**Patient Group Meeting Minutes**

**25th June 2019**

**Attendees**

* Dav
* Dr Raj Kumar
* Dr John Hawkswell
* Nicola
* Lisa
* Martin
* Sandra
* Anthony
* Jennifer
* Noelle
* Doug
* Winifred
* Shohaib

**Apologies**

* Cath
* Adrian
* Barbara

**Actions from previous minutes**

Dav explained that Dr Kumar will be joining us shortly but at the moment he is in another meeting.

At the last meeting Dav was asked to invite a member of the pharmacy team to next meeting, Shohaib has attended today but it was agreed that someone from the pharmacy will attend each meeting to provide an update.

**Action – Dav to invite a member of the pharmacy team to every meeting.**

Dav has been in contact with the CCG and Jan Giles, Senior Manager Practice Support and Development, will attend the next meeting as she could not make this one to discuss the patient survey. A discussion followed and it appears that the main issue is if you have an urgent need you can get an appointment on the day, however if you want to see your regular doctor for a more routine need then it is difficult. The patient group wanted to ask the CGC what they expect the surgery to do in order to improve the results.

**Action – Nicola to resend the results from the patient survey to the patient group.**

Unfortunately we are still having issues with the phone company and because of this Dr Cameron has not been able to rerecord the phone message. The current recording is still a member of the senior admin team due.

Since Janaury 2019 we have registered 800 patients for online services and we are now at 30% which was the target for the end of March. This has been helped by closing the prescription request box.

Martin was going to e-mail Nicola some information on the “looking after our neighbour’s campaign”, however this did not happen.

Dr Kumar joined the meeting and introduced himself; he explained that has been a GP for 20 years and has been with the surgery since January. He also works one day a week for NHS England. He has done a lot of work around transformation in primary care. He is here to see patients but also to help with the changes. Dr Kumar commented that everyone he has spoken to speaks very highly of the practice. Dr Kumar explained that young doctors do not want to join practices these days and the biggest priority is to stop the older GPs retiring. All the GPs work part time apart from Dr John Hawkswell who is full time. The changes will not happen overnight and a big part of those changes is working with the patient participation group.

Martin explained that as a group they are here to support the surgery but they will also criticise if they do not agree with things. Martin asked if Dr Kumar was willing to investing more in the website. A member of the group asked why not have a website which just contains information that is needed to hit the targets for the government and what the patients use it for (booking appointments and prescription requests). We know that there are only a few pages on the website which are used regular.

Dr Kumar explained that the key priorities in the practice at the moment are:

* Recruitment, we have been very fortunate to attract a lot of senior ANPs and we now have a team of 7 nurse prescribers and they help to manage the coughs and colds along with some chronic conditions. We need to look at bringing in other clinicians, for example, physiotherapist and paramedics.
* Demand is the second challenge along with patient expectation; this has grown immensely over the years. The government has increased patient demand and not given any extra resources to help with this.
* Resources, GP practices only get about 9% of the health care budget.

**Phone system – under review**

Dav asked how people were finding the phone system. The general consensus was that it seems to be taking patients a long time to get through; it will ring for so long and then cuts off. A member of the group explained that she phoned at 4.07pm and it took 17 minutes to get through. They also said that this is your first impression of the surgery. A comment was made that it would help if patients were put in a queue so they know what is happening. Dav said that we appreciate that it is very difficult to get through to the surgery and we are in talks with the phone company regarding this. Dr Kumar explained that he thinks we have been mis sold and it is not fit for purpose. Dr Kumar has written to the phone company and we have asked them to review and provide an alternative solution. There are currently 8 telephone lines and we have bought some extra standalone phones to try and help with getting an outside line. We have asked the phone company for a queuing system, however at the moment we are tied into the contract for 24 months. We are still waiting for them to come back to us.

Dav explained that we still have a large number of patients who like to come to the surgery at 8am for a same day appointment. We are trying to change this culture so we are going to stop telling patients to come down at 8am. Lisa is looking each day to see where she can free up some one, three and seven day advance appointments. We always offer 100 available appointments each day but if there are excess appointments they will be opened up in advance. A member of the group commented that they think we will get a big backlash from the patients who queue at 8am in the morning. Dr Kumar asked if the patient participation group could do some work to help us interact with the patients in getting this message across. This could be done by members of the patient group providing the surgery with messages to put on the message board as they understand what a patient wants. A suggestion was to have a small focus group (3-4 members of the patient group) and they work towards achieving this.

Dr Kumar explained that a new NHS app will be coming out soon, plus the NHS UK website has information on every health condition available on there.

Dr Kumar also suggested having a small focus group to do some work regarding the website.

**Action – Dav/Nicola to set up small focus groups for key projects like the messages and the website.**

**Keldregate half day closing**

Keldregate is now closing every day at 12.30pm, this is to try and cultivate staff due to staff shortages. We will still be offering the same service but it will only be available in the morning. We need to concentrate on one site for the moment. The patient group were understanding of this.

**Acute services and home visits**

We provide a range of skills for the same day access appointments, for example pharmacists - they have 12 appointments each day to deal with things like medication queries, advanced nurse practitioner and nurse prescriber. If a problem occurs that they cannot deal with then they will go to duty doctor. The duty doctor starts each day with just telephone appointments so that they are available to deal with any acute problems.

A suggestion from the patient group was have a video playing in the waiting room of a conversation about what each clinician (pharmacist, advanced nurse practitioner) can do. Dr Kumar explained that there are videos available with this information on. Dav explained that if you go the pharmacy for an minor ailments problem then ask if they have had minor ailments training.

**Action – a couple of members of the patient participation group to sit with Nicola and look at videos from the NHS websites to go on the message screen in the waiting room.**

**Action – Lisa to make available a notice board for the patient participation group and to have one person in charge of it.**

**Action - Nicola to e-mail everyone for ideas.**

Home visits – there was a massive demand for home visits and it has shrunk slightly since doing this work. We have been working with the care homes and now operate ward rounds so each nursing home has a set day for visit. We also have a more robust way of taking requests from care homes where we ask for observations at the time of taking the request. We have one advance nurse practitioner who does the whole of the visit each day. We have drastically reduced the number of home visits from approximately 30 home visits to around 7 each day. This frees up capacity for additional appointments in the practice.

**Primary care networks**

Dav explained that there has been mixed publicity about these, they are a funding linked structure and it encourages us to work with other services within the area. There are 10 GP surgeries in our network; we cover a patch of around 57,000 patients so we are the largest network in Huddersfield. Dr Ford is the clinical director. Within the network we have been looking at online access so as to bring all GP surgeries to the same standard. We are looking at purchasing new equipment, for example anew BP machine, to share within the community. A lot of work has been done for extended access and care homes; so that certain care homes are dealt with by a set practice. There is a lot of variation in care across the networks so this work offers safer practice. It will be a major challenge.

**Pharmacy team update from Shohaib**

The pharmacy team been around for a few years now and the aim is to try to make things smoother for patients. Within the team there is Shohaib and Sammi who are part time pharmacists and Crystal who is currently on maternity leave. Plus there is Lorna who is a pharmacy technician. The team deals with acute prescriptions request and prescription queries. If the review date on a medication has expired then admin are allowed to issue it once but after that it has to be issued by the pharmacy team.

The main issue from a couple of meetings ago was regarding medication reviews, there seemed to be gaps in the process where staff did not know what was happening. A member of the group explained that she had some cream issued by the hospital in 2017, the patient then requested a prescription for the cream as she was going on holiday, she was aware that she need a review but would get this done after her holiday. However the request was declined and she went on holiday without any cream. Shohaib explained that it may well have been dealt with by Sammi, who is new and is quite cautious. Shohaib explained that he understands that it is frustrating when it happens and apologised on behalf of the surgery.

A discussion followed regarding online ordering if the review date is up. Shohaib explained that you cannot renew a prescription online after the review date, however if you come into the surgery admin can put one more request through.

Patient explained that she was ordering her medication online and one item kept getting missed off. Shohaib explained that it may be an item that admin cannot issue. She has a medication review appointment next month so it should hopefully get sorted then.

Shohabi explained that unfortunately there are more medication reviews needed than the pharmacy team can handle.

A comment was made that most of the receptionists do not ask patients to sign up for online at reception. Lisa explained that due to staffing levels it has dropped off slightly and at times there has only been one member of staff is on the reception desk. Lisa will feed that back to the admin team.

**Action – Lisa to feed back to admin regarding signing patients up for online services on the reception desk.**

We have had a shift of the admin team and all of admin have moved upstairs so that they can all upskill. The pharmacy team has moved downstairs so that they are on hand for any prescription queries. A comment was made that despite not having received the prescription for cream before her holiday she would like to say that she has always received a good service from the surgery.

Shohaib said that he always likes to receive feedback, whether good or bad, so that we can try and make the service more efficient.

**Staff updates and recruitment**

A member of our pharmacy team, Sammi is leaving us for pastures new. One of our practice nurses, Judith is leaving at the end of this week to go to another practice. We have two new members of the admin team, Karen and Emily. Nurse Pav is going to start training in September to become a nurse practitioner.

**AOB**

Date of next meeting – 24th September 2019 at 5pm.