**Patient Group Meeting Minutes**

**12th March 2019**

**Attendees**

* Lisa
* Fran
* Nicola
* Martin
* Adrian
* Doug
* Tony
* Sandra
* Winifred
* Barbara

**Apologies**

* Cath
* Noelle
* Dav

**Actions from previous minutes**

At the last meeting Dav was asked to invite a member of the pharmacy team to the next meeting, unfortunately this has not been done.

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

The patient group would like to meet with the CCG so they can have their say about the patient survey and what they want us to do to improve the results.

**Action – Dav to contact the CCG inviting them to meet with the patient group.**

Dr Cameron has attempted to record the telephone message but unfortunately it keeps getting deleted in error. The current recording is a member of the senior admin.

**Action – Dr Cameron to re-record the telephone message.**

**Boundary change work update**

We had 24 responses to the survey, 18 of which were patients and 2 were other GP practices. When asked do you think a change to the practice boundary would have an impact, twelve said yes, seven said no and two don’t know.

The key findings from the engagement would suggest that approximately a third of the people who responded understood the reasons for the boundary change.

The main benefits that a boundary change could offer are:

* More resources for the remaining patients
* More available appointments for the remaining patients
* Patients will receive better care

Those who responded feel that it is increasingly difficult to book appointments, and that GPs are under great pressure.

However, there were some concerns:

* The number of patients wanting to register with other surgeries in the area will increase
* HD5 is not covered by any other surgery
* Impact on other surgeries within the boundary area
* Concerns as to whether there are enough surgeries in the affected areas to take the extra patients
* Concerns over what will happen in the future. Some patients said that it will not affect them now but they are concerned that if plans change then it would have an effect on them.

The next step is that we will be going ahead with the proposed boundary change and Fran is speaking to the CCG.

Fran mentioned that another surgery, Longroyd, is also proposing to change their practice boundary.

**Online access**

We are working as part of the network to improve the percentage of patient registered for online services. The surgery is currently at 22% and the target is 20%, however this is to rise to 30% in April. Lisa and Kelly-Anne have been working really hard to increase our number of patients signed up. We are focusing on prescriptions that are being handed in; it is much more efficient and safe for patients to request medication online. We did an audit over 10 days to look at how many prescriptions were being handled for patients who are already registered for online services. Over the 10 days, an average of around 30% of paper prescriptions were handled for patients (hence they could have ordered these online rather than paper based). On one day a massive 70% of paper prescriptions were processed for patients with online access. It is hoped that this work will lead to improved efficiency for the admin team, and potentially a quicker turnaround time for patients requesting prescriptions. The 48 hour rule will still apply. The main reasons we found for this is; patients like to come into the surgery and they haven’t used the password within the timeframe, once they have been issued with a password for online access they only have 30 days to use it before it expires.

We can now sign patients up over the phone by vouching for them, rather than patients having to coming to the surgery with ID.

We are really pushing this at the moment and have a league table as an incentive for staff members with a reward for the member of staff who signs up the most patients.

On the back of this, we are encouraging patients to sign up for a nominated pharmacy. This would save patients a journey and increase efficiency in the admin team.

We are also piloting a trial with no prescription box. Patients will queue up to hand in prescriptions at reception, and will be signed up for online services at the same time. An audit will review the trial to establish how many additional patients were signed up for online services. The audit will be repeated to review how many patients are ordering prescriptions online the next time they order.

**Quality improvements**

This has been a project which has been run over six weeks to look at quick changes within the practice. We have been looking at home visits and frequent attenders.

Home visits

Dav and Alan, Advanced Nurse Practitioner, have been reviewing the way the practice carries out home visits. This is an intense workload for the practice, with between 20-30 home visits per day. We currently look after eight care homes and they all work in different ways to request home visits. We are now looking at how we can create better working relationships with the care homes in our area. We have reviewed the process for updating our housebound patient list, so admin are aware of patients who are housebound. We are encouraging admin to book appointments in the near future for patients who can get out and about with a carer, friend or family member (e.g. if a patient can get to surgery on a Tuesday afternoon when her daughter is visiting). We have looked at the logistics of carrying out home visits, and are working through a plan to “map out visits” and avoid sending clinicians to the same area on the same day. We are hoping to have our clinicians attending home visits with a laptop connected to the system. This may result in better informed decisions being made. Some of our neighbouring practices have a very small number of home visit requests per day, and we hope we can reduce this workload to ensure patients get the right care at the right time in the right place.

There is also some work going on within the network so that one care home will be looked after by one GP surgery, however one GP surgery may have more than one care home.

Frequent attenders

Dav and Alan have also been reviewing our frequent attenders register to identify patients who are booking more appointments than others. The data looks at appointments booked from January 2018 to December 2018. There were 5-10 patients who had seen a clinician over 70 times in the last year. Our worst repeat attender had 117 appointments in 12 months. He has a complex wound which requires treating frequently and there was nowhere else to send him. We have agreed care plans for some of the top attenders. One patient had 90 contacts in the last 12 months so we have provided her with a key contact in the surgery. She tends to ring every day with the same problem.

This work has allowed the practice to review the wound care service, the diabetic one stop service and smoking cessation service. It has been a useful exercise in raising awareness of how our appointments are being booked by staff. A member of the group commented that when he first started attending the one stop diabetic clinic it was excellent; however it is not so good now as you do not always get to see everyone in one visit.

**Looking after our neighbours campaign**

This is a West Yorkshire and Harrogate Health and Care Partnership social marketing campaign that aims to prevent loneliness and its associated health risks by encouraging communities to look out for vulnerable people, thus reducing demand on health and care services through early help and preventing ill health. The campaign will launch on 15th March 2019. The aim is to inspire people to engage in simple activities that will positively impact on the wellbeing of their neighbours.

**Action – Martin is going to e-mail Nicola the information he has on this so that we can put a poster on display in the waiting room.**

**Engagement session – Primary Care Network**

GPs are now working in groups with other practice, forming a practice list size of 50,000 collaboratively, and these are known as primary care networks. We are working together with ten other surgeries in this area. We are looking to hold an engagement session where all stakeholders will be inviting so we can inform everyone about the work that is taking place. The date of the session is still to be confirmed but will probably be in April.

One of the projects that the network is looking at is providing appointments within community pharmacies. The surgery would be able to book appointments for patients so they can go the local pharmacy and see a pharmacist for minor ailment problems.

Another project is the re-allocating of the nursing/care homes so they have one surgery looking after their care which was discussed earlier.

**Staff updates and recruitment**

There is going to be a change to the current partnership. We have a new GP joining the practice, Dr Raj Kumar, who is very experienced within the NHS and currently works for NHS Digital. He also has two surgeries in Warrington. He will be managing partner; he will do one full day clinical and one day as manager. There are going to be lots of changes. As from the 1st April some of the current partners will becoming salaried GPs, Dr Rehman and Dr Tayyab will be leaving the practice to spend time with their family. Dr Tayyab will continue to do a coil clinic once a week. Dr Kumar has plans to change things. We are still looking to recruit a nurse practitioner, and the plan is that the nurse practitioners will be doing all the visits and not the GPs. Another plan is to have more GPs sharing the on call duties. We have a nurse who is a nurse prescriber and she will be moving in to the nurse practitioner team.

The patient group have concerns over the amount of GP appointments that will be available, as there does not seem to be enough as it stands without losing two GPs.

The list closure has made a difference, however Dr Kumar is keen to reopen it again in May. The group has asked if Dr Kumar could be invited to one of the meetings.

**Action – Dav to invite Dr Kumar to one of the meetings.**

A comment was made from the group as to whether Dr Kumar would be willing to invest in the website and make it a fundamental part of the business.

We are recruiting for a pharmacy technical as Ranjit is leaving in about a month’s time.

**AOB**

If anyone has any issues they would like bring up at one of the meetings then please contact Martin or Nicola so that it can go on the agenda for the next meeting.

Martin asked if we could please make sure that any action items are dealt with and then updated at the next meeting.

Date of next meeting – Tuesday 11th June at 5pm