building.

A member of the group asked if Lorraine – who previously worked as the Prescription Clerk – was back working in reception now, and this was confirmed by Kate.

Kate also confirmed that the majority of our receptionists are now employed to work across all three of our sites, although stated that there are still a couple of members of reception staff who are on old contracts and based at one particular site.

Kate confirmed that Dr Gilbert has now increased his workload from the initial four sessions per week to eight sessions per week, and is therefore now working four days a week. He started his clinics predominantly at Kinsley, but more of his clinics are now in Hemsworth. Dr Gilbert has settled in very well, and we have received some verbal compliments regarding his care. Dr Gilbert has his first on-call shift on Thursday – 8th September. Dr Gilbert still has a GP Mentor – Dr Sweeney – who can provide support and advice if and when required.

Flagstones

Kate explained that the flagstones at the front and rear of the building had now been replaced.

A member of the group stated however that some of the flagstones near the front entrance were still ‘rocking’, and another member of the group commented that you couldn’t tell that any of them had been replaced.

**Action Point**

**Kate is to re-assess the flagstones at the front and rear of the building.**

Parking

A member of the group explained that he had acquired a disabled parking sign which he will drop off at the surgery so that it can be used in the car park.

**Action Point**

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

A member of the group commented that they saw someone park their car in the surgery car park and then take their child into the barbers. A further comment was made that a car was seen parked outside Cohen’s, whereby the male driver stayed in the car and the female and three children got out and walked across to the dentist.

A member of the group asked why we can’t clamp cars in the car park.

Kate explained that we have now got a wheel clamp which she has brought into the surgery. We will then use it to clamp a member of staff’s car, making it as visible as possible, and hopefully this will detract people who are not patients at the surgery from parking their car in the car park.

Endoscopy

Kate explained that the two new scope washers are now in the final stages of validation testing. The target date for completion is next Friday – 16th September – and they will then be used in clinic on the weekend of Saturday 17th and Sunday 18th September.

Job Coach

The Job Coach is settling in well, and her services are being utilised by all of our clinicians.

Benches

There is now a bench located outside each of the three surgery sites for the comfort of our patients.

Comments and Compliments

Hemsworth

*Love the idea of the information screen. Lots of info given however, some of the screens don’t stay on long enough to read all the information. Would it be possible to slow the rate at which the screens change?*

Kate explained that the information on the screen was now set to scroll through at the slowest setting, however; she also explained that they would be reviewing the information on the screens and making the words larger and therefore easier for our patients to read.

Hemsworth

*Waiting time diabolical – 1 hour! Insulin prescription rejected 3 times. Will be putting a complaint in and moving surgeries.*

The patient who wrote this complaint is still registered at our surgery. It is hard to know why the prescription request was rejected as we do not have the specific details related to this case. Perhaps the patient was due for a medicines review? Was the patient notified? Did the patient complete the repeat prescription form correctly? There is very little we can do unless patients report this to us at the time.

Hemsworth

*I am very disgusted in the way people have to wait. I ring for appointment always get told I have to go to Hemsworth or Upton. I waited over 1 hour to see a nurse and that in itself is not good. To have more doctors on or nurses to cover the patients.*

This is difficult for everyone. Angela has been to a Practice Manager’s meeting, and all surgeries are experiencing the same problems. There is currently a lack of clinicians nationally. We still have an advert in place. Regarding the hour’s wait – this is not good, but again we don’t have the specifics and so can’t comment on what may have caused such a long delay. Receptionists should offer the patient the site of their choice when booking appointments, but will offer others sites if the preferred option is not available, as some patients are prepared to travel to other surgeries.

A member of the group commented that they had seen Jane Hinchliff, our new Nurse Practitioner, and said that she was very nice. Kate confirmed that Jane is settling in well at the surgery. Another member of the group stated that they had seen Richard Phillips, and found him very good, and also explained that on occasions they would rather see a Nurse Practitioner than a GP.

The above three entries were discussed at the Line Manager’s meeting on 26th July 2016.

Hemsworth

*On my previous visit I was initially refused the hay fever medication I have been on for many years and told quite abruptly to buy some over the counter. Only after a length explanation of all the over the counter medications I have tried and listing that which I have been prescribed was I given a prescription. Two of the three medications were done as a private prescription without any explanation. I have seen the same person since and found him much better. It would be nice to have a positive experience where my history is referenced and a patient centred approach taken.*

Kate explained that the Medicines Optimisation Team set targets for medications, e.g. hay fever medications and paracetamol, and this does have a relation to costs. Lots of patients can obtain these medications much cheaper by buying them over-the-counter. There have been lots of discussions around this topic in Medicines Management meetings, and clinicians will review the patient’s need for hay fever medications and will set it as a repeat prescription or acute prescription as required. If this prescription is in the patient’s medical notes, then the prescription clerk will authorise a request for a repeat prescription, as clinicians are aware that some hay fever medications are not available to buy over-the-counter. This is a clinical decision not a financial decision by our own GP’s.

A member of the group commented that he had been prescribed aspirin following a heart attack 20 years ago. He has always purchased the aspirin over the counter, but says that a few months ago the medication started to appear on his repeat prescriptions. The chemist was requesting the prescription from the GP even though the patient did not require it, and he states that the medication needs to be removed from his repeat prescription template.

Kate explained that work is currently being undertaken by the CCG regarding these issues, and she should be able to provide more information at the next PRG meeting.

Hemsworth

*Absolutely fuming. Can never get an appointment when needed. More lady doctors in certain surgeries.*

Kate explained that the practice does have a reasonable ratio of male to female GP’s and nurses and lack of appointments is a common problem for all surgeries nationwide.

Hemsworth

*Rung this afternoon to say that she had just seen Dr Gilbert and what a very pleasant and helpful gentleman he was and so very easy to talk to. Please pass this on to Dr Gilbert.*

This feedback was passed onto Dr Gilbert, and Kate explained that we have received several similar comments from other patients.

Hemsworth

*I have been to see the health trainer today and they have said that the service is stopping due to the government. Is there any way the surgery can keep this service going as so many people like me need it. The benefits are that if we can lose weight we might not have as many health problems.*

Kate explained that there is an online petition for patients wanting to keep this service, and referred the patient to the relevant website.

Hemsworth

*Wrong surgery for my sick note as I have never been to Upton surgery. Don’t even know where it is and as I live in Fitzwilliam it is not the first time as I had made an appointment at Kinsley and went to it and there was no appointment for me. Got told to come to Hemsworth and wait for a doctor to see me. Reception colleagues need to be a bit more careful in what they do as I do not drive so it’s hard for me to get there.*

Kate explained that this comment was discussed at a recent Line Manager’s meeting. She further explained that she had obtained the specifics of the incident and was therefore able to find out exactly what had happened.

In this particular case, the patient had phoned the surgery and had requested a sick note without the need to be seen by a clinician. A task was sent to all GP’s and the task was picked up a GP working at Greenview Surgery in Upton. The sick note was completed and was therefore waiting for the patient to collect it from Upton, even though the patient had needed to collect it from Kinsley. This has been addressed with staff to try and avoid this happening in the future.

Reception staff have also been reminded that they must tell the patient which site their appointment has been booked at. The receptionists have been told that if they book an appointment for a patient at a site other than the one that they usually visit, then they must leave a short message with the booking confirming that the patient has been made aware of the location of the appointment.

Public Health Project

A member of the group asked when Mick Lomax was leaving the practice, and Kate explained that next week would be his final week. A question was asked as to who funded the Public Health Project that he had been involved with. Kate explained that it was a two-year project funded by Wakefield Council. Kate explained that the Practice had hoped to secure additional funding so that the Project could be continued, but unfortunately this was not possible. We are very disappointed that both Mick and Janice will be leaving us. Rianne will be staying on in her role as Complaints Officer and will also be involved in other work. Mick and Janice leaving will create a gap in the care that we offer our patients, however, some of the initiatives that they have set up will continue to run in their absence. Janice also works part-time at Fieldhead Hospital, and so some of her patients may be seen there instead.

Coffee Morning

From a comment made at the previous PRG meeting, Kate asked if the members of the group wanted to arrange another coffee morning. She said that the previous event worked well when it was held in the walkway area of the surgery.

It was discussed by members of the group that for the last event we also did a tombola stall and cake stand, and for the amount of money that we raised compared to the time and effort put into the event it is perhaps not the best use of time and effort, and perhaps we would be better off just making a donation to a particular charity if we wanted to.

Kate agreed that it does take up a lot of time and effort but explained that it was up to the members of the PRG to decide as it would be their event. She then asked if they wanted to suggest something different.

Kate did explain that the book stalls are successful across all three sites. This was an excellent suggestion as takes up very little time and effort.

Kate also stated that the Practice had received another receipt of thanks from the Prince of Wales Hospice, although unfortunately it did not detail the amount of money that we had raised for the charity.

Kate also asked the group if we should keep to the same charity. A member of the group asked whether we should contact the virtual members for their views, but Kate explained that we do not receive any feedback from the virtual members of the group.

AOB

A member of the group commented on the sign in reception regarding abusive behaviour, and asked if it could be moved more to the middle of the reception area rather than at one end so it is more visible to patients. It was also commented that this was mentioned to reception staff who agreed that it needed to be more visible. Patients will then see the notice as soon as they approach the reception area. It was also suggested that these signs are put up on the wall near where patient’s queue whilst waiting to speak to a receptionist. Kate explained that this was a good idea.

**Action Point**

**Kate to arrange for extra signs regarding abusive behaviour not being tolerated by the practice to be put up on the wall.**

Kate explained that there is one of these notices next to the self-check-in screen, and patients are stopping to read it and take notice.

Kate explained that two letters had recently been sent out to patient’s following their abusive behaviour towards staff.

Kate further explained that serial repeat offenders who are continually removed from surgeries are then allocated to a specific surgery for a pre-determined length of time. This is only in the case of repeated offenders with particularly abusive behaviour.

Kate stated that any practice can refuse to register a patient at a surgery if they choose to.

It was also discussed that on occasions a patient may become angry because they are upset or have received some bad news, and that patient’s do sometimes apologise if their behaviour has been unacceptable. Receptionists are aware of this and will try and resolve any issues or diffuse poor behaviour.

Ultimately one of the GP Partners will decide and have the final decision on whether to remove a patient from the register.

**Next meeting – Tuesday 18th October 2016**