**PRG Meeting Notes - Tuesday 2nd April 2019**

**Present**

Paul Stephens Patient Representative (Chairman)

Janet Neville Patient Representative

Cathy Mullen Cancer Screening Facilitator

Kate Lamb Assistant Practice Manager

Rianne Norton Administrator (minutes)

**Apologies**

Angela Marwood Practice Manager

**Action Points from previous Meeting**

Minutes from the previous meeting were discussed.

Kate confirmed that the pharmacy team do want to attend one of the PRG meetings, and we just need to confirm a convenient date with them.

A member of the group commented that they would be interested in attending a meeting with the CCG regarding all of the recent changes within the practice. Kate stated for PRG members to keep an eye on the CCG website for any future meetings. Some of the meetings are open to the public and questions can be handed in before the meeting to be put to the committee.

Kate explained that unfortunately she does not know if Angela has had any further information/update from Sandra regarding the loss of local services from the practice.

Kate explained that she had only just collated the information to hand to the group so that they could arrange to come to the surgery and talk to patients about the loss of services. Kate also explained that the GP Partners were happy for members of the group to talk to patients, and they thanked them for their support.

With regards to the costs involved of patients failing to attend for their GP appointments; Kate explained that a member of staff had recently attended meeting whereby a figure of £37 per GP per appointment was quoted.

It was discussed whether we could send a letter/text to patients who fail to attend their appointments with the cost included. Kate explained that it would be good to do this if we could get an evidence based figure. It was suggested that this information could also be displayed on the TV screen in the waiting room.

It was explained that we do advertise the number of patients who DNA their appointments, and that it is unfair on other patients as we then have to care navigate patients when there are no more appointments available. Our aim is to be able to offer every patient a GP appointment.

It was explained that often the DNA appointments are those that have been pre-booked, either by the patient themselves or by the clinician, asking the patient to attend for a review.

**Cancer Screening Project**

Cathy Mullen introduced herself as a Cancer Screening Facilitator, and gave an overview of her role within the practice. There are three facilitators in total working across thirteen practices. They are currently focusing on bowel screening but will also be involved in cervical and breast screening.

The project is about increasing patient awareness of screening programmes and will run until April 2020. It is about trying to engage with patients. We can provide information to patients but ultimately it is their decision as to whether or not they attend for screening.

Cathy explained that she, along with two other facilitators, is working with local practices to improve cancer screening. There are posters up in the surgery and leaflets to hand out to patients. GPs and nurses have also been given information to hand to patients.

Cathy explained that it is important to continually liaise with the practice because although she can send the information out to patients, she needs to know that the practice has the capacity to book appointments for patients.

The project is being managed by Yorkshire Cancer Research, Wakefield CCG (Clinical Commissioning Group) and Wakefield Public Health. The project is being fully funded by Yorkshire Cancer Research.

Cathy explained that screening is for “well” patients – those without any symptoms. If a patient is displaying symptoms which they are concerned about then they will be directed to their GP for further advice/investigations.

The aim of the screening programme is to try and find cancer early and to therefore treat early, which in turn gives a higher success/survival rate.

Bowel screening is carried out at home. Screening starts at 60 years of age and then further screening every two years until 74 years old.

Cathy explained that she has got the time to talk through the procedure with patients.

She explained that the test isn’t looking for cancer, but is looking for signs that may indicate early signs that may turn to cancer. A positive test doesn’t mean cancer but it means the patient will need some further investigations.

Positive comments were also shared by the group about the recent TV campaign which is encouraging women to attend for their cervical screening.

Cathy explained that screening programmes target patients where the risk is identified as being higher, and therefore will focus on those age groups.

**Lung Health Screening**

Kate explained that we are one of three surgeries in the local area to be nominated to take part in a lung health screening pilot starting in September 2019. The project is targeting patients aged 55-75. Patients will undergo a spirometry test, and then further investigations including a CT scan if required. The project will be funded by Wakefield CCG.

**Post meeting note**

The project will start in early September 2019 and clinics will be held at each of our three sites over 11 weeks. The expected number of patients to be called is around 4000, with an expected attendance of around 1200 patients.

Patients will have a simple health and spirometry test and review by a practice nurse to discuss whether further testing is required. The aim of the project is to diagnose and treat lung conditions earlier.

**Comments and Compliments**

Hemsworth (March 2019)

*I don’t think that working people are taken into consideration e.g. phoning at 8am is impossible for some working people - for some appointments to be saved at tea time for working people.*

Kate explained that online access is available for all patients to book appointments at their convenience 24/7. She explained that the prescription clerk is going to target patients who are prescribed controlled drugs and who have not yet signed up to online access.

This is because controlled drugs can now be sent electronically to pharmacies for patients to collect. The prescription clerk can also help patients to set up online access on their computer or to download the app onto their smartphone.

Kate explained that online appointments are released every day, up to a week in advance, although appreciate that patients may not be able to book appointments online if they require same-day appointments.

Kate explained that, as a practice, we do not think it is “impossible” for workers, considering the options we have available. Appointments are available to pre-book up to a week in advance and are released daily.

A member of the group commented that there are not a lot of appointments available for 15,000 patients. Kate explained that it was about getting a balance – we have lots of patients who rarely visit the surgery, whereas others who have multiple weekly appointments.

If a patient needs a same day urgent appointment then we will always try to offer an appointment. If however there are no appointments available then we will care navigate the patient to the care provider most suitable for their needs, i.e. pharmacist, dentist, optician, or urgent treatment centre.

Kate explained that Advance Nurse Practitioners (ANPs) can deal with many conditions and can prescribe and this therefore allows patients with more complex health matters for the GPs to deal. Pharmacists are also appropriately trained to deal with minor ailments and can also carry out routine medication reviews. It was also commented that some patients take medication and they don’t know why or what for.

There are always other options available – the NHS is changing and evolving. We do also offer extended hours on some days with clinics starting at 7.30am and finishing at 8pm.

It was explained that we don’t book appointments too far in advance because patients forget and then do not attend (DNA).

Hemsworth (April 2019)

*Patient has separate pharmacies for ordering his medication and appliances but there isn’t an option within the online access for this. Two separate pages to order for different pharmacies would avoid confusion.*

Kate explained that only one pharmacy can be nominated per patient on the online system and that this is not controlled by the practice. We have however put this comment forward as a suggestion to the company that runs the software.

**Post meeting note**

It was advised that patients can add a ‘comment’ when ordering items to specify if some items need to be sent to a different pharmacy. Also, the prescription clerks know that appliances go elsewhere, so would naturally direct to the appropriate place.

The software providers have advised that if patients order all of their medications and then exit the order screen and login in again to order appliances, then that will also work.

Endoscopy (April 2019)

*It would be nice to have some light reading in the waiting room. It would help pass the time waiting to be seen and also take your mind of the pending procedure.*

Endoscopy (April 2019)

*There should be more facilities in the waiting room for escorts of patients e.g. books, magazines, drinks machine and a rubbish bin. Escorts who are accompanying patients receiving sedation can be up to 2 hours in the waiting room and may not wish to leave and return. For them especially this would be a huge benefit.*

Kate explained that we were unable to install a drinks machine in the waiting area due to health and safety concerns, but we can certainly look at getting some magazines and a small waste bin.

**Endoscopy**

We want to keep and enhance this service. We are currently in discussion with Mid-Yorkshire Trust to arrange a meeting to work with them, as they currently have a waiting list for procedures that community providers such as us can help with.

We also have a contact within Leeds hospitals, endoscopy and will be talking to them about whether we can take any of their patients. Kate is doing a presentation in Leeds on 09.04.19. This will be for routine patients and not those on a 2-week-wait referral.

There are three community endoscopy service providers and all are JAG accredited (a quality improvement and service accreditation for gastrointestinal endoscopy).

The endoscopy service at Mid-Yorkshire hospitals is NOT JAG accredited. The Trust underwent the initial inspection but did not achieve the accreditation straight away. They will have an action plan to make improvements before they can be inspected again.

ENT and gynaecology also currently have very long waiting lists at Mid-Yorkshire. General, Vascular and Urology services will be ceasing here soon so potentially they will have very long waiting lists in the coming months.

Kate explained that we have written to the Chairman of the Mid-Yorkshire Trust detailing the consultant led services that we can offer for all of the services that we have not had renewed.

A question was asked around waiting lists for secondary care. It was explained that there will be different timescales for different specialities. Although Kate explained that she was aware of one of our patients who had had their ENT operation cancelled five times by Mid-Yorkshire. This was also a procedure that could have been carried out at The Grange.

We need patients to speak up – to be vocal about the problems they are experiencing. Patients can talk to their GP practice, PALS (Patient Advice and Liaison Service) based at Pinderfields Hospital, their MP, NHS Improvement or NHS England. We can only report matters on behalf of patients if they give us their consent to do so.

**Information for the PRG Group**

Kate handed out the information that she had collated ready for the PRG group to talk to patients. Information was provided regarding ENT, gynaecology, x-ray, general, vascular and urology services (see below):

**UPDATED FIGURES**

The Grange stopped accepting referrals for ENT, Gynaecology and x-ray on 01.10.2018. The figures below show the outstanding waiting times along with the number of patients seen after the above date.

When these services were held at the Grange all patients were offered an appointment to be seen up to 4 weeks following referral this has greatly increased as the results below show, these figures are only for patients registered at the Grange so for other surgeries that previously referred to the Grange their waiting times could be the same or even greater.

**ENT**

ENT patients already seen by consultant and time span

3 to 5 weeks = 5 patients

6 to 8 weeks = 5 patients

8 to 10 weeks = 4 patients

11 to 13 weeks = 3 patients

14 to 15 weeks = 3 patients

15 to 17 weeks = 1 patient

17+ weeks = 2 patients

Therefore the above calculations indicate that 78.26% of patients are not been seen within 4 weeks as previously when The Grange Medical Centre had a contract they would have been. And 8.69% breached the 18 week RTT guidelines set out by NHS England .

ENT patients still awaiting 1ST outpatient appointments and time scale

1 to 2 weeks = 14 patients

3 to 5 weeks = 29 patients

6 to 8 weeks = 17 patients

8 to 10 weeks = 14 patients

11 to 13 weeks = 22 patients

14 to 15 weeks = 7 patients

15 to 17 weeks = 15 patients

17+ weeks = 47 patients

Therefore the above calculations indicate that 165 patients as still awaiting an ENT 1st outpatient appointment. This shows 73.93% have still not been seen after 6 weeks but would have already had their appointment at the Grange if the service was still a choice of provider. This also shows that 28.48% of patients have already breached the 18 week RTT guidelines set out by NHS England.

**Gynaecology**

Gynaecology patients already seen by consultant and time span

3 to 5 weeks = 3 patients

6 to 8 weeks = 8 patients

8 to 10 weeks = 6 patients

11 to 13 weeks = 1 patients

14 to 15 weeks = 3 patients

15 to 17 weeks = 2 patients

17+ weeks = 2 patients

Therefore the above calculations indicate that 96% of patients are not been seen within 4 weeks as previously when The Grange Medical Centre had a contract they would have been. Furthermore, 8 % breached the 18 week RTT guidelines set out by NHS England.

Gynaecology patients still awaiting 1st outpatient appointments and time scale

1 to 2 weeks = 7 patients

3 to 5 weeks = 16 patients

6 to 8 weeks = 8 patients

8 to 10 weeks = 9 patients

11 to 13 weeks = 8 patients

14 to 15 weeks = 7 patients

15 to 17 weeks = 5 patients

17+ weeks = 16 patients

The above calculations indicate that 76 patients as still awaiting a Gynaecology 1st outpatient appointment. They show that 69.73% of patients have still not been seen after 6 weeks but would have already had their appointment at the Grange if the service was still a choice of provider. This also shows that 21.05% of patients have already breached the 18 week RTT guidelines set out by NHS England.

**X-ray**

The Grange also had an x-ray contract which contact was also not renewed by Wakefield CCG. Patients choosing to attend the Grange for an x-ray could be seen the same day either by pre-booking or a walk in service. Patient registered with the Grange could see a GP and then have an x-ray following this consultation. This saved the patient from having to go home and choose another provider.

**Other Services**

Wakefield CCG has confirmed they are not renewing our **General and Vascular Surgery and Urology** services from 1st April 2019.

Patients attending the general/vascular service at The Grange Medical Centre could not only see a consultant here but could also undergo surgery i.e. varicose vein surgery, hernia repair, removal of cysts and abscesses, treatment for haemorrhoids etc. this will now all be undertaken at the Hospital potentially increasing their waiting lists

With the CCG’s decision not to renew the community consultant delivered clinics this will impact on many areas which includes

* Patient transport - more pressure will be put on this service to transport the elderly and disabled to appointments where are when the attended the Grange the majority came on mobility scooters

* Workers - The Grange offered out of hours consultant clinics so that this suited the working population and also the elderly and frail that relied on family and friends to bring them to their appointments
* Money and time - by having to travel to Pinderfields the patient has to pay parking whereas The Grange and surrounding Hemsworth car parks are free of charge. Patients that do not have their own transport therefore have to travel on the bus which is a 2 hour, 4 bus round journey at a cost of around £10. If the patient has to go to Dewsbury this would be longer and a greater cost
* Patients with mental illness and anxiety are more likely to attend an appointment in a surgery rather than in an hospital setting as this is a more relaxed atmosphere for them to cope with rather than the hustle bustle of a big hospital

If PRG members would like to discuss any of this information in further detail then please contact our Secondary Care Manager on 01977 624254.

It was agreed that members of the group will meet at **The Grange Medical Centre at 10am on Wednesday 24th April 2019** in order to speak to patients about the recent loss of services.

All members of the group are invited and encouraged to attend. This has been arranged with the support of the GP Partners and is important in making patients aware of the services we are unfortunately no longer able to provide as a result of actions by the CCG.

Kate explained that we will apply for any new contracts that are put out for procurement for services where we are able to provide high quality service to our patients.

**Next Meeting**

**Date: Tuesday 14th May 2019**

**Time: 12pm**

**Location: The Grange Medical Centre**