**Patient Group Meeting**

**5th June 2018**

**Attendees**

* Dav
* Nicola
* Lisa
* Martin
* Cath
* Sandra
* Anthony
* Winifred

**Apologies**

* Gina
* Noelle
* Adrian
* Doug

**Actions from previous minutes**

Medication reviews – Lisa has spoken to admin and the issue seems to have stopped, she has not had any complaints recently. A comment was made about ordering medication online when patients need a medication review - it tells patients that they are due a medication review but not how to go about getting one. We have telephone slots available for the pharmacy team to ring patient and do a medication review.

**Action - Dav will chase this up with the pharmacy team and have a look at the wording of this on systmonline.**

The updating of the website is ongoing for this year. The question was asked if patients are migrating to online and how quick is this happening, Dav explained that the target was 20% which we have met. A suggestion was made as an incentive for patients to sign up to online was by offering more appointments online to stop patients coming down or trying to ring the surgery at 8.30am. Another comment was that there were currently no appointments available online until July. Dav explained that more patients are signing up for online access to their medical records, a comment was to try and promote this by telling patients that you can check your records online for insurance purposes etc.

A member of the group commented that she has an elderly friend who needs to speak to the GP regarding her blood test results, there were no telephone appointment for two weeks, and her friend is quite anxious and is worrying about this. Dav explained that our procedure is when results come in to the surgery they are filed into the patient records, if it was urgent then the GP would contact the patient. If it was abnormal but expected then it is put in the diary for 3 weeks and if the patient has not contacted the surgery within that time then a letter is sent to the patient. A comment was made that it would have been helpful if the procedure had been explained.

**Action - Lisa to take to this to the next reception meeting for admin to try and explain how blood results work to patients when dealing with these kind of situations.**

At the last meeting Dav was asked to look at antibiotic prescribing for the practice. Antibacterial prescribing is down by 2.3%, Quinolone and Cephalosporin is up by 2%, Co-Amoxiclav is down by 16.5%, Trimethoprim is down by 12%. NSAIDs are down by 13%, Ibuprofen and Naproxen is up by 5% and Benzodiazepine is up by 3%. Three other practices in this area are worse than we are at antibiotic prescribing.

Friends and Family Test – Dav still needs to e-mail Noelle and Doug with regards to them coming to surgery to trying and encourage patients to complete them. Cath also offered to come into surgery.

**GDPR – general data protection regulations update**

This went live on the 25th May and there are a host of changes as to how we hold data. For patients to continue to receive text messages we need to have explicit consent recorded, unfortunately we only had 50% of patients who we had this. We used to have an opt in policy where if a patient had given us there mobile number then we automatically gave them implicit consent; we have had to switch this off with the new law. For patients with implicit consent we have sent text messages to them asking for consent. If there is a breach of data we have to report these as we always have done, however we have a different time scale and procedure to follow now.

**Active signposting update**

Dav explained that since March 2018 we have had 577 patients who have accepted the signposted and been signposted elsewhere, for example some will have been internal to the pharmacy team. We can breakdown the figures to show how many patients have been signposted, how many have been rejected and which staff members have done the signposted. We will continue to review this regularly. Active signposting was first done in Wakefield and Dav said there is no evidence that it reduced the number of telephone calls into the practice, but that signposting is designed to reduce GP workload.

We had a patient last week who rang for an appointment because she had new shoes and her feet hurt, plus a man who had cut himself shaving and it would not stop bleeding. It was agreed that these cases could have been signposted instead of booked into GP appointments.

**Extended access update and physio appointments**

We offer late night appointments on Tuesday and Wednesday evenings on alternate weeks. At the last meeting the group asked for an analysis of who was using these appointments. During May 14% of the appointments were used by patients aged between 0-15 years, 71% by patients aged between 16 and 65 years and 15 % by the over 65’s.

During the first week of offering this 72% of the appointments were utilised, 84% in the second week, 81% in the third week, and 93% in the fourth week. We offer GP, nurse practitioner, nurse, pharmacy and HCA appointments. The scheme will run for two years but there may be revisions before then.

There is also a hub at the Huddersfield Royal Infirmary offering appointments on an evening and weekends which we can book into. They have nine appointments every day at the moment. They are going to introduce physio to these appointments soon. The suggestion is that the GP reviews the patient first before they are booked into the physio appointments.

**Staff updates and recruitment**

We have recently said goodbye to Dr Cheema who retired at the end of March. We are trying to recruit another nurse practitioner but we have not had much interest in this post.

We have a pharmacist leaving us mid-June and she will be replaced with a pharmacist and a pharmacist technician. We will be interviewing for these posts in the next weeks or so.

On the 19th June we are having a practice development session during our next practice protected time training; this will include a mixture of staff from the practice. We will be looking at different ways of working.

A member of the group asked who chooses the dates that we shut for training because the last time we were shut they needed to see someone. The walking in centre in Halifax was also shut so they ended up going to the Dewsbury walk in centre. They needed antibiotics but the computer at Dewsbury said that she was allergic to drugs but not which ones which caused a few problems. Dav explained that it’s the CCG who chooses the dates for training, however NHS 111 provides cover while we are shut. The patient was not previously aware that NHS 111 provided cover. The patient group were reminded this information is on the telephone message and on a poster on the door.

**AOB**

Martin asked if anyone went to the patient reference meeting at the Town Hall as he could not attend. It did not appear any of the group had attended.

A member of the group explained that she rang the surgery in February for the results of her x-ray, the lady who answered the phone said you do not sound well can I get the GP to ring you. The GP rang her and gave her an appointment for that day; she was then admitted to the hospital and would like to thank the receptionist and the GP. She explained that she was in the GPs room for an hour and half and no other patients were seen during that time. This would not have been possible without asking the nature of the problem.

The question was asked as to what we can do to recruit more patients to the patient group. We have two new members today and Dav asked how they found out about it. They explained that they saw an advert on our notice board for the patient reference meeting at the Town Hall and then enquired at reception. A suggestion for recruiting more members was that we put a notice on the board advertising when the next meeting is and to put details on the website. Another suggestion was to add a section on the Friends and Family Test asking if patients would like to join the patient group and to also put a statement on explaining why we ask patients for information when booking appointments.

**Action – advertise when the next meeting is on the noticeboard and website.**

**Action – add to Friends and Family Test asking patients if they would like to join the patient group.**

**Action – put a statement on the** **Friends and Family Test explaining why we ask patients for information when booking appointments.**

A member of the group mentioned that she brought a poster in for a local group that she attends and had noticed that it was not on the noticeboard. Lisa explained that the there is a community noticeboard in the red zone and it more than likely on there. Lisa checked after the meeting and the poster is on the community noticeboard in the red zone.

Date of next meetings – 4th September 2018 at 5pm and 4th December 2018 at 5pm.