**PRG Meeting Notes**

**Tuesday 17th January 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

**Previous Minutes**

All members of the group confirmed that they had received a copy of the previous minutes. There were no action points from the previous minutes.

**Comments and Compliments**

Kinsley

*The waiting room wants some cracks seeing to and a good paint. The walls could do with a good wash. It would look better for a lick of paint. The sooner the better.*

We are aware that this work needs doing, and it is on our to-do list, but we have to await finances. A comment was made that the new chairs at Kinsley are a big improvement. Kate explained however that someone had drawn a rude picture on one of the chairs so this has been removed so that it can be cleaned.

Hemsworth

*Got straight into see Dr Johnston, no waiting. Very good service.*

Kate commented that it is nice to receive a positive comment.

Hemsworth

*Becoming ridiculous when attending appointments – never seen on time. Poor service offered throughout the surgery. Disgusting waiting times. Can’t see a regular GP – always different. Prescriptions constantly messed about – wrong/missing items.*

There was no name or contact details left with this comment so very little we can do in terms of follow-up. We are trying to improve the service we provide to our patients, but we do accept that mistakes will happen.

A member of the group commented that one of her friend’s prescriptions was sent to Upton when she had no transport to get there and pick it up.

Another member of the group commented that their prescription was sent to Scarborough at his request. He said that he had been on holiday there and one of the GPs had arranged for a prescription to be sent electronically to one of the local pharmacies but had forgotten to change the pharmacy back to his usual local one, and so when he next came to collect his repeat prescription it had been sent to Scarborough again. He did say the receptionist was very helpful and sorted it out for him very quickly.

Kate commented that it is easy to get this wrong, but the clinician should have gone back into the patient’s notes to amend the pharmacy details after he had completed the first prescription. We need to learn from our mistakes.

Hemsworth

*I received treatment from nurse Elaine today, Thursday 24th. I want to express my genuine thanks to a very caring, polite and excellent nurse. She is an asset to the practice.*

This comment has been fed back to Elaine.

Hemsworth

*I would like to thank Janet Jones (Secretary) very much for your help and empathy and for your efficiency in dealing with my problem.*

This positive feedback was received on a card and has been fed back to Janet.

Kinsley

*A sign outside near the road so as can be seen by people coming from the Hemsworth direction would be useful. I have driven past 3 times.*

We assume that this comment has been received from a new patient or else a patient who doesn’t regularly travel to Kinsley. We appreciate that the location of the surgery is not obvious, and we will bear these comments in mind.

A member of the group commented that she used to go to Kinsley with her father and it is not an easy surgery to find.

Hemsworth

*Front of house staff – i.e. receptionists etc. should smile, be polite and helpful not grumpy, abrupt and rude such as the receptionist today at 16.45 on 13.12.16. Training for staff – better customer focus and service. Reassurance for nervous vulnerable patients.*

This comment is useful as it gives the date and time. The comment was discussed at the Line Manager’s Meeting. We need to know if this is a patient’s snapshot view of one of our receptionists.

A member of the group commented that the lady on reception when he came in (Alison Firth) is always very friendly and helpful. He also commented that he has also found the receptionists that he has dealt with to be polite. Kate stated that it is a difficult job to do but that all of receptionists try hard to be helpful.

A further comment was made about the number of patients waiting in the queue to be seen at reception when they came into the surgery today, and how patients will become agitated when they have to wait for longer periods of time to be seen by a receptionist.

It was also noted that some patients do not respect your personal space whilst you are at the reception desk, and will stand over your shoulder which can be quite intimidating. It was stated that sometimes patients may not realise that they are doing this, however this information will be fed back to the receptionists who should routinely ensure that patients do stand behind the barrier and wait to be seen.

It was commented that there is not enough space for patients to queue. Kate stated that when there are an increased number of patients waiting to be seen, then if a second receptionist is free then they will also come to the front desk, but then there are two patients being dealt with at the same time at the front desk side by side, and conversations between the patient and receptionist may be overhead.

Hemsworth

*When people are parking up and going across the road to the dentist and when people in cars have appointments to see Dr they cannot park up as many people have only gone to the dentist. Putting a machine in the car park and putting DOB and which doctor you have to see on the day.*

This is not new and we are doing our best, and we are also having new car park signage prepared.

**Action Point**

* Kate to speak to Sonia re: car park signs.

George has also been out in the car park on a couple of occasions with the clamp, but unfortunately he is busy and can’t be out there all of time.

Kate stated that at least 2 x members of staff have seen members of the public park their cars in our car park and then walk across to the dentist. They have been approached by the members of staff and asked to move their cars which they have both done.

It was commented that all patients are struggling to find a car parking space, but especially elderly and disabled patients.

A comment was made by a member of the group who stated that a patient had come to see one of the GP’s who had left the intercom on for a large proportion of the consultation, which meant that everyone sitting in the waiting room had heard some very confidential information.

There were also other anecdotal comments from other members of the group who had heard this GP having consultations with patients while the intercom had been left on.

Kate stated that this is a confidentiality issue and would take it forward with the partner GP’s. Kate explained that receptionists are able to disable the intercom from their room but it the responsibility of the GP to ensure patient confidentiality at all times.

**Action Point**

* Kate to add this to the agenda for the next Partner’s Meeting

Practice Update

Dr Gilbert has now left the practice. He has not been in the surgery since early December 2016.

A comment was made that he was a lovely man and a very nice GP.

We also now have a full complement of reception staff again. Our new receptionist – Terri Sidebottom is now into her second week.

CQC Inspection

At our last CQC inspection we were marked as “requires improvement” in the “effective” part of the report. Following this we have now had a desktop review.

Following the original report we had to create an action plan which included areas such as appointment access, improved telephone lines, improved online access, clinicians running to time, patients to be informed if clinicians are running late and travel appointments to be amended from 10 minutes to 20 minutes.

With regards to patients being informed if clinicians are running late, as well as receptionists keeping patients informed, we have white boards which inform patients if clinicians are running more than 20 minutes late.

With regards to travel appointments, we do now provide patients with 20 minutes face to face appointments.

The CQC also commented that all of our meetings need to have formal minutes recorded. Kate explained that most of the meetings were minuted, but that we have taken the CQC’s comments on board and now all meetings have formal minutes recorded.

Another area of work that was highlighted was our clinical auditing. Again, we were carrying out lots of audits, but the CQC wanted a formal audit programed listing a rolling programme of audits for the year, with the names of the clinicians involved and dates for when the audits would be reviewed. Lots of work was already in place but needed formalising.

The desk top review was carried out in December 2016 and all areas have been addressed to the satisfaction of the CQC inspector and as a surgery we are very pleased to have ‘Good’ in all areas.

A member of the group asked if any surgeries were marked as ‘outstanding’. Kate commented that are some surgeries in the Wakefield CCG area who have been marked as outstanding and this will be our aim for future inspections.

It was also commented that different inspectors visit different surgeries, however all reports are fed back to a central body which should reduce the risk of inconsistencies.

Staffing

A member of the group asked how many doctors we are short in the surgery.

Kate explained we are currently understaffed but have the vacancy advertised and that we have had a GP approach us so we will wait to see how that develops.

Kate further explained that we are trying to move staff so that there will always be at least 1 x GP at each site each day. There has been a lot of work done analysing our patient demographics and we found that 70% of our patients are within The Grange Medical Centre area, 15% for Kinsley and 15% for Greenview.

From that work we aim to keep these figures in mind when arranging clinical staffing. We are also aware of trying to maintain a male/female split of clinicians at each site, and do also appreciate that patient’s do like the continuity of being able to see the same GP. Unfortunately however our resources are limited, but we are doing the best we can.

In order to increase staffing levels we have also been filling vacant GP sessions with locum GPs. A lot of patients will now know Dr Nabi who is a long-term locum GP. We are also employing 3-4 other locums and do try to employ the same clinicians so that again there is some continuity for our patients.

So far we have been pleased with the feedback we have received regarding the locum GP’s. A member of the group commented that they saw one of the locum GPs before Christmas and was very satisfied with the consultation. They also commented that if a patient is sick then it shouldn’t matter which GP they see and Kate explained that all GP’s will have full patient notes available for each consultation.

A member of the group asked about only being able to see the GP for one problem at a time, as he explained that sometimes symptoms are connected.

Kate explained that receptionists will try and book a double appointment when possible if the patient explains that they need to talk to the GP about more than one problem. The ‘One appointment, one problem’ is a common approach for GP surgeries. It was explained that the notices on the door were to try and manage patients’ expectations when seeing the GP and to help prevent patients coming to the surgery with a list of symptoms/illnesses that they need to discuss. This just wouldn’t be possible in a ten minute appointment.

A member of the group commented that at the last PRG meeting there were 4 GP’s off sick – Dr Crawley, Dr Sweeney, Dr Twine and Dr Gilbert. She stated that Dr Twine was back and Dr Gilbert had left, and asked about whether Dr Crawley and Dr Sweeney were back at work yet. Kate confirmed that they were still off work at this time.

A member of the group stated that she saw a locum GP with her father, and although she found him to be very nice, he failed to complete the secondary care referral that her dad needed and that he said he would do, and therefore this has had to be chased up. She reported that her father was also unwell on the day of his appointment and felt that the locum GP would have been happy for her father to have left the consultation unwell because otherwise it would have meant that he was dealing with two complaints during the same consultation. In the end the locum did agree to look at her father. She commented that all locums need to know what is expected of them.

Kate explained that she cannot comment on individual cases, but confirmed that locums employed by the practice are fully aware of what is expected of them and will also be issued with a locum starter pack from the surgery giving more details.

Kate also confirmed that although locums are not expected to do general paperwork that salaried GP’s do, i.e. electronic forms and blood tests, they are required to deal completely with any patient that they see, and this means ensuring that any referrals are completed by the end of the working day. If work is not completed appropriately, then this will be chased up either directly with the locum GP or via the locum agency.

Our locums come through an agency that we routinely use and will have undergone thorough background checks. If we have any problems or complaints with any of the locums then we can request that they do not return to the surgery.

Kate explained that nationally surgeries are struggling for GP’s – this is not a unique situation across Wakefield CCG. It is advertised through the media that GP’s are an aging workforce and there are not as many younger GP’s entering the profession.

A member of the group commented that they felt that Richard and Jane were taking on a lot of extra work at the moment, and commented that they are both excellent members of staff.

Kate explained that Helen Riley has now settled into her role. She was a district nurse and with some support from us, she trained to become a prescriber and is now employed by us and can prescribe in her role.

Joanne Taberner has also joined us from the District Nursing Team as a ‘Long Terms Conditions Practitioner’. Joanne is currently triaging the home visits, and also visiting patients who don’t specifically require a GP consultation. This in turn greatly reduces the number of home visits that the GPs have to do which means that they get to spend more time at the surgery seeing more patients and doing the other paperwork, prescriptions etc.

A question was asked about whether the receptionists ask patients if they want to see a GP or a nurse. Kate explained that practices in the CCG are currently undertaking ‘Care Navigation’ training. Our receptionists have attended the first of a two day training course on this. The aim is to help receptionist staff navigate patients to the most appropriate care, whether that is a GP or nurse appointment, the pharmacy or even self-medication. This is work promoted and supported by Wakefield CCG.

There were comments made by the group that a lot of patients still prefer to see a GP over one of the nurse practitioners, although some of the group commented that they would actually prefer to see one of our nurse practitioners.

Kate explained that we currently have 2 x nurse practitioners – Jane Hinchliff and Helen Riley - and Richard Phillips who is employed as a Minor Illness Nurse. We also have several practice nurses at different grades that fulfil different roles within the surgery and of course Joanne Taberner the long term conditions practitioner.

A member of the group commented that at the previous meeting, the ladies who attended from the Medicines Optimisation Team brought along a list of self-care medications that could be purchased over the counter, and he has found that one of these medications is used to treat cancer.

Kate explained that when patients visit pharmacies requesting self-care medications, it is the responsibility of the pharmacist on duty that the patient is given the most appropriate medication for their symptoms.

Kate explained that we had received lots of notifications over the Christmas period and since from Mid-Yorkshire Hospital Trust advising that they were on high alert due to bed and staff shortages which has put additional pressures on to all clinical areas.

A member of the group commented that there is still a problem with bed blocking in hospitals. There are lots of people in hospital who don’t want to be there but discharge is not possible due to for example home support packages or adaptations being in place. A further comment was made about the time patients often have to wait for TTO medication, which further impacts on the availability of beds.

**Next meeting – Tuesday 28th February 2017**