**PRG Meeting Notes - Tuesday 14th May 2019**

**Present**

Paul Stephens Chairperson

Rianne Norton Minutes

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager

Gail Alexander Patient Representative

Sabrina Alexander Patient Representative

Janet Neville Patient Representative

**Action Points from Previous Minutes**

There have been some recent changes to the pharmacists/technicians visiting the practice. Some members of staff were on fixed term contracts and have been offered permanent contracts elsewhere. We do still have pharmacists attending the practice regularly, and we will continue to liaise with them about attending a PRG meeting.

A member of the group commented that they would still be interested in attending a meeting with representatives from Wakefield CCG. Members of the group were advised to regularly check the CCG website for any relevant future meetings.

Angela explained that Sandra Picken had passed information regarding the loss of Secondary Care services onto a colleague in the council. They have acknowledged that this is a concern for local patients.

A member of the group commented that there is a new local councillor. He is a retired police officer. He is a local resident and is very passionate about supporting the local people and the local area.

Discussions were had around trying to arrange a further date whereby it was the intention of the PRG to have a stand in the foyer and speak to patients about the current loss of secondary care services, and also to try and recruit new members into the PRG. Do we want to do this again? A further date has not yet been arranged due to member’s other commitments.

A member of the group explained that they had considered leaving the practice due to the difficulties that they and their family had been experiencing in booking GP appointments and in contacting the practice.

Angela stated that she was extremely sorry to hear this, and would be very sorry to see them go.

Angela explained that we are currently very short staffed on reception. Members of staff have been leaving the practice and have not been replaced. We also currently have three members of reception staff on long term sick leave. We are not up to a full complement of staff. We are ninety hours down on reception, and although we are filling some of the hours with overtime it is not enough.

A question was asked as to why members of reception staff were leaving. Angela explained that some staff did not enjoy the position – it is a very difficult and challenging role.

Although as a practice, we have become much more proactive in addressing patients who are verbally and/or physically aggressive to staff via the zero tolerance policy. Two receptionists left due to the current unrest in the practice, which is a result of the loss of our Secondary Care services.

A member of the group commented that by the time you get through on the telephone to talk to a receptionist, all of the appointments have been booked. They stated that they had been trying to book an appointment for two weeks. It was also explained that reception staff are unable to override embargoed appointments.

Angela explained that we do appreciate that increased pressure and staff shortages may lead to increased frustration for our patients, which in turn can lead to verbal and/or physical abuse. However, abuse in any form is completely unacceptable and will not be tolerated by the practice.

There are still are a lot of patients who are not aware of the difficulties that we have been going through as a practice. We are currently experiencing a reduction in funding which is a result of the loss of our Secondary Care services.

A comment was also made by a patient regarding an appointment that was cancelled at short notice. The appointment was booked by the patient in the morning, and was shortly followed by a text to say that the appointment had been cancelled.

It was also discussed that if a GP says that they need to see you for a follow-up appointment, then this process needs to be followed through. It was commented that some clinicians do book their own follow-up appointments.

**Online Services**

Angela explained that there is an app coming in September 2019 which will make it easier for patients to access online services. Online appointments are currently released one week in advance, and provide an alternative way for patients to book appointments. The app will only be available for primary care services.

If a patient has problems in setting up online access, then they can contact our Administration Team who will be happy to help. It is also important to note that passwords are case sensitive.

If we are changing passwords for a patient then we need their consent to do so, as it means that we will then have access to their online account.

Patients are welcome to come in to the surgery and we will help get them set up. It was agreed with the group member that we would arrange for a member of the Administration Team to contact them directly in order to arrange a date for them to come to the surgery and help get them set up for online access.

It was commented that not all patients have internet access. A member of the group stated that receptionists should be able to book all of the available appointments, and that patients who can access appointments online have an unfair advantage and can “queue jump.”

It was commented that we are never going to be able to please all of the patients all of the time. We have to strike a balance.

Angela explained that an appointment meeting is being held in the surgery on 15th May 2019. The meeting will be attended by various members of staff – both clinical and non-clinical - in order to discuss how we manage our appointment system. It is an ongoing process and we are doing our very best to implement a system that is fair for all of our patients.

It was also explained that when patients are booking appointments online they are not tying up a telephone line. Receptionists will also promote online access if they notice that a patient has not yet registered for online services.

**DNA Appointments**

The number of missed appointments displayed in the reception area was also commented on by a member of the group. It was stated that this was not fair on other patients.

If patients are unable to attend their appointment then that’s fine, but it is really important that they let us know so that the appointment can be offered to another patient.

Patients are not charged for DNA appointments. Unfortunately however some patients will repeatedly DNA appointments.

There are four ways in which patients can cancel appointments:

1. Telephone us on the main surgery number
2. Call the automated cancellation line
3. Text us
4. Cancel online

It was also explained that some patients book same-day appointments and then still fail to turn up.

It was explained that text messages are sent to patients to confirm appointments.

Angela explained that we can permanently remove patients if they continually DNA appointments. It has previously been commented that if clinicians book follow-up/review appointments too far in advance then patients do sometimes forget to attend, and this is very frustrating for members of staff and other patients.

A comment was raised as to whether we could display the cost of DNA appointments onto the TV screen in the reception area.

Kate explained that we have never received an accurate costing of a missed GP appointment, and therefore we would not want to display incorrect information.

It was however commented that we need to make patients more aware of the cost of missing appointments.

It was confirmed that a DNA text is sent to patients when they fail to attend their appointments.

**Lung Health Screening Project**

This 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.

A member of the group commented that that they had recently had a spirometry test, and so would they still need to attend if they were contacted for this project.

It was explained that the spirometry test that the patient had recently undertaken would not be recorded as part of this project. The team organising the project will run their own reports and contact all eligible patients.

If a patient is contacted to take part in this project then we would encourage them to attend the appointment. It will not be just a spirometry test. It will also involve further health checks. It is also worth noting that these health checks do also sometimes have incidental health findings, so it is beneficial for patients to attend.

Initial appointments are held in the practice, and if an MRI scan is required then this will be in the waggon located in Tesco’s car park.

**Prescriptions**

It was explained that we had previously discussed that when patients are ordering their prescriptions online they can only nominate one pharmacy, so this throws up difficulties if patients are ordering medications and appliances at the same time.

Kate explained that when ordering medications online patients can tick the medications and/or appliances that they need, and then add a note in the comments box if they need items sending to different places.

Alternatively, the prescription clerks will all be aware that medications are sent to the patient’s nominated pharmacy, and all appliances are sent to Fittleworths.

**Comments and Compliments**

Upton (April2019)

*You all do a great job - thank you All.*

Hemsworth (April 2019)

*Stop dentist patients using the car park – unable to park for appointment due to these people blocking spaces. Better use of car park for Grange patients.*

We are aware of this ongoing problem but unfortunately there is very little that we can do. If George or another member of staff notices people parking in our car park and walking off site, then we will speak to them.

Hemsworth (April 2019)

*Think it’s very poor to make any appointments at this surgery. To be able to ring throughout the opening times to make an appointment.*

Patients can contact the surgery during opening times – our telephone lines are open from 8am to 6pm Monday to Friday.

Hemsworth (May 2019)

*I think it’s disgusting how every time you come for an appointment you always have to wait 30 minutes to an hour after your appointment time to get seen! Be seen on time.*

Clinicians are allocated appointment slots. Unfortunately some patients do take longer than the allocated time, but some patients also do not need as long.

We do have a display board in the reception aware to advise patients if a clinician is running late. Some GPs have 10 minute slots and others have 15 minute slots. However the clinicians with 15 minute slots still have 10 minutes allocated for seeing the patient, and a further 5 minutes of catch-up/admin time.

**Endoscopy**

Kate explained that we have recently had our annual JAG accreditation for our endoscopy unit, and we are now accredited for another year. It was confirmed that we still have contracts for the gastroenterology and endoscopy services.

Kate also explained that we are now assisting Leeds Teaching Hospitals with their waiting lists for gastroenterology and endoscopy patients (direct access service).

Kate explained that patients using the direct access service mean that the service is being used as a diagnostic tool.

We have seen approximately 100 patients from Leeds in the last couple of weeks, and there are possibly 30+ patients booked for next week.

We are also in regular discussions with Mid-Yorkshire hospitals to see patients on their direct access service waiting list.

A question was asked as to how long waiting lists were at Mid-Yorkshire hospitals for the services that had been removed from the practice. Kate explained that unfortunately we do not have any figures available to answer this question.

It was explained that if patients are being referred to secondary care services and are still waiting to be seen, then we want them to make this known – to tell their MP and NHS improvement. Patients need to voice their concerns. Jon Trickett MP has been made aware of the loss of services and is supportive.

We are currently working through an exit plan for general, vascular and urology patients. We are no longer accepting new referrals. Existing patients will either be discharged or their care will be transferred elsewhere.

**Primary Care Home**

Angela explained that we have been working with other local surgeries as part of a “Primary Care Home.” This involves practices working together on a particular project. The current project we are working on is ‘mental health.’

Dr Myerscough is based at College Lane surgery in Ackworth, and he is the Co-Clinical Director of Primary Care Home. They are organising an open day on 4th July 2019 at College Lane surgery.

They have also arranged their Quarterly PPG meeting at College Lane in Ackworth on the evening of 23rd May 2019 and have invited a member of our PRG group to attend. They want to look at ways of promoting the open day to our patients.

Paul confirmed that he was available on the evening of the 23rd May 2019 and he was happy to attend the meeting. Angela thanked Paul for agreeing to attend the meeting on behalf of the practice.

**AOB**

A patient explained that they were unhappy with the wording used in a letter that they had recently received from the practice. The letter was asking the patient to come to the practice for a review “when you have got time.” The patient states that this phrase was used twice.

The patient explained that the wording of this letter doesn’t take into account patients’ illnesses. It was explained that it is not a case of not having the time to attend, but instead feeling well enough to attend.

**Action Point**

Angela will take the letter back to the Administration Team and look at having the template letter re-worded.

A question was asked about our current complement of GPs. Angela explained that we very nearly have a full complement of GPs. A comment was made that we need a “mental health GP.”

Angela explained that Dr Meena has been working at the practice as a locum GP and will now be joining us as a salaried GP. Dr Meena wanted to attend a PRG meeting before confirming her decision.

Angela further explained that GPs are as their name suggests – they are “General Practitioners”. Some GPs do have an interest in a specific subject area, but if a patient needs more specialist care then they will be referred into the appropriate service.

**Next Meeting**

Tuesday 25th June 2019 at 12pm at The Grange Medical Centre