**Patient group meeting**

**11th September 2018**

**Attendees**

* Dav
* Nicola
* Lisa
* Noelle
* Adrian
* Martin
* David
* Mohammed
* Doug
* Winifred
* Cath

**Apologies**

* Gina
* Sandra
* Tony

**My Health Huddersfield**

Claire Sibbald and Kelly Chadwick from My Health Huddersfield came to give us an update on the extended access service.

My health Huddersfield (MHH) is a GP federation of 37 GP practices in Huddersfield covering a population of approximately 246,000 people. It started in February 2017 and all the 37 GP practices are members. They are led by 5 GP directors, and a management team of 4. They work collaboratively with strategic partners such as Greater Huddersfield CCG, Calderdale and Huddersfield NHS Foundation Trust (the hospital), Locala (community provider), Local Care Direct (provider of out of hours GP services) and many others to help build, provide, and maintain the services that our GP practices provide for patients in Huddersfield. The main scheme available to patients at the moment is the Extended Access scheme.

The Extended Access Scheme started on the 31st March 2018; there are 17 satellite (GP practice) sites and one central hub. The Grange Group Practice is one of the satellite sites. The hub is based at Huddersfield Royal Infirmary and appointments are available 6.30pm-8.30pm Monday-Friday and 10am-2pm Saturday and Sunday. Appointments at the satellite sites are available across the week Monday to Saturday. Over 4600 extended access appointments were provided between April and June, there was 88.7% utilisation up to 100% on a number of occasions and over 250 patients did not attend their appointment during that time. This will be monitored on a monthly basis. The satellite surgeries only look after their own patients. If you ring your surgery they can book an appointment at the hub. If the surgery is closed ring 111 and they have access to the hub appointments. My Health Huddersfield is required to monitor the characteristics of appointments and they are used mainly by working patients and children.

Since early July, My Health Huddersfield has offered physio appointments at the hub. Appointments are available on a Wednesday, Thursday, and Saturday. Appointments are booked directly by the GP practice following a clinical review by the GP for acute/urgent problems only. This service it is not for ongoing long term problems. The initial appointments are 30 minute and subsequent appointments 20 minutes; however the majority of patients find that one appointment is adequate. Within the first month 68% of available appointments were used, they are looking at increasing the provision in October. They have done lots of engagement with various groups i.e. Examiner, Kirklees Business Hub, Carers Count, Healthwatch Kirklees, and patient participation groups. There are seven core standards which everyone offering this service has to account for. The Extended Access Scheme will run for at least 2 years.

Martin asked how we promote this service; Dav explained that this practice has not extended the number of the appointments but moved the capacity from morning to evening.

A member of the group asked if we had any figures regarding the uptake for extended access within the surgery for the last few months.

**Action - Dav to provide 12 months of data including the DNA rate, age range, for meeting at the end of June 2019.**

**Actions from previous minute**

Dav has spoken to the pharmacy team regarding the wording when patients need a medication review on systmonline and the text has been updated now. The pharmacy team think it necessary to remind patients to have a blood test and blood pressure taken before their medication review. However following a discussion the patient group do not agree with this and think that it should be more personalised to the individual.

**Action - Dav to feedback to the pharmacy team and invite them to the next meeting.**

Lisa has spoken to admin regarding the process of how blood results work and a flow chart has been produced.

GDPR (General Data Protection Regulations) – consents for text messages. We are now down to 4543 patients without consent, it was 6171 in June.

We are in the process of redesigning the Friends and Family Test to include some patient survey questions.

**GP Patient Survey Results**

We have received the results from the 2018 GP patient survey. 334 surveys were sent out and 118 surveys were sent back. A member of the group said that this is not a true representation. Some of the things we need to improve on is 33% of respondents usually get to see or speak to their preferred GP when they would like, the local average 54% and the national average 50%. 49 % of respondents are satisfied with the general practice appointment times available and 57% of respondents find it easy to get through to this GP practice by phone. Dav asked do we need to better promote that we are a group practice and not a single handed GP surgery – this impacts how “easy” it is to see your preferred GP.

81% find the receptionists at the GP practice helpful. Dav asked how we can monitor how helpful the GP receptionist is. The group commented that we have had this issue before and done work around this already. They said let’s not spend time getting hung up about this and to continue doing what are doing and improve where we can. A suggestion from the patient group was have the CCG got any ideas on what we can do to make the practice better, the patient group feel that we are doing the best we can with what we have got. The patient group asked if the CCG would like to meet them regarding any discussions about the patient survey.

**Action – ask Fran/CCG if the patient group can attend our meeting.**

The patient group commented that we have had endless conversations on how to improve the appointments system and the surgery has made changes, for example the surgery has brought in a pharmacy team, more advance nurse practitioners to try and help with the demand for appointments and we are still having the same perceived issue/patient experience with appointments.

A member of the group mentioned a website called “NHS Right Care”; they compare 10 different CCGs and will provide statistics on demographics.

A comment was made that the majority of the patient group have been members for a long number of years and the surgery have done everything they can to make improvement to the appointments system and the service that they offer.

Another suggestion was to learn from the surgeries that are doing better than us by asking them what they are doing and can we go and learn from them. This could form part of our action plan. We could also share our experiences in the areas that we are doing well with other surgeries.

The patient group suggested picking the three lowest scores and work on improving those and forget everything else.

Another suggestion was to extend the Friends and Family Test questions, get the patient group in to complete the test with patients so we can use the figures to back up the survey results.

**GP Online Services**

Martin forwarded an e-mail regarding this to everyone via Nicola and wondered if anyone had read it.

Dav explained that the target for this was to have 20% of the patient list to be registered for online services, we are currently at 22% but the report does not tell us who is actively using online services.

We have sent text invites out for flu this time, which asks patients to book their appointments online.

Martin feels that we need to invest in promoting our services, including the website with information about our services. A discussion followed around the website and it was agreed that the practice needs to decide what they want the website for, and then promote it. A member of the group commented that if they were a GP looking for a job they would look at our website and if it is not very good then they would not apply for a job with the practice. The website needs some time and money investing in it.

**Action - Dav to bring how many hits to the website and which pages are viewed regular to the next meeting. A suggestion was that if only a few pages are used then we should scrap the rest of the website.**

**Action - advertise the fact that we have WIFI available in the waiting room and try to encourage patients to look at our website.**

**Facebook Page**

Dav asked the group if we could use Facebook to engage with patients. The general consensus was why start another media platform when we have not got it right with the website and who exactly would we be attracting to a Facebook page. A comment was that we need to employ someone with digital media expertise to do this. If a negative comment was made who would respond to it?

A suggestion was to make the website more interactive where patients can ask questions.

Another suggestion was to look at some business cases regarding the use of digital media and maybe work with the federation and other practices to employ someone with digital media expertise to work on the website, Facebook pages etc.

**Patient Group Networking**

Dav asked how does the patient group interact/communicate outside of our quarterly meetings. We currently have 65 members of the patient group but only a handful who attend regularly. A suggestion was to e-mail every member of the patient group, whether they attend or not, and ask if they still want to be a member of the patient group as they have not attended in the last few years.

**Action – Nicola to send an e-mail to the group asking if they still want to be a member of the group.**

Martin suggested that Francesca Pendino, Patient Experience Officer at the CCG may be a good source of information for the website.

**DNA’s (did not attend)**

Fran, the practice manager, recently went to a practice manager conference and one of the areas for discussion was DNAs. One suggestion for trying to save appointments from DNAs was peer pressure, and to send the DNA letter from the patient group (signed by the chair) and not the practice. The patient group were not happy to have the Chair’s name or the patient group name on the DNA letter, however Martin offered to amend the DNA letter and make it better if we sent him a copy of it.

**Action – Nicola to send Martin a copy of the DNA letter.**

**Practice Development Meeting**

In June we had a practice development meeting with all the clinicians and key members of the admin team to look at how we manage our appointments, do we need to change on calls, visit (getting more and more) and look at all these areas of work to see how we can manage things differently and how we can deflect the workload away from GPs. The practice decided to look at the top three areas and change how we do these.

* Home visit process – the process was if a patient rings up and asks for a home visit they would be put on the visit list and all visits divided between clinicians. The new process is the patient goes on the triage list, they are rung by a clinician and triaged as to whether a home visit is necessary
* DNA (did not attend) work as discussed previously in the meeting.
* Patient liaison role – we are working with a service called “Thrive Team” from My Health Huddersfield (MHH) to implement this new role which will involve signposting and self-help promotion.

**Staff updates and recruitment**

Dr Mohbeen left us at the end of August to go to another practice and has been replaced by a new GP, Dr John Hawkswell.

One member of the admin team left in July and we now have two new admin members, Cathy and Hannah.

One of the pharmacists left a few months ago and we have now got a new pharmacist and a pharmacist technician.

Liz, Advance Nurse Practitioner retired at the beginning of July and we are still having a tough time trying to recruit another nurse practitioner.

We are still short of GPs. A member of the group asked how many GP hours are we down and if we could recruit how many GPs would we recruit.

**Action – Dav to get this information for the next meeting.**

**AOB**

Dav explained that we are getting a new telephone system in the middle of September and this will mean that admin will not have to give the spiel at the beginning of the phone calls.

Date of next meeting – Tuesday 4th December 2018 at 5pm.