**PRG Meeting – Monday 1st November 2021**

Present

Angela Marwood Temp. Chairperson

Rianne Norton Communications and Patient Contact Manager (minutes)

Eleanor Horobin Patient Representative

Chris I ‘Anson Patient Representative

Janet Neville Patient Representative

Sandra Pickin Patient Representative

Apologies

Paul Stephens Patient Representative

Minutes

The minutes from the previous meeting were agreed. Chris explained that he had contacted Wakefield CCG re the decommission of services and was awaiting their response.

Practice Update

**Staffing**

We have had two recent resignations – Claire Mawdsley CASH (Contraceptive and Sexual Health) Nurse and Tracy Moss – Treatment Room Nurse.

Claire has left to work at her husband’s practice which is much nearer to home as she is currently travelling in from Halifax. We have advertised the position and do have someone interested who is qualified to carry out the relevant procedures – coil fitting and implant fitting – and who is also a non-clinical prescriber.

Tracy was only recently employed in the practice but sadly left with immediate effect as she is the main carer for her parents and one of her parents has recently become unwell. We understand that family must come first. We currently have two interested applicants.

Angela explained that we are still experiencing problems with staff having to isolate and we are also still vaccinating – both covid boosters and ‘flu vaccinations. Angela explained that we are trying to arrange clinics on Saturdays so that this doesn’t impact on staff being taken out of their clinics during the week. We also do have some non-clinical vaccinators which again eases the pressure on our clinical team.

Angela explained that her and Claire – our Office Manager – are both vaccinating at Kinsley on Wednesday afternoon – 3rd November 2021.

A concern was also raised about the lack of phlebotomy appointments. Angela explained that appointments are also available for blood tests via GP Care Wakefield, but patients will have to travel to either Trinity (Wakefield) or Pontefract Hospital.

It was explained that we are currently down a 20-hour treatment room nurse.

We do have Vanessa – a trainee Nurse Associate – who is employed by the PCN but attached to our practice. She can carry out blood tests. Clair Collins is also completing her Nurse Associate training but is still carrying out some clinics within the practice during her training.

Kate has also left the practice to work as a Business Manager at a practice in Wetherby.

Angela explained that we have looked at the staffing we already have in place at the practice. Angela explained that 30-40% of Kate’s work was as the Assistant Practice Manager and 60-70% was working as part of our Secondary Care services.

Angela explained that we will not replace Kate and, instead, we will develop our own staff. Linda has been here for over 20 years and is very knowledgeable in secondary care. She has been given a little promotion and she will also further develop her staff. Angela will support Linda with contracts and meetings.

Rianne has also increased her hours so that she can support Angela.

We are looking to appoint an endoscopy nurse to support Linda. Ideally we would like the candidate to have knowledge of endoscopy as well as admin experience, in order to help with the policies and procedures aspect of the role.

We have discussed this decision with the CCG, and they are really supportive of us developing our current staff. Angela further explained that there are not always many opportunities for promotion when working in general practice.

**Commissioned Services**

It was explained that it was a huge blow for the practice to lose all of our commissioned services. These services were so beneficial to our patients.

Our endoscopy service runs with a combination of our own staff and Pennine Medical agency staff. We have an excellent working relationship with Pennine and with the staff who work here.

As well as our own patients, we are also seeing patients from Leeds. We are also helping Mid-Yorkshire hospitals with their back log of patients as well as their 2 week wait referrals.

A member of the group explained that they had recently attended the endoscopy unit for a procedure and said that it was an “excellent experience” and it “felt like the staff really cared.”

Angela explained that the CCG are looking at bigger companies to provide these services across the country. Commissioners prefer bigger providers, as this means that they only have to deal with one provider rather than lots of smaller providers.

Angela also explained that the practice will continue to maintain the JAG accreditation awarded to the Endoscopy unit.

**Blood Bottles**

A question was asked if the blood bottle issue had been resolved. Angela explained that this did not directly affect the practice due to our stock levels. The majority of our bloods are sent to Barnsley. We did also receive an email to say that the issue had been resolved.

**Boosters/’Flu**

Angela explained that there was a late delivery of the over 65’s ‘flu vaccines. Covid boosters had already arrived but we waited until the ‘flu vaccines had also arrived so that both vaccines could be administered together for those patients in care homes and those receiving home visits.

It was explained that ‘flu vaccines are ordered a year in advance, but practices across the district will order from different suppliers.

We now have plenty of booster vaccines and ‘flu vaccines – for both the under and over 65 cohorts.

Angela explained that we have now made a good start on administering these vaccines. Our nurses have been to Hemsworth Park last week. They did have a covid outbreak on one floor so they will have to plan a further visit to ensure all residents are vaccinated.

We also need to visit Springfield Grange – we are ready to go but we are still awaiting the return of patient consent forms. Angela explained that she has personally delivered the consent forms again, by hand.

We have also started visiting housebound patients.

It was explained that the practice is notified when patients have their ‘flu or covid booster vaccines elsewhere so that we can update our system. There are lots of options now for our patients and we want to encourage all patients to have their vaccines as soon as they are eligible.

We are working through the cohorts for booster vaccinations and are currently working on 75 years and over. Patients of this age are so eager to have their boosters. We also have third doses of vaccines – these are given on the advice of hospital consultants and for patients who are immunosuppressed. Fourth doses are also available for those patients who need it and on the appropriate medical advice.

Angela explained that there has been a real team spirit at the vaccine clinics and a willingness from all staff to help out.

Angela did explain that as we move further down the cohorts and into the younger age groups there appeared to be less patients wanting the vaccine.

It was explained that the practice is still having to manage with members of staff having to self-isolate. We have been issued with a flow chart of who needs to isolate and when. We have to isolate when a household contact tests positive.

**Telephones**

Angela explained that we have had lots of problems with the telephones over the last 2-3 weeks, none of which have been the fault of the practice. The problems arose when we requested a slight amendment to the welcome message. We do understand that it is a long message, but it is a requirement from the CCG that this information is relayed to our patients. We are hoping that these problems have now been resolved.

**Engage Consult**

This service enables patients to contact the practice online. Information is available on the practice website. Patients do not need online access to use this service but do need an email address to register.

Patients are guided through a series of questions. The query is then submitted and will be reviewed by a clinician. The secretaries can also review the submissions and they are able to deal with some of the requests, i.e. patients chasing up referrals/letters/results. Clinicians do need time out of their clinics to deal with these requests.

**Abuse directed at GP Surgeries/Zero Tolerance**

There is a big push at the moment from the BMA and the LMC in relation to the current bad press being directed at GP practices – stating that GPs are not doing anything. We have received comments of this nature in the practice.

Support your Surgery posters are displayed within the practice.

Lots of practices are experiencing abuse. It is very sad to say it, but we are used to abuse from patients.

However, we are very strict on our Zero Tolerance Policy and we encourage staff to report all incidents.

The numbers of zero tolerance letters we have sent out to patients have been relatively stable over the past few years.

Other practices who have not been used to it in the past and finding this very upsetting, and rightly so.

Angela explained that if there are two or more incidents in a 12 month period then we can remove the patient from the practice register. We have to support our staff.

**Face-to-face appointments**

Angela explained that we are holding regular in-house meetings with our clinical team.

Dr Sundaram will be picking up a full day as of 1st December 2021 as she had dropped a day for training purposes.

Angela explained that despite Dr Sundaram picking up this extra full day, we will still keep locum cover and so there will be extra appointments available.

Angela further explained that Dr Sundaram is very keen to get back to seeing patients face to face and will be doing so as of 1st December 2021.

Each clinician is using their own discretion in deciding whether to bring patients into the surgery for face to face appointments. Angela explained that she did not know the current number of face to face appointments but would try to get this information ready for the next meeting. She did however explain that the number of face to face appointments is increasing.

**Action Point**

**Angela to find out the number of face to face appointments with GP and ANPs for the next meeting.**

Angela explained that all appointments for treatment room nurses are face to face due to the nature of the appointments.

Our clinicians have, between them, decided on a list of illnesses/conditions which receptionists can book for face to face appointments without the patient first requiring a telephone triage appointment.

GP demand is also high, and this was no different to before the pandemic.

If a patient does require a face to face appointment then they will be seen.

There was some discussion in the group about concerns that some patients have become very ill because they were not seen by a GP. There were personal experiences shared by the group. It was discussed that maybe this could have been prevented if these patients had been offered a face to face appointment sooner.

Angela explained that she would take this feedback back to the GPs at the next clinical access meeting.

Angela explained that she understood that telephone and video consultations do work for some patients, but not for everyone.

**Comments and Compliments**

There was no time to discuss the comments and compliments, but a printed copy was handed to each member of the group and detailed below:

*“Patient’s mother wants to tell us how great she thinks our service is - she finds it so convenient to get help on the phone as it has saved her time and hassle having to come to surgery - she thanks us all for doing a great job and tells us to 'ignore the haters and rubbish on TV”*

*“Patient would like to say thank you very much to the reception staff involved and the GP (Dr Sundarum) for attending to his wife at home on a well-being check. The patient was taken by ambulance to the hospital, and they are very grateful for all that was done and for the GP attending.”*

*“Got to give credit to this new system the Grange have of online consultations, after starting to feel ill on Monday and actually being ill all Monday night, I knew I needed anti-biotics, went on engage consult at 7.20, filled in my symptoms, answered the questions and before even 9 I had a message to say there was a course waiting for me at the pharmacy with instructions of what to do if they didn’t work. So got my first dose of anti-biotics down me before noon, there’s no way that would have happened if I’d needed to go into the surgery, I’m still feeling like death but I’m probably a day further into getting better and back at my desk than if I’d not used that system. It obviously doesn’t work for all illnesses but if it can free up appointments for those who really need it it’s great in my eyes. It doesn’t seem to be well advertised but worth a go if your surgery has it. Just go on the NHS app to self-serve!”*

*“Patient would like to say a big thank to all staff for their help and especially to Jayne Robson for her help.”*

*“Well done to Danielle - patient has just come into reception after her appointment saying what a lovely lady Danielle is.”*

*“Hi there. I just wanted to get in touch to say what an outstanding doctor, Dr Ahmed is. He's been my nans doctor since her husband passed a few months ago. He's patient and kind and nothing is too much trouble for him. I hope he chooses to stay at the surgery for a long time, as he really is invaluable.”*

*“As a patient of your surgery – I used the engage consult to report a new problem.*

*I received a reply the next day, asking for a photo to be sent through, which I did, and then a message came back that same day saying I was being referred for a Dermatologist appointment. I found this system very quick and efficient, and it saves trying to ring in on the phone.”*

**Date of next meeting**

**Date:** Monday 13th December 2021

**Time:** 10am to 11.30pm

**Venue:** The Grange Medical Centre