**PRG Meeting Notes**

**Tuesday 10th March 2015 at 12pm**

Present:

John Buttree Patient Representative (Chairperson)

Kate Lamb Assistant Practice Manager

Colin Cooper Patient Representative

Laraine Cooper Patient Representative

Sabrina Alexander Patient Representative

Gail Alexander Patient Representative

Mick Lomax Public Health Nurse

Rianne Norton Public Health Administrator

**PRG Survey**

The PRG members were given a copy of the questionnaire and results to look at as a group before the meeting and discussions began.

Kate explained that the purpose of this PRG meeting was to discuss the results of the PRG survey which have now been collated. Angela will be writing up the results of the report which will then be available on the website by the end of March.

Kate explained that the group need to produce action plans – looking at areas where patients are happy and/or unhappy, and what improvements can be made. Also, are there any improvements already in place?

A question was raised as to whether a GP could attend the PRG meetings. Kate explained that the GP’s were invited to attend the meeting today, but due to sickness and staff shortages no one was available to attend. It was noted however that GP’s would again be invited to attend future meetings, time permitting.

The meeting was opened for any thoughts /comments etc from the PRG members on the collated results.

A patient commented that some of the responses were dependant on people’s perceptions, and how patients have made different comments on the same member of staff.

A patient responded to one of the comments that it would be preferable to have a number come up on the screen rather than the patient’s name when they were called by the GP/nurse for their appointment. Kate explained that there could be several reasons why patients would prefer this, and there are certainly confidentiality aspects to it; however it was also an isolated comment and given the potential number of clinics /surgeries ongoing at any one point, particularly at the Hemsworth site, this would be very difficult.

Kate offered to highlight some of the results of the survey as percentages. Using ‘Good’, ‘Very Good’, and ‘Excellent’ figures combined, the following were discussed;

In the section ‘**About The Practice’** (questions 1 to 8) percentages varied from 53% to 92% satisfaction. There were however 26% responded as ‘Poor’ to question 3 which is the ‘Ease of contacting the practice by phone’.

The excellent 92% satisfaction was for ‘**The Cleanliness of the Surgery’**. This is excellent news for our cleaning staff as they are currently short-staffed and work very hard to maintain excellent standards of cleanliness.

Results from the **‘About the Doctor’** (questions 9 to 12) section were very encouraging with percentages all in the 82 to 87% range.

Results from the **‘About the Nursing Staff’** (questions 13 to16) were slightly lower with figures from 75 to 78%.

Discussions then took place around comments made on the questionnaires;

Telephones

In response to the large numbers of comments from patients unhappy about the length of time it takes to contact the surgery via telephone (24 negative comments), Kate updated the group by explaining that two new mobile phones were purchased last year, and any urgent calls to be made by the practice, especially on a morning, and to include triage calls, would be made on the mobile phones and therefore not tying up one of the surgery’s phone lines. Staff would also be reminded that where possible, non urgent calls be made in the afternoon allowing the main telephone lines to remain as free as possible in the mornings.

Kate also explained that the practice is currently reviewing its telephone provider contract. They are looking at what the current provider can offer as well as a potential alternative provider. It is possible to get a much more sophisticated telephone system but this will of course come at a cost.

It was therefore noted as an action point that the practice would review the current telephone contract for all 3 sites, as and when each lease agreement was nearing the expiry date.

An action was also noted to remind all staff that they make non-urgent calls in the afternoon where possible allowing the main telephone lines to remain free in the mornings for patients to call the surgery.

Kate explained that the practice could add a short recorded message similar to “Did you know that you can cancel appointments, request prescriptions and make limited appointment bookings online?” which patient’s would hear before being put through to a receptionist, and she asked the group for their views on this.

Comments were raised about the length of the message and also the extra cost to patients of being on the phone for a longer period of time. It was also mentioned that it may cause additional frustration to patients as it will take longer to get through and speak to the receptionist and to do what they want to do. It was agreed that any message should be short and used to inform patients.

One of the comments raised was the possibility of the practice offering a ring-back facility for patients. Kate explained that this was what the triage service offered but it just led to frustration for patients and staff. Kate also added that patients could cancel their appointments by text message, and the practice had very recently received a positive Facebook message left by a patient who had said how easy and convenient it was to do this.

Online appointment booking

There were two comments saying on-line booking would help workers.

For the last 12 months, patients have been able to request prescriptions online as well as cancel appointments. By the 31st March 2015 in line with new government guidelines, the practice is required to offer online appointment bookings. We will start with a very limited online access of offering two appointments per GP per day. One appointment will be available to pre-book one week in advance and the other can be booked on the same day. The appointments will be available as of 8am. PRG members asked whether these appointments be monitored for use and possible non-attendances. This is new to us but it is understood that the online appointments will show up as a different colour of our computer system so we can monitor how it works, and ensure that patient’s who book using the online appointment system are turning up for their appointments. This service is not live yet, but it is a service we must provide as a result of this new government directive.

Nursing

There were several very positive comments about nursing staff and it was felt that this should be fed back to the staff concerned. There were a couple of less positive comments which were discussed and PRG members mentioned that sometime the clinicians’ approach and manner can be misunderstood and what one person appreciates, another patient may not like e.g a clinician being direct with them. Although the nurses’ names had been left in for this meeting, these would be taken out before publishing on the web.

Seating at Kinsley

There was a comment that the Kinsley waiting room chairs are stained and look unclean.

This is something that has been discussed at PRG meetings previously and is on the ‘To Do’ for the Practice as soon as funding is available. Kate advised that bids had been placed for funding which included costs to replace the seating at Kinsley. The funding would not cover the full costs however so the balance would have to be met by the practice. Some parts of the bid have been approved and we are awaiting confirmation on the chairs part of the bid. Initial conversations have indicated that funding is for fixed seating which is substantially more expensive but we are waiting to have this confirmed. A point was also raised that fixed seating doesn’t suit the needs of patients at Kinsley surgery and could be discriminatory to disabled patients.

If the bid for new seating is not successful then we would look into deep-cleaning options but this is still not ideal. The preferable option would be for new wipe-clean seats.

Sinks

All sinks within the Hemsworth site have now been replaced under the funding bid. They look very similar to the old sinks but they now have taps moved to the side and do not have an overflow. This makes them compliant with infection control regulations. During our last infection control audit the practice did score very highly, but one of the areas we were marked down on was the sinks so future audits will be much higher.

GP’s

There were two comments that more doctors would reduce waiting times.

The financial situation going forward is unclear from the Government so it is difficult to employ under these restrictions. A further comment raised from the questionnaire was whether the practice could have more GP’s and specifically more female GP’s. The consensus amongst the group was that patients do not mind what GP they see as long as the GP is good at their job and listens to the concerns of the patient. Kate did highlight however that some patients may want to see a male or female doctor because of cultural or religious reasons. Kate also stated that when doing the GP rotas, a conscious effort is made to try and share out the male and female GP’s across all 3 sites, although she admitted that this was harder to do in Upton.

There are signs up in all three surgeries informing patients that they can have a chaperone with them during their consultation, and Kate asked the group if they had seen these posters, to which she received a positive response.

Appointments

There were a significant number of comments related to the need for more GP appointments, the difficulty in booking an appointment, and the late running of appointments.

In relation to the late-running of appointments, Kate explained that work is ongoing with clinicians to try and balance their appointment times so that they run to time. A member of the group commented however that patient’s needed to be reasonable with their expectations.

It was therefore agreed that an action would be noted that reception staff would be reminded to keep patients informed of any clinic running behind schedule.

Notices

One comment was to update the notice board more regularly and one was that there were too many notices up in the surgery. Kate asked the group for their opinion - Are there too many notices? Are there too few? Are they up-to-date? Kate explained that it was the responsibility of reception staff to check all notices at least one a week to make sure that they are relevant and up-to-date. Kate explained that we try to keep posters to a minimum in line with infection control regulations and that all relevant information is displayed on the waiting room monitor. She also advised that a new information screen is in place at the Upton site. This is also a screen at Kinsley. The idea of having these screens is to then limit the number of notices that are displayed. It was felt the current ‘minimalist’ approach was correct.

Pharmacy

The pharmacy at The Grange is not owned by the practice but as it is part of our premises comments have been received relating to them. It has been noticed and commented on that pharmacy staff were coming around to the back of the reception but they have been told not to this. The pharmacy staff do not wear a uniform and patients do not know who they are and it is also distracting for the reception staff. This will be monitored and pharmacy staff reminded not to come behind the reception desk.

Electronic prescriptions

At the moment, electronic prescriptions are just one option available to patients, however the positive aspects of it are that they are paper-light and audit-traceable. The prescriptions are sent by the GP straight through to a chemist nominated by the patient. The choice of the dispensary is not set in stone and can be changed by the patient at any time. This service has been available for a little while now. One of the group had heard that this form of prescribing was going to be made compulsory, but Kate said that she had not heard anything to that effect at this time and that some items can’t yet be electronically prescribed. At the moment electronic prescribing tends to be used for patients with regular, routine prescriptions.

It has also been discussed as to whether the practice should have dedicated staff working as prescription clerks, but at the moment this is still a topic for discussion by the GP’s.

Reception

There were 17 comments asking for a private area to be available to speak to receptionists. Kate did inform the group that there are notices up in each reception area regarding this, but not all of the group had seen these. We need to ensure they are made more visible. Kate said she is aware that the reception areas aren’t very private but, if necessary, there is the option to take a patient to a consulting room if they do require more privacy.

One of the group stated that they had noticed that patients don’t always stand behind the marked line on the floor in the Hemsworth reception and do not respect the privacy of other patients. Kate explained that at The Grange reception staff do check to see that patients are stood behind the line and would politely request they move back if they see this happening.

The following action points were therefore agreed. To display more prominent notices on the reception desks requesting that privacy is respected, reception staff to be reminded to inform patients that a quiet/private area can be made available if requested and to continue to brief the reception staff on the need to politely request that patients step back from the desk until it is their turn.

Comments included saying more staff are required - PRG members had noticed a change in faces at the Hemsworth site. Kate explained that the surgery is currently short-staffed due to sickness and vacancies but we do now have two new employees that are still undergoing their training – Sharon Fletcher and June Sullivan. Gail is retiring in May and we are recruiting for her position now with the aim that the new member of staff will be in post and at least partially trained before Gail leaves.

PRG members discussed that earlier this year a large partition board was put up in the Hemsworth reception area to separate the receptionists sitting on the front desk and those working in the back area.

Kate explained that when a patient is queuing at reception, they may notice that there is a member of reception staff who appears to be free, and they are wondering why this person is not picking up the phone. It may be this member of staff is working on something else and cannot answer the phone immediately. The patients do not always see what goes on behind the scenes. The receptionists said that they received more positive feedback when the partition was in place, as the patients could only see the one member of staff sat at the front desk, and they knew that that this was the only member of staff available to assist them, and therefore this was the member of staff they had to wait to see.

A member of the group commented that when visiting the Kinsley surgery, all patients just enter the surgery and then sit down and wait for the GP or nurse to call their name. There is no need to speak to the reception staff.

A summary of the agreed areas of concern and the action plan with target dates is as follows.

All actions/priorities were agreed through discussion by the members and the practice representatives, with the feeling that all were a priority and that all were achievable given realistic timescales.

|  |  |  |
| --- | --- | --- |
| **Area** | **Action** | **Target Date** |
| **Ease of Contacting the Practice by Telephone** | - the practice to review it’s current telephone provider contract for all 3 sites.  - remind all staff to make non-urgent telephone calls in the afternoon where possible allowing the main telephone lines to remain free in the mornings for patients to call the surgery. | 31 May 2015  31 March 2015 |
| **Clinics Running Behind Schedule** | - remind/brief reception staff on the continuing need to keep patients informed of any clinic running behind schedule. | 31 March 2015 |
| **Confidentiality and the Need for a Private/Quiet Area** | - more prominent notices on reception desks requesting that privacy is respected.  - display notices at the reception desk informing patients that a private/quiet area can be made available if requested.   * - brief reception staff on the need to politely request that patients step back from the desk until it is their turn. | 31 March 2015  31 March 2015  31 March 2015 |

**Practice Update and AOB**

Staffing

We have filled the two nursing vacancies and have one male and one female nurse starting shortly. These new staff will fill the treatment room and minor illness nurse vacancies. Both staff are part-time.

Zero Tolerance Policy

A member of the group enquired as to whether there was a zero tolerance poster displayed in reception. Kate said that there was a poster but we would need to check that it is clearly visible. She explained that the zero-tolerance policy does need to be reinforced and patients must understand that foul and abusive language towards staff or other patients is not acceptable.

Winter Pressures Update

Kate informed the group that the Winter Pressures evening appointments have now been extended to run until the end of May. Recently we had been unable to offer appointments due to staffing issues but it has now been arranged with some of the GP’s that they will move their working day to come in at lunchtime, do their house calls then see their afternoon appointments. They would then stay to do the out-of-hours winter pressures appointments. Locum cover would then be provided for the morning surgery. This has worked out to be a better solution as it is easier to get locum cover for the morning appointments and has ultimately increased appointment availability.

It has also now been agreed by the commissioners that the winter pressures appointments can be booked at the discretion of practice staff and can be booked from as early as 8am on the same day. The appointments are not available every evening but we are pleased to be able to offer some further appointments outside of our core hours.

There is also an option for GP’s to carry out winter pressures appointments over the weekend with the option then of back-filling their clinics with locums during the week. This would then lead to an increase in appointments and would also help to improve morale amongst reception staff as they would be able to offer more appointments to patients.

Kate advised that locums would be kept to the same people wherever possible to ensure some continuity. We have one GP coming as a private GP locum, and we are also using an agency to fill the remaining clinics who are trying to keep to the same two GP’s.

A member of the group asked why GP’s work as locums rather than having a permanent position in a practice. Kate explained that it is just down to an individual’s preference and circumstances and there may be several different reasons.

Cuts to funding

We have no further information on this at the moment until further information around October is received. Recruitment at the moment is considered very carefully and for replacement staff rather than additional recruitment. The practice is reluctant to spend money when we don’t know what the outcome of the decision will be. It was suggested that decisions may be made after the election in May.

Date of next meeting: **Tuesday 21st April 2015**