**Patient Group Meeting Minutes**

**15th December 2015**

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| **Attendees** | **Apologies** |
| PatPatriciaDavid Cath Fran Linda Adrian Davinder Martin PortiaJulia MohammedNicola  | Winifred Christine Noelle TerryDouglas  |

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| **Summary of discussion** | **Action for** |
| **Review of Actions from the Last Meeting**It has been agreed that the minutes from the patient group meeting will be typed up and emailed to the group within 4 weeks.**Training for** **minor ailments scheme**A message has been sent to all the admin staff and Dav has spoken to individuals regarding the need to inform patients that the patient suffering with the minor ailment MUST present at the pharmacy.**DNA Policy**The new policy of sending a DNA (did not attend) letter after a patient has DNA’d twice has been in place since 1st December.**Online ordering**A message has been sent to all admin staff reminding them to check for any free text information before actioning the request for online prescription requests.**Medication reviews**The pharmacy team is working through a process of inviting patients in for a medication review before their due date. This should be in place during 2016.**Privacy sign**This has now been moved closer to the reception which should hopefully reduce the amount of patients having to queue out of the door.**Website**Dav has received everyones comments and is currently in discussions with the website provider.**Staff updates and Recruitment**It has been a busy year with recruitment. INJulie Tunnacliffe - Nurse Practitioner. She is full time and started at the beginning of October.Andrea Hankin - Practice Nurse. She is full time and started at the beginning of December. She comes from a community background.Judith Muirhead - Receptionist.Fathuma Wahid - Receptionist. OUTSaima Rashid – Pharmacist. She is leaving us on Friday 18th December; we have recruited another pharmacist who will start in February and will cover short term with locum.The pharmacy team is working really well and has reduced some of the workload and relieved stress from the GPs. The question was asked if an exit interview is undertaken when staff leave. An exit interview does take place and any actions from it are reviewed.  |  |
| **Removal of patients out of the practice area**A member of the group informed us that she knows of a family who were removed for being out the practice area. They are very upset as the son had a broken shoulder and had an appointment to see one of the GP but during the process of registering at another surgery the appointment had been cancelled. The son didn’t know it had been cancelled until he arrived at the surgery and then had to walk back to Lindley with a broken shoulder. Fran informed the group that the appointment should have been honoured but once a patient has registered at another surgery the patient records get closed automatically.Fran informed the group that it has been a tough decision to make and follow it through for the surgery. The question was asked if there has been support for the admin staff, and yes any queries from patients have been passed through to Fran, Dav, or Tracy who have then had discussion with them as to why this is happening. Some patients have been understanding of why the surgery has had to do this. We have not discriminated against any patients during this process; however we have excluded palliative patients from the removal process.On reflection the letter explained briefly why the surgery was doing this but maybe we could have expanded more. A member of the group suggested that a warning letter may have been helpful, explaining that in 3 month’s time this may happen. Looking forward we will continue to remove patient as they move out of the area.  |  |
| **Patient Reference Group Meeting**Martin discussed his notes from the Patient Reference Group Meeting on 3rd December. Please see additional e-mail attachment.Martin said that they were asked to consider how practices could reduce the number of people not attending for pre-booked appointments and not cancelling them (DNA’s or did not attend). If patients do not attend we send them a text message, if they miss another appointment we send them a letter. The question was raised as to whether we ask patients why they have not attended. A suggestion was that the GP or nurse could ring the patient and ask them. We have on average 400 missed appointments each month. A discussion followed and a comment was that patients may have difficulty getting through to the surgery to cancel their appointment. A suggestion was that on the TV screen in reception we put a message “41 patients have been removed this month due to not attending their appointment”**ACTION: To audit the DNA’s to see if it is certain age groups, etc. who are not attending.****ACTION: To inform patients that they can e-mail us in order to cancel their appointment instead of phoning.** | **DS/NC** |
| **Texting service**Texting was a free service but this is not the case anymore. The surgery will be allocated an amount of money for texting and when the surgery has gone over that allocation then it will cost the surgery.We have been reviewing the amount of texts we send and we are looking at not sending a confirmation text just a reminder the day before the appointment. However, at the moment there is a problem with this as you cannot send the reminder text if you do not send the confirmation text. **ACTION: To set up a systmone request for these to be unlinked or revert back to sending the full range of appointment texts.**  |  |
| **CQC update**We have received the draft report and the final report is due out this week. The surgery has been rated as good overall, with outstanding for long term conditions and the One Stop Diabetic Clinic. The final report will be e-mailed out the group.**ACTION: To e-mail the group when the final report is published.**  |  |
| **Telephone recording**One of the schemes the surgery has undertaken this year has resulted in the release of some money for the surgery. The surgery has decided to use this money for telephone recording which will support both staff and patients. Call recording will only be on incoming calls but in the future we may look at outgoing calls as well. On our current telephone system we cannot add an automated message saying “this call is being recorded” so admin staff may have to give this message when they answer the phone. **ACTION: To look at admin opening up the patients records before booking an appointment so that they can view any alerts on the patient records.** |  |
| **Breaking the cycle feedback**This has provided an opportunity for all practice in the area to try and do something different so as to improve the service for patients and staff. One area that we looked at was the volume of telephone calls first thing in the morning. So the first 30 minutes it is all hand on deck (secretary, senior admin, deputy practice manager, practice manager etc.) which has relieved the pressure for the admin team.We have also looked at the home visits and the aim is to get them done earlier in the day so to try and avoid an overnight admission to hospital. Also admin are taking more details regarding the home visit which is also helping.We have also increased the amount of telephone consultation slots which are available to patients. |  |
| **Health Watch feedback**Health watch is like a patient watchdog which is funded by the NHS. The surgery invited them in the surgery to talk to our patients. A discussion followed regarding the comments patients have submitted to the health watch website. Dav explained that if he receives a complaint regarding a colleague, he will pass the information on to that individual. He will then send a message to all the admin team explaining how it should have been dealt with. A suggestion was made that perhaps we could amend the script for admin, explaining that we are asking what the nature of the problem so that we can signpost them to the correct service. **ACTION: Dav to continue with customer service training.** |  |
| **Linda Flanagan – HCA / Health care co-ordinator**Linda explained to the group about her role within the practice. She worked as an HCA with the practice from 2006-2008. She then came back in September 2014 as an HCA/Health care co-ordinator. Her role as a health care co-ordinator is to assist the GP’s with the social aspect, as well the health, of a patients care. An area of Linda’s work involves the unplanned admissions scheme, there are over 300 patients on this scheme, and it is constantly updated. The aim of the scheme is to try and avoid admission to hospital for the patients. The GP’s decide which patients go on to the scheme. Linda will then visit them at home and prepare a care plan for them; this includes next of kin details, carer information, patient’s medical information, and medication. There is also a symbol on the patients record which shows that they are on the unplanned admission scheme. Another area of Linda’ work involves seeing patients for an NHS Health Check. This comprises of height, weight, blood tests, lifestyle advice, and a general health check.If the GPs have concerns about a patient, i.e. neglect, they will ask Linda to visit them and she will then try and put something in place for them or signpost them to relevant service. When Linda visits a patient she leaves a card with them with her contact details and explains to them that if they need anything, whether it be now or the future, then to contact her. Linda is our Carer’s Champion. This is a scheme designed to help the practice provide carers with the support they need in their role as a carer. Linda is in the process of creating a Carers Register.**ACTION: To look into putting the carer’s questionnaire on the website in order to try and capture more carers.** | DS/NC |
| **AOB**Fran informed the group that the surgery should hear from NHS England this week as to whether the application to close the list has been successful or not. Next Meeting Date: Tuesday 22nd March 2016, 17:00 – 18:30. |  |