**PRG Meeting – 10th February 2020**

Present

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager (Temp. Chairperson)

Shaun Hodson Patient Representative

Eleanor Horobin Patient Representative

Janet Neville Patient Representative

Paul Stephens (until 10.30am) Patient Representative

Pam Walker Patient Representative

Rianne Norton Administrator (Minutes)

Apologies

Gail Alexander

Sabrina Alexander

Gastroenterology – Public Engagement

Dasa Farmer attended the meeting and explained her role within Wakefield CCG (Clinical Commissioning Group). The CCG are looking at the current and future provision of out-patient non-urgent gastroenterology services within the Wakefield district.

They are currently involved in a period of engagement with members of the public and most importantly patients and users of the gastroenterology service. Separate consultations are also being held with clinicians.

The aim of the engagement is to collect the views of service users - looking at what is important to patients, as every patient will have a different priority when using the service.

Kate confirmed that The Grange Medical Centre does offer an out-patient non-urgent consultant-delivered gastroenterology service which has been established for some time now.

A PRG member asked as to whether we will be continuing to provide the service at The Grange Medical Centre. It was confirmed that our current contract is in place until September 2020. Dasa confirmed that whatever the decision of the CCG there would be no break in service for patients.

Kate and Angela stressed how important it was for this local service to continue within the practice, and they very much hoped that it would not be removed as other local secondary care services have been in the last year. This service is so important for local patients. We also have patients coming from further afield to use our service.

Dasa confirmed that a discussion group will be held following the period of public engagement. **This will be on 18th March 2020 from 10am to 11am at White Rose House in Wakefield**. **We would encourage as many patients as possible to attend.** It is a public meeting, and questions are welcomed. The purpose of this discussion group is to highlight points raised by patients via the public engagement sessions.

A member of the group questioned Dasa about how widely the CCG had advertised the public engagement period. Dasa explained that it was being publicised via the CCG website as well as via social media. She further explained that they were looking at as many different avenues as possible to publicise the engagement in order to reach as many patients as possible.

Dasa further explained that she wanted to get out into the local community in order to talk to patients and further publicise the questionnaire.

As a separate point Dasa also spoke about the CCG Patient Participation Group and advised that two members of our PRG group would be welcome to attend. This **meeting will be held on 4th March 2020 from 10am to 12pm at White Rose House in Wakefield.** Members of the group will decide who will attend and they will then feed back to the group at the next PRG meeting.

A member of the group commented that this is a big issue for patients, and he feels passionately that local services should be repatriated to the local area. He stated that services may be provided elsewhere but not all patients have access to a car and local bus services to both Pontefract and Wakefield are poor and often infrequent.

He feels like there has been an acute loss of services in this area, and we want local services returned for local people.

It was explained that the creation of the local PCNs (Primary Care Networks) will also involve looking at data affecting our local area and implementing services that are most needed in the local communities.

Angela explained that she is extremely passionate about the services we provide to local patients and was deeply saddened by the huge loss of services that we have experienced over the past 12-18 months.

Angela also detailed the investment that had been made by the GP Partners into our local services, and explained that all of the x-ray equipment was funded by the Partners, with no contribution from the CCG.

We still have all the x-ray equipment but sadly, following the decisions made by the CCG, this equipment is now sat redundant.

Dasa explained that the aim of this survey is to specifically target patients who are using the gastroenterology service now, as well as those who have been involved with the service and have now been discharged.

A member of the group asked the question as to how much patient feedback would contribute to the CCG’s decision regarding our service.

Dasa explained that public opinion “was at the crux of the decision making”. She stated that no decision would be made until after the public engagement period.

Kate explained that Dr Agrawal is also involved in the engagement and is liaising with the CCG regarding the clinical aspects of the service.

Kate explained that we are an independent sector provider. We can offer appointments and a service here, but we will still want close integration with the hospital – it is about providing joined up, holistic care and having the patient at the centre of everything that we do. Ultimately it is about patient choice and patients knowing where they can be seen.

Kate explained that we do currently have a poster up in the waiting room advertising the public engagement period, but we will be putting up more across all three sites.

We have also been texting patients who have appointments/procedures booked with the service and sending links to complete the survey online.

We will also have paper copies of the survey available to hand out during clinics. Dasa has also arranged for CCG staff to attend clinic sessions so that they can speak to patients about the engagement and encourage completion of the survey. She will also spend some time speaking to patients in the main waiting room as there may be patients who have used the service in the past.

Previous minutes

DNA Procedure

This is going well – we have a robust procedure in place. Unfortunately, we have had to remove some patients who consistently fail to attend their appointments and who do not engage with us. However, we do stress that this procedure is not about removing patients – it is about encouraging patients to cancel their appointments so that they can be made available for other patients. Appointments can easily be cancelled either over the phone, online or by text.

Primary Care Network (PCN)

The PCN is now focusing on three areas of work – mental health, carers, and pharmacists. We have picked up the work on carers to replace childhood obesity. This was because it was acknowledged that there were already groups/organisations in the local area working on reducing childhood obesity and so we do not want to be providing duplication in care.

The work with carers will involve identifying carers from our register, supporting them and encouraging them to attend reviews within the practice so we can provide help and support when needed.

There is now a Link Worker in place through the Live Well Wakefield Service. The Link Worker is employed by the PCN and will be working at The Grange for one day per week. The Link Workers use care navigation to help direct patients to organisations/support services which they may find helpful, and also help to implement support mechanisms for the patient.

Pharmacists; The CCG had agreed to provide one pharmacist although they would be carrying out CCG directed work and as yet there is no one in that post. There was also an option to have a PCN employed pharmacist. The partners here decided to fund both options.

It was decided by the PCN to directly employ a pharmacist who could carry out work as directed by the PCN. The latest information we have is that although the CCG is still trying to recruit a pharmacist, the PCN have now employed a pharmacist who we hope will be with us for one day a week, commencing around Mid-March 2020.

We are hoping that longer term we will have two pharmacists in place – one via the CCG and one via the PCN.

There are different grades of pharmacist and so the work that they are able to carry out in the surgery will depend on their clinical qualifications.

Gastro/Endo

The Mid-Yorkshire hospital endoscopy waiting list is still very high. We have offered our services to help reduce the waiting list and more importantly to help reduce patient waiting time.

Mid-Yorkshire Trust has now tendered a bid to sub-contract this service. We have submitted our bid and will wait to see if we are successful. We hope that this will help to substantially reduce Mid-Yorkshire’s waiting lists but the work won’t start until at least April 2020.

We are one of three local providers who can offer this service. We are also JAG accredited (a national recognised endoscopy accreditation). Furthermore, we are able to offer all patients an appointment in less than 6 weeks.

Ultrasound Service

The ultrasound service contract is due to expire in March 2020. We have submitted a bid but are still awaiting notification of any decision.

Non-urgent ophthalmology

The non-urgent ophthalmology service contract is due to expire in March 2020 and we are still awaiting a decision regarding this service.

GP Connect

We are making appointments available – four per day – but these are not getting booked up by 111. However, the appointments do not go to waste and are instead booked by our reception team if they are not used within 90 minutes of the appointment time.

Staffing

Steve Agar (Advanced Nurse Practitioner) has settled in very well. Two members of the group had recently seen Steve and have given very positive feedback following their consultations with him.

We now have two full time Home Visit/Triage Nurses – Leigh Abbott-Smith and Donna Ward who work alongside Joanne Taberner who now works two days per week. Between the three of them they manage all the requests for home visits and as well as conducting most of the visits. This has made a huge difference to our clinical staff and has freed up time for them to do other work. We are really pleased with how this service is working both for our patients and our staff.

Kate explained that there was a difficult and very stressful period for all members of staff in December 2019 due to staff shortages and a chronic lack of appointments. Our reception team especially was under enormous pressure.

We have had an avert out for a full-time GP for a long time, but unfortunately, we have had no applicants. The Partners therefore made the decision to employ a full-time locum for four sessions per week on a short-term (three-month basis) and this has made a huge difference. For a longer term plan, an advert has also gone out for a further full-time ANP or Minor Illness Nurse (MIN).

It is noticeable already now that the locums are in place that we have more appointments available to book, and the difference has been felt by the reception team particularly with feedback indicating that there are fewer telephone calls, fewer patients queuing at the front desk each morning, and increased patient satisfaction. Overall, the changes made during this period have reduced stress levels for all members of staff.

CQC – telephone review

This took place in December 2020. Kate explained that that it was her, Dr Johnston and Jayne Robson (Nursing Manager) who were involved in the telephone review. Kate explained that it went well, and they were very pleased with the outcome. As we are coming up to our five-year review, we have already been informed that we will have a full inspection visit before June 2020, and we have already started preparing for this.

During the telephone review the CQC did suggest a couple of areas of improvement and so this has also given us work to focus on during the preparation period.

PRG Questionnaire

Kate explained that historically IPSOS Mori send out a questionnaire every year to random patients registered with GP practices, but unfortunately we have always fared very badly when these results have been published partly because of the length of the questionnaire and also the low number of responses.

We therefore want to run our own survey again this year to compare the results. We have done this before and our results have always been much more positive, and we feel that they are much more reflective of the service that we provide to our patients.

A copy of the questionnaire was handed out to all members of the group and a further copy is attached to these minutes. **We would ask if you could take a few minutes to have a read through the questionnaire and contact us if you have any feedback in relation to the questionnaire or any improvements that could be made to it – thank-you.**

**Replies/feedback to be returned to the surgery before 29th February 2020 please.**

Once the questionnaire has been approved it will be handed out to patients and it will also be uploaded online to the practice website. We want to extend the collection period for as long as possible so that we can gain as many responses as possible.

The IPSOS Mori poll is notoriously very lengthy, and experience tells us that patients do not tend to fill out these surveys if they have had a positive experience, but are much more likely to take the time to fill out the survey if they have had a negative experience.

In a recent year IPSOS Mori collated just 122 responses out of a practice population of nearly 15000 patients – we do not feel this is representative of our patient population.

Generally our in-house questionnaires are very positive. We know the areas where we need to improve – appointment availability and getting through on the telephone - so we have also targeted these areas particularly in the survey; we are hoping that following the recent changes we have made in the practice, patients will have noticed the improvements and this will be reflected in our results.

We also want to ask PRG members if they are willing to spend a little time to come into the surgery and to help promote the PRG and to hand out questionnaires to our patients. Two members of the group have already volunteered their time, and we are very grateful to them. We would however welcome help from other members of the group. **If you would like to participate then please contact the surgery.**

Once the results have been collated we will looks at any areas of improvement and implement an action plan as required.

Comments and compliments

**November 2019 (Endoscopy)**

*Thank you card to Becky – Thank you for helping to get my results and a very quick appointment*

**November 2019 (Endoscopy)**

*Thank you Becki - Flowers /Chocolates*

**December 2019 (Admin)**

*To everyone in Admin, Thank you for all your care and attention during 2019 – Biscuits*

**December 2019 (Dr Johnston)**

*Received a gift – miners lamp*

**December 2019 (Endoscopy)**

*Thank you card to Dr Agrawal, Becky and the lovely nurses for your help*

**January 2020 (Hemsworth)**

*Dr Ojibara is a very helpful and friendly man – Keep him*

**January 2020 (Hemsworth)**

*Message from patient saying that a particular staff member is amazing and she can’t thank her enough for helping her*

**February 2020 (Hemsworth)**

*Patient recently lost his wife and he has just rang to say a BIG THANK YOU!!!! to the Practice for all the help and care he and his wife received during his wife’s illness. Well done everyone!!*

Cancer Screening

Cathy Mullen – A Cancer Screening Facilitator from the CCG has been working as part of the Cancer Screening Project. This project focused on bowel cancer at the end of last year and is now focusing on cervical cancer screening.

Reminder letters are being sent out to patients who have not been responding to smear invites and this is then being followed up by a text message and then a telephone call. There has not been much of an uptake so far in terms of work for the practice, but we hope that this shows that the recall procedures we have in place means that patients are aware of when they need to attend for their smear tests.

A question was asked as to when ladies stop being recalled for smear tests. The following link gives helpful information regarding cervical screening (smear) tests:

<https://www.nhs.uk/conditions/cervical-screening/when-youll-be-invited/>

I have detailed the information regarding age groups below:

**All women and people with a cervix between the ages of 25 and 64 should go for regular cervical screening. You'll get a letter in the post inviting you to make an appointment. When you'll be invited for cervical screening:**

| **Age** | **When you're invited** |
| --- | --- |
| **under 25** | up to 6 months before you turn 25 |
| **25 to 49** | every 3 years |
| **50 to 64** | every 5 years |
| **65 or older** | only if 1 of your last 3 tests was abnormal |

Online consultations

This is a contractual requirement from the end of March 2020. It is very new for all GP surgeries, and we have not yet had the opportunity to see the system working in practice in its entirety. We will be having a soft launch while we work out how we can best use the system for patients and staff.

One of the functionalities within this system is the option to contact a GP via an email-type system. We will discuss this, along with how the system can be used for the benefit of our patients at a later meeting.

Carers

As discussed earlier in the meeting, this is an ongoing piece of work within the PCN. It will involve data cleansing our register and capturing both new and existing patients. The aim is for a quality register where carers can be offered support, health checks or even invites to carers’ events.

Veterans

This information gathering is already included in the new patient packs. We are coding patients who are in the forces or have left the forces (veterans) but we have not done much else at this time. The partners however are keen to take this piece of work forward in the future. We are looking at an holistic approach and therefore we need to know who our veterans are so that we can provide help and support as needed.

A member of the group encouraged the practice to sign up the Arms Forces Covenant. Kate explained that we have signed up the covenant but have not yet carried out any further work. It needs to be discussed further with the partners and a decision made on how we take this forward as a practice.

AOB

A member of the group commented that she had been to the pharmacy to collect her prescription and was told by the pharmacist that one of her medications had been discontinued (Ranitidine).

She questioned why she was only finding this information out from the pharmacy – why doesn’t the GP/consultant know that the drug has been discontinued when they are prescribing it?

As a result of this she has now been without medication for several weeks. She advised that she was told that an appointment has to be booked with a GP so that an alternative medication can be prescribed.

Angela explained that she did not know why this was happening, as our entire computer systems are regularly updated, our formulary is up to date and we also have Script-Switch installed on all of the computers which notifies clinicians of alternative medications. Alerts are also regularly sent to clinicians which advise of any drug shortages/discontinuations etc.

It was also questioned as to whether there was any responsibility on the part of the pharmacist to contact the GP surgery rather than waiting and informing the patient when they come to collect their medication. It may be then that a suitable alternative medication can be prescribed.

S.M.a.S.H Group

For members of the group who may be interested, there is a S.M.a.S.H (Self- Management and Self-Help) Society group which runs at Hemsworth Library. It is a group run by people who've experienced mental health problems themselves and for the benefit of those coming to terms with their own issues.

**The next meeting is on Monday 24th February 2020 from 1.30pm until 3.30pm at Hemsworth Library**. Meetings will then be held on the last Monday of every month.

**Next meeting**

Monday 23rd March 2020

10am to 11.30am

The Grange Medical Centre, Hemsworth