**PRG Meeting Notes Tuesday 30th January 2018**

Present:

Angela Marwood Practice Manager

Paul Stephens Patient Representative

Janet Neville Patient Representative

Kate Lamb Assistant Practice Manager

Rianne Norton Administrator (Minutes)

Apologies

John Buttree Patient Representative (Chairman)

Gail Alexander Patient Representative

Sabrina Alexander Patient Representative

**Previous Minutes**

There was one action point form the previous meeting which was that Angela was going to look into contacting a local clamping firm to see if they would be able to help manage all three surgery car parks.

Kate explained that the practice had contacted a local clamping company who had advised that it was illegal to clamp cars on private property. The practice also contacted a Parking Management Firm who would provide a service but at a cost. It was a very official service and would involve patients receiving parking tickets in the post. It was discussed with the Partners but they were not happy to use this service, and instead we are looking at implementing a car park safety campaign.

**Comments and Compliments**

Kate explained that we do now also record verbal feedback. All of the recent comments relate to either Hemsworth or Endoscopy, as unfortunately there have been no ‘Comments and Compliments’ slips received from either Kinsley or Greenview recently.

Hemsworth

*She wants to thank all the staff members at Grange Greenview & Kinsley for how helpful and kind we all are, that every time she phones whoever is on the end of the phone has always gone above and beyond to help her and its very much appreciated. She wants to say thank you to all staff members for how helpful and kind we all are and that we have very helpful people working here.*

Hemsworth

*The front line reception staff are first rate staff. They are very obliging and there is nothing they couldn’t do for him.*

Endoscopy

*The waiting room was cold due to air con. First class staff and treatment.*

Kate explained that the heating had broken this weekend, however all procedures were carried out without any cancellations, which we felt was especially important as patient’s would have either been starved or taken a bowel prep in preparation for their procedures.

Hemsworth

*Dr Johnston, an amazing GP. He listens and cares, explains things in detail and is very thorough. I have just transferred to this surgery from White Rose, what an improvement. I have a phobia of needles and he actually took my bloods while I was in with him. Excellent.*

Hemsworth

*Patient rang to pass on her ‘huge appreciation and thanks to Helen Riley’. Patient says Helen has been attentive, thorough and caring since day one and she feels she needed to express her gratitude.*

Hemsworth

*What a super guy, caring and understanding. Need more clinicians like him (Richard).*

Hemsworth

*Absolutely brilliant nurse, he listens and is an asset to the surgery (Richard Phillips).*

Hemsworth

*Better than any GP – he (Richard) is excellent at what he does.*

Hemsworth

*It is impossible to phone this surgery for an appointment. I have tried on lots of occasions. I have watched staff totally ignoring the phone.*

Kate explained that there was no contact details left with this comment which is frustrating, as we cannot then contact the patient to discuss their comments, or to suggest if they have considered using online services to book appointments.

Kate further explained that members of staff have been asked to make telephone calls in the afternoon so that we can try and keep as many lines as possible free on a morning. This is just one of the ways in which we have tried to implement improvements in the service we provide to our patients.

**Family and Friends**

Kate explained that we are required to routinely ask patients if they would recommend our surgery/services to their family and friends. Initially we handed out A4 forms but were getting very few responses.

We have now minimised the forms to an A5 sheet with just the bare essential questions, and have been actively asking patients to fill out the forms. We have had lots of forms returned, and the responses so far for January (Hemsworth) are detailed below:

Extremely likely to recommend - 33 patients

Likely to recommend - 36 patients

Neither likely nor unlikely to recommend - 7 patients

Unlikely to recommend - 3 patients

Extremely unlikely to recommend - 0 patients

We are absolutely delighted with this positive feedback. Within the results above, 5 were completed forms from Greenview Medical Centre in Upton, with 3 patients likely to recommend and 2 patients neither likely nor unlikely to recommend.

Kate explained that we are going to put a display up in the walkway area at Hemsworth to highlight all of the positive feedback that we have received from our patients.

Where negative comments have been included we can also explain what improvements the practice has implemented to help improve the service we provide to all of our patients.

**Appointments**

A member of the group asked if we still advertised the number of patients who did not attend (DNA) appointments.

Kate explained that this information is displayed in the reception area.

Kate further explained that if a patient DNA’s their appointment then a text message is automatically sent to their mobile phone. If a patient DNA’s two consecutive appointments then a letter is sent to them. Further DNA’s are then reviewed and if appropriate we can look at removing the patient from the practice.

A further question was asked as to whether patients were aware that appointments can be cancelled by text? It was suggested that that this may need to be promoted more, as some patients may genuinely not be able to attend their appointments but don’t have the time to call and let us know.

Kate explained that patients can cancel via text, or those with online access can also cancel appointments online. If a patient telephones the surgery to cancel an appointment, then there is also an option to cancel an appointment so there is no need to stay on hold and speak to a receptionist.

The cancellation /voicemail facility is regularly checked by our receptionists who will then cancel the appointment accordingly. Kate explained that it does feel like we are doing all we can, and there are several options that are available to patients.

Kate further added that Dr Skipp has now re-recorded the voiceover message that had originally been recorded by Dr Crawley on the telephone system.

A member of the group asked if, further to a previous meeting, x-ray feedback forms were being handed out to patients at the time of booking their appointment, and whether there had been any increase in the number of forms being returned.

**Action Point**

Kate to discuss with Murray – are forms being handed out at the time of booking and has he noticed an increase in the number of forms being returned?

**Staffing**

Dr Javali’s last day was on 29th January 2018. Unfortunately she has left due to a change in her personal circumstances, but she will possibly be covering some locum sessions. No replacement for Dr Javali as yet, but we have some strong interest from a full-time male GP joining the practice in the very near future.

A member of the group stated that we needed more female GP’s at the practice. We do have one other female GP – Dr Skipp – but she only works one day per week.

Kate explained that we do have 2 x female Nurse Practitioners. We did have a CASH (Contraceptive and Sexual Health) Nurse in post but unfortunately her circumstances have changed and she is leaving us on 5th February 2018. We do have 2 x new potential applicants for the vacant CASH Nurse post, and so we are confident that we will have a replacement in post soon.

**Zero Tolerance**

A member of the group asked if patients are removed from the surgery if they receive a zero tolerance letter. Kate explained that it depends on whether it is the first or second letter that the patient has received. Unless the police are involved, then NHS England states that patients must first receive a warning letter.

Kate explained that there was one patient who did come to the surgery to apologise for their behaviour, but they still received the zero tolerance letter.

It was discussed that on some occasions patients should be removed on the first occasion that they receive a zero tolerance letter but NHS England will not allow us to do this unless circumstances are extreme.

The zero tolerance letters are signed by Angela who explained that she does, when possible, type out the exact words used by the patient as she feels that this is important.

We don’t get many patients who contact us to question why they have received a zero tolerance letter. Sometimes patients do apologise, and on one occasion a patient has returned to the surgery to apologise in person to one of the receptionists. It was further discussed that intent is also important when dealing with these incidents.

Angela stressed that we are very supportive of our staff, and we do encourage all members of staff to report any instances which may warrant a zero tolerance letter.

**Funding**

A member of the group asked how much money was going to be cut from the practice’s budget this year.

Angela explained that it is public knowledge that the NHS is struggling for money at the moment. She explained that she had been at a meeting that morning to discuss how practices can help to save money, e.g. efficiency savings and medication switches (we should already be implementing medication switches). There is a list of further medicines that the practice should not be prescribing to patients as of 1st February 2018, but we may not even have any patients being prescribed these medications.

It was explained that we still have a pharmacist and technician visiting the practice one day a week. Angela explained that some practices are finding it helpful having the pharmacists and/or technicians in place but others not so much.

We all need to look at different areas where we can save money. We will receive our basic funding but we need additional income in order to provide additional services.

Angela explained that the WPPC (Wakefield Practice Premium Contract) now provides 50% less funding than the previous year. This contract provides money per patient for practices to invest in helping to improve patient care.

The work associated with the WPCC will therefore be reduced, as we can’t do the same amount of work for less money.

Angela explained that the meeting she attended that morning was the Practice Manager’s Federation Meeting. The Federation has now appointed a Federation Manager – a very experienced ex Practice Manager - to help with areas of work throughout the federation.

Angela explained that there are approximately 150,000 patients within the federation so that is potentially a lot of purchasing power. We are trying to save money where we can, and the Federation Manger will be helping us to do that, and will help the practices to work together.

Each practice has their own independent contract but it’s about sharing our resources. There is no doubt that funding will be cut, but we have to manage as best we can.

**Wi-Fi**

Free Wi-Fi is now available in the surgery for staff and patients. It was stressed that this is not a service that has been paid for by the practice. It is being rolled out nationally across all primary care service organisations. A member of the group commented that it was a waste of money, and the money would be better off being used to help patients.

Angela explained that she did not know the cost involved in rolling out the national project. She did explain that several years ago Dr Kamal asked the practice to get a quote to wire the surgery for Wi-Fi, but it was very expensive which is why the practice did not go ahead with it.

**Car Parking**

Kate explained that we are currently working on a safety campaign with regards to car parking at all three of our sites. It was explained that we send out text messages to remind patients of their appointments, and we are now sending out an additional text messages stating that parking is limited and is raising safety concerns. We are asking patients, where possible, if they would consider parking in one of the free local car parks so that we can prioritise access at the surgery for disabled patients and those less able to walk any distance.

Angela explained that we have contacted the head teachers at both Greenview and Fitzwilliam schools. She explains that the head teacher at Greenview has engaged with her and also finds the situation frustrating, as she has spoken to parents but their behaviour hasn’t changed.

The head teacher at Fitzwilliam School has not replied to an email we sent to her at the end of 2017, so we are now going to send a recorded delivery letter so we know that she has received it. We will stress that this is a safety concern and ask the school to engage with us.

It was explained that Dr Johnston was very nearly hit by a car in the Greenview car park. He was aware enough to quickly move out of the way but young children may not be quite so aware of reversing cars and we are extremely concerned for the safety of the children as well as our own staff and patients.

A member of the group suggested that George could go and close the gates at Kinsley and Greenview at school drop-off/.collection time, and only allow patients with appointments to access the car park. We need to stress that this is a private car park.

Angela says that we have considered these options, and will discuss it with George.

Angela explained that in an ideal world we would have staff in all of the car parks every morning and afternoon. Whilst we appreciate that parents dropping children off at school are often in a rush, this is no excuse for compromising the safety of their children and our patients and staff. Some parents think it is acceptable to abuse our car parking facilities, and then be verbally abusive to staff when they are approached. This really is unacceptable behaviour.

Kate explained that we will also be distributing handouts advertising our safety campaign. The information will ask patients politely that if they are able to, to consider parking in one of the free local car parks when they next visit the surgery.

It was explained that we also have handouts for patients who park in disabled bays and do not display the appropriate blue badge – again promoting car park safety.

Angela explained that at Greenview Medical Centre there have been instances of cars coming into the car park even when there are no more spaces available, and then trying to turn round.

Parents sit in their cars and then the children run out into the car park to meet their parents. It is very dangerous, especially with the number of cars reversing.

Angela explained that she has also sent a notification out to all members of staff asking them to consider parking elsewhere in one of the local free car parks. She explained that after the notification was sent out, she did notice that there appeared to be more spaces available in the car park at Hemsworth.

Angela stressed that staff had not been told to park elsewhere, just asked to consider parking elsewhere if they were able to. We want to adopt the car park safety campaign rather than just telling patients that the car park is too busy and so they have to park elsewhere.

A member of the group asked if cars in the car park still had to display a permit. Kate explained that yes they did, and again there was an additional note attached to the permit asking patients to consider parking elsewhere the next time that they visit the surgery.

A member of the group asked if there were still problems with people parking in the car park at Hemsworth and then visiting the dentist. Kate explained that yes this was still a problem, but unfortunately we do not have the man power to watch all of the cars coming in to the car park.

Angela explained that if members of staff feel confident enough then they can approach members of the public using the car park who do not appear to have an appointment at the surgery. We have had instances where this has happened and cars have been moved. We just want our patients to know that we are trying our best.

**AOB**

**Network 2 PPG**

There was no update for the last Network 2 PPG meeting as unfortunately our representative was unwell and so could not attend.

**Booking Appointments**

A member of the group asked how long patients have to wait to see a GP. Kate explained that there were appointments available to be booked both on the day and up to one week in advance, as we have found that if appointments are booked any further in advance then patients do not also remember to attend. We do send text message reminders, and there is no cost to the practice to send these messages.

**Next meeting – Tuesday 13th March 2018**