**Patient Group Meeting Minutes**

**15th September 2015**

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| **Attendees** | **Apologies** |
| Noelle ChristinePat WinifredDavidFran Ailsa AdrianDavinder MartinDoug Portia Julia  | Patricia Angela Margaret Melissa |

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| **Summary of discussion** | **Action for** |
| **Antibiotic Prescribing**Dr Care gave an insight into our recent Red Team Commissioning meeting. One area of focus is to reduce our antibiotic prescribing rate, specifically antibiotics prescribed inappropriately. Clinicians and patients are being urged to become “antibiotic guardians.” The aim is to give patients a better understanding of when antibiotics should be prescribed, and when they are not appropriate. Clinicians are under considerable pressure from some patients who demand antibiotics with the impression this is a quick fix to their symptoms. Antibiotics are not appropriate for cold and flu symptoms. This awareness around antibiotic is not linked with financial incentive, it is to prevent resistance to antibiotics. Recently, bacterium are evolving much quicker than our research into new antibiotics and resistance to antibiotics is becoming a problem.For more information, please go to [www.antibioticguardian.com](http://www.antibioticguardian.com)Clinicians have a range of patient information leaflets available in the Document Library. These can be handed out in consultations as necessary.The practice is awaiting the installation of another TV screen in the waiting room. This will be used to display healthcare advice and guidance.The patient group asked if the practice can audit their antibiotic prescribing rates. Dr Care explained we been doing this for specific antibiotics for over a year and will continue to do so. |  |
| CQC ReflectionFran thanked the patient group for their involvement and support during our CQC visit. The patient group noted that the practice presentation to the CQC (emailed to patient group) was really good and highlighted the practices positives. The presentation was clear, concise and specific to the practice.At the end of the inspection, feedback from the CQC inspectors was positive and it was clear the practice and patient group have done a lot of work together. **ACTION: To notify the patient group by email when the official CQC report is published.**The practice will hold an internal CQC reflection meeting. This is provisionally booked for Wednesday 7th October 2015. Members of the patient group are invited, but the date and time are still to be confirmed. Actions from this meeting will be taken to the internal Clinical Governance Meeting on 20th October 2015, by which time the practice hopes to have the official CQC report to hand. |  |
| It was asked if there could be an agreement on a timescale for the Patient Group Minutes being released to the group.**ACTION: Agree a timescale for the Patient Group Meeting Minutes to be typed up and emailed to the group.** |  |
| **Review of Actions from the Last Meeting****Minor Ailments**The practice received feedback from Cohens pharmacy and Tesco pharmacy. Both pharmacies listed the main conditions patients are presenting with. One common problem the pharmacies are noticing is people turning up asking for medication for a child who is not present. The patient who needs the medication or treatment must present at the pharmacy i.e parents cannot request medication for the child unless the child presents at the pharmacy.**ACTION: Consider further training for reception colleagues. Colleagues should inform patients that the patient suffering with the minor ailment MUST present at the pharmacy i.e parent cannot obtain medication for child without taking the child.****DNA Policy**The question about changing our practice policy to allow no more than 2 DNAs (currently allow 3 DNAs) was carried forward from the previous meeting.**ACTION: Review the DNA policy to reduce the amount of DNAs a patient can have before being removed from the practice list.****Zero Tolerance Letters**The practice informed the patient group there have been 4 warning letters sent out in relation to the zero tolerance policy. There have not yet been any removals in line with the policy as there have not been any repeat offenders to date.**PSA Test being included in Over 75s Health Check**The patient group were informed of the nurse’s response to this question. “The PSA test is not a reliable test on its own. If a patient presents with symptoms a blood test will be done.” |  |
| **Online Ordering**The patient group continue to flag issues with online ordering of medication. This is specifically in relation to free-text messages from patients at the time of the request. Davinder explained the system. This feature of SystmOne has been designed around the medication ordered by ticking the boxes on screen. Colleagues simply click “action” to process the request and the system prints out medication that was requested via the tick boxes. The system is unable to process free text information. This information is displayed at the bottom of the “task” and can be missed by the system operator. There is a need to train colleagues around this.**ACTION: Reminder to colleagues to check for any free text information BEFORE auctioning the task. This will prevent additional requests being missed.**There was a discussion about medication review dates. Patients might not be aware they need a review before they are issued with further medication. Patients might not be aware it is their responsibility to arrange a medication review before they are issued further medication. Some patients might think the practice will arrange this. The pharmacy team are currently working towards doing the medication review before it affects the patient’s medication request.It was suggested that SMS could be used to remind patients to book appointments for a medication review.**ACTION: To increase patient awareness of medication review process. It is the patient’s responsibility to book a review appointment before they request medication again.** ACTION: Pharmacy team to develop and implement a process to review medication in advance of review date to ensure patients can order all desired medications electronically without hindrance.ACTION: Add message to website regarding medication reviews. The patient is responsible for arranging this review.The Grange Group Practice now employs an in-house pharmacy team to respond to medication queries and free up the GP’s time. |  |
| **Patient Reference Group Meeting**Martin discussed his notes from the Patient Reference Group Meeting. Martin has asked the CCG about waiting times, although we can’t really compare our data with other practices data. It was agreed that we are leading the way with ideas to improve access and waiting times.Dr Care asked for feedback on triage appointments. The patient group was generally happy with obtaining results and being reassured over the phone. Fran explained how the “on call” process works – the GP on call continually assesses the list and prioritises calls to patients.ACTION: To add an overview of the speak list process to a suitable page of the website so patients better understand what it means to be “added to the speak list.”ACTION: Is there an auditable list of figures to monitor our performance regarding appointments? Noelle asked if the practice could look into this and provide these figures. (i.e. When is the next routine appointment? No of urgent appointments? No. of speak list appointments booked? No. of patients brought down for face to face consultation after being on speak list?) |  |
| **Breaking the Cycle**Portia asked how the work we are doing around appointments and access ties in with breaking the cycle. There will be a “Breaking the Cycle” audit in November 2015, with a further audit in January. The CCG will collate results from across the area. Fran suggested the patient group will be involved with “Breaking the Cycle”, perhaps in the form of a mystery shopper style review.**Care Closer to Home** was briefly discussed. The plan is to move some hospital services into the community. Some departments will be moving from multiple locations, to a single location – i.e. A&E departments in Huddersfield and Halifax may be moving to a single location. The go-live date for Care Closer to Home is still set to be around October 2015, as discussed at the most recent Patient Reference Group Meeting. |  |
| **Privacy Sign**The patient group suggested the privacy sign in the waiting room is too far back, causing people to queue out of the door.**ACTION: To review the position of the privacy sign in the waiting room. Can this be moved closer to the reception desk?** |  |
| **Carer’s Champion**Linda Flannigan 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 carers. Linda is in the process of creating our Carer’s Register.ACTION: To feedback to patient group the increase in people on the carer’s register after Linda has completed her work on this. |  |
| **Recruitment**INDavinder Singh – Deputy Practice Manager/Staff ManagerJulie Tunnacliffe – Nurse Practitioner+1 Practice Nurse pending.Saima Rashid – PharmacistCrystal Cheng – PharmacistKaren Tempest – Pharmacy TechnicianSue Turner – Receptionist+1 Receptionist pendingMadison – Health Care AssistantCurrently trying to recruit a GP to cover maternity leave. Current locums have been asked to work for a longer period of time. We are also trying to recruit locums, however locums are more expensive than salaried GPs.OUTSam Mellor – Advance Nurse PractitionerSome partners are aiming to reduce sessions when we recruit a new GP. The pharmacy team are very valuable to the practice whilst we are looking to recruit another GP. The patient group will be advised of total sessions if/when a partner’s sessions reduce. We will inform the patient group of any new GP sessions etc. |  |
| **Compliments Cards and Significant Events**Fran reviewed the compliment cards the practice have received. Fran discussed the significant events process for logging any issues or areas for learning. The significant events are reviewed annually by the practice. |  |
| **Website**Dav discussed changes to the website and presented the patient group with a proposal for a structural change to the website (site map). Noelle asked that the patient group were given time to reflect on the proposed site map.**ACTION: Email website site map to patient group for review and feedback.** | DS |
| **Patient List**The practice has removed around 300 patients due to them being outside the catchment area. We have stopped accepting patients who are already registered with a GP in our area. Patients who are new to the area can register at the practice. There is no further action planned to manage our list size, however NHS England will review this at the end of September. |  |
| **AOB**Health Watch visited the practice. They are a patient representative body who review patient feedback and publish it on their website.**ACTION: Bring Health Watch feedback to the next meeting**Next Meeting Date: Tuesday 15th December 2015, 17:00 – 18:30. |  |