PRG Minutes

Tuesday 15th March 2016

Present

John Buttree Chairperson

Colin Cooper Patient representative

Larraine Cooper Patient representative

Paul Stephens Patient representative

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager

Mick Lomax Public Health Nurse

Rianne Norton Public Health Administrator/Complaint’s Officer

Apologies

Apologies were received from Gail Alexander and Sabrina Alexander.

The minutes from the previous meeting in February were reviewed and agreed. The action points from the previous meeting with regards to parking at the Hemsworth surgery were discussed. Angela commented that we do advertise on the screen in the waiting room and also on the website, advising patients to park elsewhere if they are able to. Angela also commented that she believed that we were still accommodating patients from the dental practice.

A member of the group commented that the parking was noticeably bad today, with cars still parking in front of the emergency exit.

Kate confirmed that the signs were now in place informing patients not to park in this area. Angela stated that unfortunately, George cannot be out in the car park all of the time.

Angela confirmed that the minutes were now on the website, and that there were no further action points to discuss.

Comments and Compliments

These are from February 2016.

Kate explained that there was now a ‘Comments and Compliments’ box in the endoscopy suite to encourage patients to provide their feedback on the service they have received.

**Endoscopy**

**“Really nice staff and doctor they made me feel very comfortable. Thanks”.**

**“Excellent staff at endoscopy”**

Kate commented that it was lovely to receive such positive comments.

**Endoscopy**

**“Limited if no information given on arrival. One hour later no contact or acknowledgement of arrival beyond being told to take a seat”**

Kate explained that she has investigated further following receipt of this comment. She stated that the patient was asked to come in early, and the patient was greeted on their arrival. However, there was then a problem in the endoscopy suite which meant that the suite needed to be cleaned and this, unfortunately, then delayed the patient’s procedure. The patient should have been kept informed of the situation, and staff have been advised of the importance of keeping patients up-to-date.

**Hemsworth**

**“I am the nana of a patient that should have been seen at 3.40. At 4.35 she was still not called. I am disgusted with this. Buck your ideas up. I will be complaining and taking this matter further.”**

Kate confirmed that a complaint was received. As all of our calls are now recorded, Kate confirmed that she had listened to the call recording of when this appointment was booked, and the correct information was given, i.e. they were told to arrive at 4 o’ clock but to be prepared to sit and wait. We were not at fault in this case.

Kate explained that we do stagger the on-call GP appointments, and patients are asked to come to the surgery from 4pm, 4.30pm, 5pm and 5.30pm and told that they must sit and wait. If the GP has an emergency call to make, then this will further delay their appointment. All patients will be seen but cannot guarantee a time.

Angela confirmed that it is important that this message is always passed onto patients.

Kate explained that these appointments are for the emergency clinic, and therefore the patients are confirming that they need to be seen urgently that same day. Other clinicians will also see patients from the on-call list if they are able to.

**Hemsworth**

**“I am writing to ask if you would please convey my thanks to the team who recently carried out my cataract operations. The improvement to my vision is quite simply brilliant! I found everyone to be very friendly, efficient and professional and was impressed by the speed in which the surgery was arranged and completed. Once again my thanks to all concerned.”**

Kate confirmed that these comments had been fed back to the ophthalmic team.

**“Kinsley”**

**Just had appointment with Dr Massheder. What a lovely lady. Amazing patient reassurance, thank you.”**

This comment has been shared with Dr Massheder.

**Kinsley**

**“Coat hook in disabled toilet”**

Kate confirmed that this had now been done.

**Kinsley**

**“Can’t get through on the phone lines. Wrong number printed on appointment printout. Receptionist told me there was a cancellation number but she didn’t know it and it wasn’t advertised anywhere. My opinion is that it should be printed on appointment print outs as well as the surgery number.”**

This comment had been fed back to the Reception Team Leaders. We need to know what information the receptionists are giving to patients, and whether they are handing out the cards which have the mobile telephone number that can be used for cancelling appointments. When contacting the surgery now, the new telephone system also has an option for patients to cancel an appointment without needing to speak to a member of staff.

**Upton**

**“I would like to compliment nurse Amy Cooper who was brilliant. Very calming, positive and reassuring and she had a very positive attitude which made my day much better. Thanks you.”**

This feedback has been shared with Amy.

**Kinsley**

**“It would be very nice to be able to sit on a chair in the waiting room which did not have urine stains on it. Whoever thought that fabric covered seats were a good idea.”**

Kate explained that following receipt of this comment, she phoned the patient who had now seen the new seats in the waiting room. Kate also informed the patient that we would be ordering more of the new seats.

A member of the group commented that the new seats were on the far side wall of the waiting area where patients don’t normally sit.

Kate stated that we have received some really nice comments, and there are also comments about things that we can do something about.

Angela explained that we have also recently had some positive comments via the NHS Choices website.

A member of the group asked where the surgeons come from who do the cataract surgery.

Kate explained that they were all relatively local surgeons – from Goole, Rotherham, Leeds and York. She said the practice was very pleased with the work of the ophthalmic team.

Practice Update

New Telephone System

Angela explained that she had received positive feedback from staff, especially now that the options have been redesigned. As already discussed, Angela explained that we had already used the call recording functionality to listen to a call following a complaint. This function ensures that should there be a problem, we can check that members of staff are providing the correct information, and it may also make patients think more carefully about what they say now that they know that calls are being recorded.

Angela explained that we have had some unhappy patients at Greenview following the removal of their direct dial line to the surgery. However, Angela did further explain that it did mean that there was now more staff available to answer calls across all 3 sites. There is also no longer an engaged tone if all of the lines are busy when a patient is trying to get through to the surgery. She explained that if 30 patients are trying to contact the surgery on only 25 telephone lines, the remaining 5 will wait on a “cloud” and then slot down into the queue when a line becomes free. This should also stop the ‘going round in a loop’ which patients have previously reported. We have now had the new system in place for approximately 6 weeks so it is still early days.

A member of the group commented that a family member had contacted the surgery using the new telephone system and their call had been answered at Upton.

Kate explained that we need patients to understand that not all calls are answered by staff at Hemsworth. She explained that staff are logged in to the computer system at all three sites and will be available to answer calls, whereas before only 1 or a maximum of 2 staff were available at Greenview any one time to answer calls. Calls should now be answered more quickly. There has obviously been a misunderstanding regarding this situation from the friends and family comments that we have recently received from patients at Greenview.

A member of the group commented that they had had difficulty getting through to a receptionist, but once through, the receptionist did ask which site they wanted an appointment for, and an appointment was booked for the following day which they found very acceptable.

Another member of the group commented that some patients can travel and can therefore attend appointments at all 3 sites.

A member of the group stated that they had spoken to Joan twice and found her very helpful.

Another member commented that he had asked to see Dr Crawley specifically and said that they were prepared to travel to any site to see her.

Kate explained that we are trying to move doctors around to all 3 sites to ease congestion and footfall at Hemsworth.

A member of the group asked how many female GP’s go to Greenview.

Angela said that Dr Twine visited Greenview regularly, and occasionally Dr Massheder and Dr Crawley.

Angela said that we knew that the new telephone system would not provide answers to all of our problems, but says that we do now have a much more efficient system. We can now track calls if required, and provide explanations to any concerns and/or queries.

Patient Survey

We carry this out every year, and we have a bit more time this year. Angela suggested we survey patients on the new telephone system, and Kate had put together a suggested questionnaire.

It was acknowledged that patients will still experience problems, but hopefully the survey will show an improvement. The survey also provides information on cancelling appointments, and informs patients that appointments can be booked and cancelled online. We have, for the last few years, surveyed patients on the service we provide, whereas this is more specific. It was also acknowledged that our telephone system was one of the areas picked up during our recent CQC inspection, but we were able to inform them during the inspection that we had committed to installing a new telephone system. Angela confirmed that if everyone was happy with Kate’s draft questionnaire then it would be formalised and the required 500 would be printed off ready to distribute to patients.

Angela asked if everyone was happy with the questions and if anyone wanted to add anything else?

A member of the group commented that when the new telephone system was initially introduced it was very confusing, but does now seem to have improved.

Angela confirmed that following the implementation of the new telephone system, the engineers did return and carry out more work.

It was commented that a member of the group had noticed an improvement in the system and the sound does appear much clearer than it was initially.

Everyone confirmed that they were happy with the questionnaire. Angela confirmed that there was no time limit in which the questionnaire had to be completed but we will get started with it immediately.

Network Development Framework

Angela explained that the practice does work for the CCG (Clinical Commissioning Group) within the Network Development Framework (NDF). One aspect of the NDF is that it encourages practices to engage regularly with their patients through PRG’s, so that PRG’s are aware of the current health priorities identified by the Network, which, currently, are becoming a dementia-friendly practice and reducing smoking in pregnancy.

Angela confirmed that we have met all our training requirements for staff Dementia training, but Mick will be arranging 1 more additional session for the remaining staff members who have yet to receive their training.

Sonia has been working with Mick to develop an action plan for the improvements which need to be implemented with regards to making the practice more Dementia friendly. Lots of the improvements are around signage. A bid was made for funding to assist with these improvements, but unfortunately it was refused. We are however looking to resubmit a further bid in the near future.

We have managed to make some changes without the funding. We have made some signage changes ourselves; including putting a picture of a toilet on to the toilet doors rather than the word ‘toilet’, and we have also colour coded the labels for the hot and cold water taps. This is an ongoing process. Some of the changes are more expensive to implement, e.g. needing blue and black toilet seats. Funding would be ideal to make more changes, but if the bid is unsuccessful again then the practice will look at funding the changes ourselves.

Mick commented that companies have now increased their prices on items which are listed as Dementia friendly as there is now more awareness of this initiative.

Mick also commented that the Dementia Carer drop-in sessions are doing very well. They are held on the first Monday of every month at Hemsworth library from 10am to 12pm.

Angela stated that the practice was also looking at reducing smoking in pregnancy. This is being managed by Margaret Taberner and Claire Amery. It targets the percentage of nurses who have been trained, and we are also liaising with the midwives regarding this. Once again this is an ongoing initiative.

Angela explained that from the 1st April 2015, the NDF will now be known as the Wakefield Practice Premium Contract (WPPC). This was all part of the PMS review when money was taken away from practices. Now, we have to complete work as part of this contract in order to get the money back, which really involves moving money from one pot to another. It was explained that we need to carry out this extra work in order to secure additional funding. Things change so frequently and there are still a lot on ongoing changes regarding who we make claims to for the work we carry out.

LARC (Long acting reversible contraception) claims (e.g. coils and implants which are fitted by nursing and/or GP staff at the practice) were made to Wakefield council, however, as of 1st October 2015, the claims are now made to Spectrum. We carry out the procedures at the practice and then make a claim for the money.

A member of the group commented that a member of their family had had 2 appointments cancelled for an implant to be fitted. Angela explained that Dr Twine regularly carried out these procedures, and she had twice phoned in sick, but confirmed that Dr Twine was now back at work.

With regards to childhood immunisations we now also make claims differently. Members of staff are responsible for ensuring that we claim everything we are entitled to.

Angela confirmed that once the Premium Contract is agreed it will be shared with the group.

Endoscopy JAG accreditation

Kate explained that the JAG accreditation inspection went very well and the final report has now been approved. There were 5 key action points which the practice has 3 months to fulfil, and then we will be awarded our accreditation. Kate confirmed that none of the changes were anything major. One of them is to add an additional eye wash kit in the decontamination room. The biggest change is in the staff changing room. A toilet and basin will be fitted and this will become the patient’s changing room to help improve patient dignity while using our facilities. We are currently getting quotes for this work, but have been told that it should only take 2-3 days to complete. Kate explained that she is confident that all of the work will either be completed or in the pipeline by the deadline of 10th May, and she is confident that we will achieve our accreditation. Overall we are very pleased with our progress.

AOB

Prescriptions

A member of the group stated that he used to ring the surgery for a repeat prescription which was then sent electronically to their nominated pharmacy, but the telephone prescription line is no longer available.

He explained that he handed in his prescription in to Boots pharmacy, stating each time what medication he required from his prescription, but he received everything on his prescription. He says that he even received 28 days’ worth of Aspirin on his prescription when he can buy 100 for under £1 in Boots. It’s a waste of money.

A question was asked as to who was responsible for these errors? Is the practice or is it the pharmacy? The patient also commented that they received GTN tablets which they no longer take but they are still being issued with each prescription.

Mick commented that this was a widespread problem.

The group member commented that they will now fill in the prescription themselves and then drop the prescription into Greenview. He said that both he and his wife were receiving medication that was no longer required.

Kate explained that they can check up on this, but said that the prescription clerk should only be issuing the medication that has been requested.

Angela confirmed that all prescriptions should be authorised by the surgery and it should be picked up if something is not right.

Kate questioned that if the pharmacy is continually requesting this medication, then does the GP know that they are not taking it any longer and does it therefore need to be removed from the repeat prescription list?

The member of the group stated that they do not pay for their prescriptions, but said that that isn’t the point.

Another member of the group stated that it was the same for them – changed their warfarin dose but still receiving the previous medication. They explained that they have previously asked for medication to be removed from their prescription as have not taken it in years, but it is still on the prescription. They commented that Dr Johnston did remove some of their medication during their last medication review.

Angela confirmed that even though the chemist may order the medication, the GP still needs to authorise it.

Kate further explained that the whole point of regular medication reviews was to look at a patient’s medication, and to remove any medications that are not current and no longer required by the patient.

A further comment was made by a member of the group about a patient picking up a prescription from the pharmacy but he was listed as being registered at a different GP practice. This patient has always been registered at The Grange. Their address was correct but they were down as being registered at Southmoor surgery.

Kate could not explain why this might have happened, as she said that even if you moved to a different GP surgery the new surgery would have to request the patient notes from the previous practice.

A comment was also made that some electronic prescriptions are being sent to Cohen’s pharmacy rather than to other nominated pharmacies.

A further comment was made that a patient had been to collect a prescription which wasn’t ready; the patient had been to the chemist but they hadn’t received it, so they came back to the surgery who said that there was no record of the prescription.

If a patient goes to the chemist, they should not be sent back to the surgery. The chemist should phone the surgery to try and deal with the matter there and then.

A member of the group commented that they can’t call the surgery to discuss prescription issues until after 11am.

Kate explained that this wasn’t true. The prescription clerk doesn’t start until 11am, but receptionists do have knowledge of prescriptions and are able to check if a prescription has been issued. When prescriptions are collected by pharmacies, the driver will sign for each individual prescription. Sometimes electronic prescriptions have been sent but pharmacist may need to request the information on their system.

A member of the group said that they went to the chemist 7 days after their prescription has been requested, but the pharmacy said that they had not received it. The patient went back to the surgery who confirmed that the prescription had been sent. He said that they now collect the prescriptions themselves from Tesco.

Kate explained that pharmacists can track electronic prescriptions so if they can’t be seen they can trace it in case it has been sent in error to a different pharmacy.

Chemists can order prescriptions for patients if a patient has the same medication every month.

A member of the group commented that they have known some patients who have stopped ordering prescriptions online because of the ongoing problems.

Mick explained to the group that sometimes patients request their medications earlier than they are actually due, and this can sometimes cause confusion.

Angela explained that she witnessed a call taken by a member of Admin staff. The prescription was not at the pharmacy and so the patient was blaming us. After looking in the book, it was discovered that the pharmacy had not collected the prescription. The pharmacy did not investigate anything themselves or provide the patient with any information, and instead they immediately put the blame onto the surgery.

Angela said that this system should work fine and is a very useful system; however, it is a very sophisticated system so it only needs one small glitch or human error and it can cause problems.

Pathways

Another member of the group commented that he had a job for George! He stated that he had walked into the surgery via the main entrance today, and there are some flagstones on the path that are loose and need looking at as they are a trip hazard. Kate confirmed that she was already looking into this and was getting quotes.

GP Vacancy

Another member asked if there had been any applications for the vacant GP post?

Angela confirmed that the position had been advertised again in the British Journal of General Practice (BJGP). We had a couple of applicants but neither of them were suitable for the post. There has been another applicant which will be looked at during the partners meeting on Wednesday 16th March.

There is generally a shortage of GPs both locally and nationally.

Angela did also comment that we have been lucky that the salaried GP’s who have are employed at the surgery – Dr Brown, Dr Twine and Dr Massheder have all stayed.

**Next meeting – Tuesday 26th April**