**Patient group meeting**

**5th September 2017**

**Attendees**

* Dav
* Nicola
* Lisa
* Martin
* Gina
* Adrian
* Winifred
* David
* Mohammed

**Apologies**

* Noelle
* Angela
* Doug
* Julia
* Cath

**Action from previous minutes**

Most of the actions from the previous minutes are completed.

The noticeboard has been updated. However, the feedback from the group was that the section on the minor ailments scheme is not very clear as where patients need to go. Some members of group felt that things were in the wrong order and there are mentions about pathways but it is not very clear. A comment was made that the material is fine but needs rearranging so it makes sense.

**Action – Lisa and team to look at providing clearer instructions on the noticeboard.**

**Action – operations team to discuss displaying leaflets (non-profit organisations) in the waiting room, possibly on a separate notice board.**

Last meeting a member of the group told us her story about the care she was received from the practice and we said that we would take it to the next clinical governance meeting (this is where the majority of the clinicians within the practice get together). This was feedback at the meeting and we are looking at getting more patients to give us there stories, good and bad, so we can share them with patients. We are thinking of put these stories on the invite letters for chronic disease checks.

We said that we would look into offering more variety of appointments times; however this is proving difficult at the moment. There has been talk about possibly offering some on the day appointments online but the worry is that there is no filter so any thing could get booked into these.

A member of the group mentioned that she recently tried to ring the surgery, 25 times during a period of 15 minutes. She said it is frustrating that a message is not on the telephone system saying that you are in the queue. Dav explained that we have had some issues recently with dropped calls; it seems to ring and just cut the call off. Dav has contacted the phone provider regarding this and they are looking into this. The same member of the group said that she received her flu invitation text so went online to book her appointment but she found it not to be straight forward as to where she needed to go to book the flu appointment. A suggestion was would it be possible to have a heading online saying click here to book your flu injection. Dav explained that we are very restricted as to what we can do within system online.

**Compliments/complaints**

We receive annual complaints submission data every year from NHS England. This is when a patient complains to NHS England. We had a total of 31 complaints, of which 27 were resolved. The report is broken down into the reason for complaints and some examples are, appointment availability/length, clinical treatment (errors), communications, delay in failure to refer, prescription issues, incorrect/inaccurate records, confidentiality and hygiene (equipment).

Complaints

Some recent complaints within the practice include a patient who is challenging his treatment for gout. This complaint came direct from NHS England. We have responded to the complaint and NHS England deemed our response as satisfactory, but the patient has since complained about the response.

Another complaint was with regards to the new MSK (musculoskeletal) pathway referral. These now goes to a hub for triage which is suppose to help the patients. There was a delay because not all the information (smoking status, weight, height, and blood pressure) was including on the referral form. The form has been changed now and all this information is now self-populated.

There was a complaint that a patients DVLA form took too long to process and there was problems with tracking where the form was within the surgery.

BMI recently rejected a gynaecological referral because in the letter it stated that the patient had a previous history of mental health problems and they were unable to support the patient if required. This has now been dealt with and the patient has now been referred elsewhere.

Compliments

A blind patient would like to say how pleased he is with the fantastic service here at the Grange, especially with regards to the accessible information we provide for him.

The manager at Bradley Court would like to compliment the practice on the 5 star service we provide to the residents there. We are always friendly, polite and he cannot fault us in any way.

Dav explained that there is a service within system online where patients can send a message to us and then we input it in the patient’s records. Dav asked what the patient group thought about this. Dav has a worry about how it may be used; he gave an example of a patient at another who sent a message at 2am saying that he wanted to kill himself. The surgery received it when they arrived in the morning and took action and fortunately the patient was ok. Dav explained there may be advantages to using messages into the practice for non-urgent messages only.

**Online appointment system**

The member of the group asked about the process of being put on the doctor on calls telephone list when all the appointment have gone. She asked how come there are appointments available for the doctor but not when they ring initially. Dav explained that we hold some appointments back for the doctors to book into, however as the day goes on if these appointments are not used then they are made available for general booking.

Dav asked how do we stop patients using the next day appointment. For example, if there are appointments available to book for tomorrow, 3 day’s time, 5 day’s time and next week, would everyone automatically book the next day appointment. Everyone has different perspectives on what is urgent.

There is a new scheme coming called care navigator, this if for the receptionist so they can direct patients to the relevant place or service. In October Dav is going to look at a practice in Wakefield who already has a care navigator. Fran is going in September for an insight into how it works.

Dav mentioned that we might have to look at phasing appointments online so they open up a few days before. We could try it with a few appointments first and see how it goes.

**Action – Dav, Ruth and Dr Ford to look into phased appointments online.**

There is a new scheme which started in July which looks a patient’s frailty risk. If a patient is deemed as being severely frail then we need to provide them with an assessment, medication review, and offer access to their summary care record. During the assessment, which is done by a healthcare assistant, they will look at social isolation. Reception staff have not had any training in offering this to patients. The group said that it is not a very good name for the scheme as no one wants to be called frail. When we are ringing patients to offer this assessment we are just say that we are offering them a “health assessment”.

**Promotional videos and animation**

Dav explained that we are looking at getting the TV screen in the waiting room up and running with videos and animation for patients to watch. However, we are having a few issues at the moment with the TV screen. Dav explained that he would like members of the patient group help in finding videos etc. A few suggestions from the group was that Diabetes UK and NHS England may provide useful videos. The question was asked as to whether we would have the sound on because on you tube you have option to switch on subtitles.

**Action – patient group to e-mail us with links to specific videos of interest and suggest key topics for videos etc.**

**Diabetes survey and new ways of working?**

Dav explained that we are currently asking diabetic patients who are attending appointments at the moment if they would complete a survey. We have had 57 responses so far and we are looking at getting around 100. 40 % of patients asked said they would be happy to share their experiences with other patients. We are also asking if there is anything more they would like from us, 82% of patients said they feel their diabetic needs where met by the practice.

A member of the patient group asked if the One Stop Diabetic Clinic is still operating. The patient said he/she is many months out of date. They normally have it in April, but they have not had an invite from us. Dav asked what the group thought about the patients contacting the surgery if they know they are overdue for a check-up. A comment was made that patients need to take some responsibility.

**Discharge summaries and medication**

We received an e-mail from a member of the patient group regarding a discharge summary which had not been received and dealt with quickly enough. Dav explained that we receive discharge summaries electronically and that he needs to discuss this individually with the pharmacy team.

**Action – Dav to speak to the pharmacy team regarding this.**

**Staff updates ad recruitment**

We have had two members of the admin staff leave us, one left after her three month probation period and the other left to go to different employment. We have taken on two temporary admin staff, Denise and Hannah.

We have a new nurse practitioner, Becky; she will cover some of the hours lost when Dr Anderson retired. We also have a new locum GP called Dr Saggu, and two GP registrars, Dr Ghani and Dr Hanif.

Amina, pharmacist has returned after maternity leave.

**AOB**

The question was asked how do patients know when they are due for a medication review. Dav explained that the pharmacy team are currently working on the overdue medication reviews, and are trying to be more proactive. A suggestion was made that the message on the back of the prescription needs to be clearer as to how you go about doing this.

**Action – the pharmacy team to review messages on prescriptions regarding the review process.**

The question was asked do we know the number of hits on the website. Dav said he will see if he can get this information. Dav explained that the website is not very user friendly and we are restricted as to what we can do with it. A member of the group asked if we are planning on keeping this website. Another member said can we ask why we are penny pinching over the website when it’s not fit for purpose as it could save the surgery money in the long run and provide a more user friendly website for patients. A suggestion was to speak to the practice liaison team at the CCG and they might be able to provide us with some information on websites. Dav agreed that there should be a better structure to the website and maybe in the future we could use
Facebook to direct patients to the website. A suggestion was that maybe we need to do a survey with the patients about what they find useful within the website. Also to try and get some statistics as to which pages are most frequently used over the last 12 months.

**Action – Dav to speak to the current website provider to get some statistics from them and to bring the statistics to the next meeting if possible.**

Martin explained that he has not been able to go to the last couple of patient reference group meetings so if anyone else wants to attend they are more than welcome.