**Grange Reviewers Meeting**

**Tuesday 23rd June 2015**

**Minutes**

**Apologies**

Martin, Douglas, Thelma, Chris, Brian, Cath and Adrian.

**Attendees**

Fran, Nicola, Christine, Margaret, Terry, David, Pat, Winifred and Noelle.

Noelle chaired the meeting in Martin’s absence.

1. **Actions from previous minutes**

To get feedback from the pharmacies that comply with the minor ailments scheme. What sort of things they are dealing with? Details of any inappropriate use of the scheme? **This is still ongoing.**

Feedback on the website – it was suggested that every member of the group takes a look at the website. To be discussed at the next meeting.

Fran informed the group that we are waiting for new templates from the company who provides the website. Once the new templates are up and running we will e-mail the group and ask again for your feedback, although feedback now will also be useful.

Keldregate is still closed on a Friday afternoon and we have had no complaints.

Staff have undertaken a refresher course and the script has been re-worded.

The website has been updated with the times the phone goes over and when the surgery is shut.

The group liked the new seating in the waiting room. Fran mentioned that we are having the patient call screen moved and the seating turned away from the reception desk to make it more private for patients.

1. **Friends and Family comments**

It was felt that there seems to be a recurring theme around rude staff and could these just be isolated comments.

It was suggested that staff have a refresher course on a regular basis (every quarter). It was suggested that we do an audit of prescriptions requested online to see if certain members of staff are not actioning them correctly. **Action – Audit of online prescriptions.**

The question on the friends and family form is specific to the appointments system but we can change that so if anyone has any suggestions then please find to the next meeting.

1. **Staff updates**

We are still trying to recruit a GP. We had a female GP come and have a look yesterday. Fran explained that every surgery in the area is having the same problem in recruiting GP’s. We are recruiting a Nurse Practitioner to replace Sam Mellor who is leaving at the beginning of July.

Fran explained that as an alternative to recruiting a GP we are looking at different ways to help with the workload. 10% of the GP’s workload is dealing with prescriptions so we are recruiting two pharmacists.

We have a pharmacy technician starting in July called Karen. She will check medication on discharge summaries and update patient’s records and deal with queries from the admin team. Alongside Shohaib Ali, our pharmacist, we are recruiting a locum pharmacist for 6 months to help. The pharmacy team will hopefully help to develop the minor ailments scheme and look at triaging patients.

The question was asked if we offer medication reviews. Yes, they should be done annually by a GP. Last year there was a polypharmacy scheme which was aimed at over 75’s on 7 or more medications and there is a similar scheme running this year.

Jo, deputy practice manager, left in the middle of April. She has moved to another practice. The main reason for her leaving was due to the patients being so demanding and said that she could not face another 17 years of it. We have recruited a new deputy practice manager / staff manager, called Davinder Singh. His background is in customer service and website development. He has worked for Sainsbury’s as part of a management team and has also worked as a practice manager at Woodhouse Hill Surgery. He will manage the day to day running of all the staff, rotas and set up of appointments.

We have a new healthcare assistant and two new receptionists starting in July.

1. **Dealing with aggressive patients**

We have reviewed the zero tolerance policy and put signs on all the doors. The new policy involves admin staff giving their name and asking for the patients name before getting into conversation with them. So far admin staff have not had any training on this but Davinder (deputy practice manager) is going to arrange some. Admin will let the management team know of any aggressive patients and they will then be considered on an individual basis. The surgery will write to the patient explaining that if they are aggressive again then they will be removed. The patient group was in agreement with this.

**Action –**

* **The group asked if the number of patients removed under the zero tolerance policy and for not attending could be brought to the next meeting and then reviewed annually.**
* **The group has asked if we could change the number of appointments that patients have to dna (does not attend) before we write to them. Currently if a patients dna’s (does not attend) 3 times we then send them a letter, the group would like it reducing to 2 appointments.**
1. **Management of patient list**

The original plan was to not accept new patients but we have stepped back from that. We are accepting patients who have just moved into the area but not if they already have a GP in the area. NHS England was not supportive initially with this decision. However, the CCG were much more supportive and Fran decided with the CCG to work with the local practices and let them have some feedback. NHS England then summoned the surgery to a meeting along with the CCG. They were happy for the surgery to only accept patients who had just moved into the area and didn’t have a GP but that this should just be a short term solution. If this does not resolve anything then we will have to close the list.

The practice boundary has stayed the same but all patients outside of the practice boundary (230 patients) have been written to and told they will be removed from the practice list. They have 30 days to register elsewhere before they are deducted from the practice. Some of the patients were very unhappy about this but it applies to everyone except palliative patients and their carers.

The surgery and NHS England will be reviewing this in September. If the steps the surgery has taken have not resolved the problem, the surgery will close the list.

It was agreed that the patient group would support the closing of the list and that it should not be re-opened until there is sufficient appointments for patients.

1. **Sign at the front of the premises**

The sign that we currently have has been blanked out so as to remove “we welcome new patients”. Our landlord is in the process of getting a new sign to go on the gable end of the building.

1. **CQC visit**

The proposed visit is for August but we will be informed 2 weeks before if we are getting a visit. The patient group’s role will be to meet with the inspection team and give feedback on the surgery.

1. **AOB**

A member of the group saw the HCA for an over 75 check and feels that a PSA blood test should be offered to all men. **Action – to find out if this is part of the over 75 check or not.**

**Date of next meeting – Tuesday 15th September 2015 at 5.30pm**