**PRG Meeting Notes**

**Tuesday 20th January 2015 at 12pm**

Present:

Angela Marwood Practice Manager (Chairperson)

Kate Lamb Assistant Practice Manager

Colin Cooper Patient Representative

Larraine Cooper Patient Representative

Paul Stephens Patient Representative

Sabrina Alexander Patient Representative

Gail Alexander Patient Representative

Rianne Norton Public Health Administrator

Apologies received from: Mick Lomax

**CQC Intelligent Data Monitoring**

There has been no further change to the Practice’s risk-rating on the CQC Website. Angela attended a meeting on 06/01/15, and the CQC are not expected to be in our area between January and March 2015, however they can visit at any time. Every practice must be inspected every two years, and we are due an inspection in July 2015.

**NHS Choices Website**

This website is available for patients to make comments about the service they have received at an NHS establishment. At the moment our surgery is only receiving negative comments. Kate encouraged anyone with positive feedback about the surgery to leave this feedback on the website. It seems that patients are generally happier leaving negative rather than positive feedback. As a surgery we do get a lot of positive feedback from our patients, but unfortunately this is not being reflected via the website.

**PRG Survey**

This Survey has now been distributed and we have until the end of March to collate the results.

**Online Booking**

Angela attended a Practice Manager’s meeting on 19/01/15. She briefly discussed this matter with the Practice Manger of Ackworth Surgery, and their policy is to allocate two online appointments per GP per day with the remainder of appointments being used for walk-in and telephone appointments.

**Action Point** Angela will find out from other GP practices in our network to see if they use online booking and what their experiences are with using it.

**Summary Care Records**

It is a national requirement that all Patient Summary Care Records must be made available electronically by the end of March 2015. As a surgery we already comply with this requirement. The summary includes patient demographics, allergies, sensitivities and medication and is available to other medical professionals when required, e.g. another GP surgery or and A&E department. Each individual patient must consent to sharing their information, and then the health professional who wants to look at this information must again ask the patient’s consent. The patient’s consent can be overridden in the event of a life-threatening emergency situation. If a clinician does override consent, then an alert will be generated, and the clinician involved would have to explain the reason(s) why they accessed the patient’s notes without the patient’s consent.

**Friends and Family Test**

We are still collecting results from this survey, although no minimum numbers are required. Staff have been actively encouraging patients to complete them. The collated results are reported nationally from January’s returns, and individual results will be available to view on the NHS Choices website.

**DNA**

The DNA figures are posted each day at reception and show the number of patients who did not attend for appointments the previous day. This is attracting a lot of attention from patients and is certainly making an impact! It is making patients think twice about turning up for their appointments. A comment was made about whether we could add up the total number of appointments available on a particular day and then show the number of DNA patients as a percentage figure.

**Action Point** To ask Barbara if she can make these figures available.

**Practice Update**

**Secondary Care**

Our operating theatre is now available. A bid was submitted to run a cataract service within the new operating theatre, and the practice was successful, meaning that we are now on a list of approved cataract surgery providers. The service was available as of 01/01/15 and at the moment we are just waiting for all of the necessary equipment to arrive. We are aiming to get our first appointment in place by the end of February 2015. A patient will come to the surgery to see the consultant and will then have a pre-op assessment with the nurse, all on the same day. The patient will then return to the surgery within a period of a few weeks to have the surgery and then again for a follow-up post-operative appointment. In the future we are looking to expand this service to a larger ophthalmology service.

A question was raised as to whether patients at this surgery would receive preferential booking over patients attending from other practices? Kate explained that no patients would be given priority over others, and the service is subject to demand. She also explained that initially we would be reliant on word-of-mouth to let people know that we offer this service in the community.

Initially the service will be provided on a weekend and will also be dependent on the availability of a surgeon. The feedback from patients attending the weekend endoscopy clinics is that it is easier for friends and family to provide transport and to offer support rather than if the clinics were held during normal working hours.

The Practice is next looking to provide an on-site service for minor hand surgery and vasectomies. It was explained that the practice did used to offer a vasectomy service but the regulations around the type of operating theatre required to provide this service changed, and a Level 3 theatre is required which the practice can now offer. We will be looking to bid for both of these contracts in the near future.

**Staff Vacancies**

Angela advised that the practice still has a vacancy for a minor illness nurse and interviews are scheduled for Thursday 29th January.

Interviews have also been arranged for Wednesday 21st January 2015 for a new receptionist at The Grange as Julie has left to go to a GP practice in South Kirkby.

**Operation Resilience (Winter Pressure Funding)**

The practice was successful in securing extra funding so that extra out-of-hours GP appointments could be offered to patients rather than these patients attending at A&E. These extra clinics were due to run during January, February and March 2015 and would be held at The Grange surgery. There were a few clinics in December 2014, and all of these clinics had to offer appointments outside of regular core hours. The clinics were arranged to offer appointments between 6.30pm and 8.30pm on a Monday, Tuesday and Wednesday, and 6.30pm to 9.30pm on a Thursday and Friday. Unfortunately however we have been unable to staff all of these extra sessions.

Angela explained that she took the total amount of funding available for these sessions and divided it by the number of weeks and hours during which the service would be provided, and it enabled the practice to provide a locum GP and a minor illness nurse for all of these sessions. Time was then spent getting staff in place.

The locum GP attended in December but he wasn’t happy with the travelling and decided that he didn’t want to carry on with the remaining sessions, and likewise, although initially the nurse had been happy to work 4 out of the 5 sessions each week, she also found the travelling too much.

We are currently hoping that the recruitment agency will be able to fill the vacancies so that the service can get up and running again.

The initial uptake of appointments during these December clinics started out as 6-8 out of 12 appointments and increased to 10 out of 12 available appointments.

Angela confirmed that whatever funding isn’t spent on providing this additional service will be returned to the central pot. Angela explained that this has been frustrating – the money is in place and in theory we could offer 12 GP appointments on a Monday, Tuesday and Wednesday, and 18 on a Thursday and Friday. Unfortunately the appointments can also only be booked after 4.00pm.

As a practice we had to look at when the peak attendances are in our local A&E departments, and locally is between 12pm and 2pm and then again from 5pm until 8.30pm. Angela explained that she is not sure why peak attendances are around lunch time as there are always on-the-day non-routine appointments available for patients rather than having to attend at A&E. The intention of these out-of-hours appointments is to prevent unnecessary visits to A&E.

Unfortunately we cannot advertise this service to our patients at the moment because we cannot staff it. We have got to the end of March to utilise this funding and Angela is hopeful that we will be able to get something in place before that time.

**Prime Minister’s Fund Challenge**

The second wave of the Prime Minister’s Fund has now been made available to GP surgeries. The first wave of funding was offered to practices nationally – practices all grouped together and arranged to have one surgery in that particular area open 7 days a week from 8am to 8pm.

Angela explained that eventually she thinks that all practices will be required to open for these hours. The first wave of the Prime Minister’s Challenge was almost a pilot scheme. Network 6 (Wakefield area including Lupset and Ossett) were successful in the first wave of funding. They now have a model set up whereby one surgery in the network will be open from 8am until 8pm Monday to Sunday in one location, and it offers a combination of pre-book and urgent appointments. This service is offered by GP’s and is not nurse-led.

Angela said that she attended a meeting on 06/01/15 with managers from this network who explained that there were still some teething problems as there were several individual practices all working together.

Before Christmas 2014 the second wave of funding was announced, and this meant that other networks could also come together to make a bid. There used to be a nurse-led minor injuries unit at the White Rose Surgery which, in addition to the Walk-In clinic in Wakefield town centre offered patients an alternative to visiting A&E, but the funding was withdrawn.

It is frustrating for patients who get used to this service being available and then the funding is withdrawn and the service can no longer continue to operate. There are also the practicalities to consider of seeing patients from other surgeries, e.g. how do we access the online record of a patient registered at a different practice? It may be that we have to contact the surgery directly once they are open to inform them that one of their patient’s has visited our surgery and advise if any medication has been prescribed.

As the White Rose Surgery has previously had a minor injuries unit, the network was considering putting in another bid for a nurse-led service at this surgery, however, when considering a map of the Wakefield district, this area is out on a limb rather than being centralised. However, the Government then informed us that there were not enough patients within the network area for the unit to be viable. In response, the network bid has now been changed to a district-wide bid, and will involve all GP practices in the Wakefield area except for those within network 6.

The bid is being managed by a consultancy firm, and a meeting was arranged with them on 06/01/15. Each practice was asked what they wanted as part of the bid, but there was very little time to plan and consider the implications as the deadline for the bid was 19/01/15. The bid has stated that the network would provide opening hours from 8am until 8pm Monday to Sunday with three additional ‘hubs’ across the district. The first hub will be Pontefract A&E department; a second hub will be on the other side of Wakefield but has yet to be confirmed (possibly Pinderfields A&E department or King Street walk-in centre) and a third in the South-East area of the District – possibly in Hemsworth.

Angela attended a meeting on 19/01/15 where it was indicated that there was still the plan to have two hubs – one in Pontefract and one in Wakefield, with the addition of a minor injury unit in the South-East area of the district. Sessions will be available until 8pm Monday to Friday and will be available for all patients across the network. At weekends, appointments will be available in the hubs. There are still concerns however about how this will be staffed. It is a national initiative so funding is limited, but at this point we will wait to see if we are successful.

**Roof**

The work on the roof at The Grange is now completed and we are just waiting for the scaffolding to be dismantled. The roof was first laid in the 1960’s so it has been stripped right back as it was due a re-fit! We are just waiting for some ceiling tiles to be replaced in the reception area and for the skips to be removed.

**Endoscopy questionnaires**

The practice is currently working towards a Joint Advisory Group (JAG) National Endoscopy Accreditation. In order to achieve this accreditation, the practice needs to conduct audits, involving collating results and looking at feedback. This whole process also needs to involve input from patients themselves. The questionnaire asked patients to leave their name and contact details if they wanted to receive feedback from the audit. These patients have been contacted and invited to attend a meeting on 10/02/15 in the seminar room. This invite is also extended to all PRG members. The results of the audit will be made available during this meeting. If patients are not able to attend this meeting but would like to provide feedback, then they are welcome to do so via post or email to Kate Lamb the Assistant Practice Manager. All of Kate’s contact details can be found on the invitation letter.

**Draft Newsletter**

A draft copy of the practice newsletter which was designed by Mick Lomax, the Public Health Nurse was distributed to all members of the meeting for their consideration. Positive feedback was received, with comments that the newsletter was “concise and informative”, although Angela stated that we would have to re-think advertising the out-of-hours appointments at this time until the staffing issues can be addressed. The idea behind the newsletter is to advertise any hot topics which may be of interest to patients.

**Blood results**

A member of the group raised a comment regarding blood tests and what the procedure is if the results are abnormal and the letter informing the patient is lost in the post? Kate explained that if blood results were abnormal and the clinician deemed it serious or urgent enough, then the clinician themselves would contact the patient directly and ask them to return to the surgery for a follow-up appointment.

**Repeat prescription**

A further query was raised by a patient who said that they had put in a repeat prescription but the prescription was declined by the pharmacy as the patient needed a medicines review, however the patient was not informed and so when they went to collect the medication it was not available.

**Action Point** To clarify with Barbara – when a repeat prescription is declined by the Pharmacy, what is the current procedure in place to inform patients so that they do not risk going for a period of time without their medication.

**AOB**

A patient stated that some of the letters she has received from the surgery have had her DOB visible in the address window.

**Action Point** Speak to the secretaries and ask them to check the letter templates.

A patient informed the group that she attends a monthly disability meeting which is aimed at patients with disabilities and their carers. While at this meeting, she overheard a member of the group say, “these health centres are scamming money from Yorkshire hospitals”. Kate explained that the service offered by our practice and other medical centres was a local service directed at the local community, and the practice is carrying out this work because hospitals can’t keep up with demand.

Hospitals will continue to deal with patients with more complex medical histories, but the service provided by our practice helps to reduce the pressures on hospitals. The other positive is that when you attend a consultant appointment at The Grange, you will always see a consultant and not a registrar or other grade of clinician. The patient asked if either Kate or Angela would be able to visit this group and explain this to them. Kate suggested that it would be more appropriate to speak to the CCG directly and ask that a representative attends from there, as they will have the overview of what is happening in the whole of the area rather than it just being limited to one particular practice.

A question was asked as to whether there had been any direction from anyone that GP’s ‘cut back on referrals’, possibly as a cost cutting exervise? Both Angela and Kate said that this was absolutely not the case. There are pathways in place for patients, which mean that a GP may sometimes do some further tests and/or examinations before a referral to a specific consultant is made, e.g. a scan, or physiotherapy referral may be made before a patient is referred to a pain clinic. Our secretaries pride themselves on being timely with referral letters, and it is normally the case that morning surgery letters are typed up that same afternoon. We have no waiting lists at the surgery and our clinicians have no reason not to refer. All our secondary care appointments are well within the 18 week limit.

Next meeting has been arranged for Tuesday 3rd March 2015