**Patient group meeting**

**9th May 2017**

**Attendees**

* Dav
* Fran
* Nicola
* Linda
* Doug
* Julia
* Winifred
* Mohammed
* Martin

**Apologies**

* Noelle
* Angela
* Adrian
* David
* Cath
* Pat

**Actions from previous minutes**

There are no outstanding actions from the previous minutes.

Linda Flanagan, healthcare assistant/care co-ordinator, has come to talk about exercise and walking groups available within the area.

Patent confidentially in the waiting room was discussed at the last meeting and admin staff have received training on it.

The group asked if there are any trends/themes in complaints, Dav explained that the main theme is appointment access.

A QR poster has been made to link to the website, at the moment it will take you to the surgeries home page but we may develop it further to direct patients to certain areas of the website.

Following on from the update at the last meeting, regarding the repeat prescribing scheme, the surgery would like to feedback on the changes so far. On the whole it has gone very smoothly and we have not had many issues from patients. A comment was made about the purchasing of Paracetamol and that it is very difficult for patients who genuinely need them for pain relief as you can only buy a maximum of two boxes at the chemist. It was understood that this was for patient safety to prevent overdose. There was an issue regarding not being able to order online repeat prescriptions and custom items at the same time, Dav explained that we have logged it with systmone forum.

There was also an issue with several items being on a prescription and not all items in stock at the chemist. Dav has spoken to Shohaib, the pharmacist and they can be separated but it does involve a bit more work. Patients should inform the practice if there are supply issues and we will re-issue separate prescriptions.

There was a suggestion that the noticeboard becomes a standing item on the agenda at further meetings. A few comments were made that the noticeboard at present is very messy and too busy. We need to make it more effective so patients will use it. A suggestion was made to have a ‘spotlight of the week’ which changes every week/month with a current and up to date campaign, also staff on reception need to have access to this information. Another suggestion was to have a noticeboard co-ordinator whose responsibility it is to update the noticeboard and make it look engaging.

Dav asked the group how they would feel having their own patients noticeboard, the general consensus was that the only way it would work was to have a small group of patients to do this.

Part of Lisa’s role as reception team leader is to update the noticeboards but maybe with the help of Hayley, Kelly or one of the new members of staff it could be their responsibility to update the notice board and liaise with the patient group as to whether it is effective or not.

We could speak to NHS England and ask for material to go on the notice board.

There is a carer’s noticeboard in the red zone which is updated regularly.

The patient group wanted to keep the carer’s and the self-help noticeboard but to look at the having a spotlight of the week/month on one noticeboard and another one which has general information on.

**Action – Lisa to refresh the noticeboards.**

**Carer’s week**

Linda informed the group that all information for carers goes on the carers noticeboard.

There is dementia friendly walking group which lasts for one to one and half hours at Greenhead Park on a Monday and Friday at Crows Nest Park.

As part of the dementia support services they have a Cambridge Road cafe group, this is based in the Children’s Centre at the Brian Jackson Centre.

There is befriending service, and travel companion scheme and they will accompany people on public transport, in their own transport or going out for a walk. They are based at the Yorkshire Children’s Centre.

Last year we had 130 registered carers and we now have 245. Carers UK will let the surgery know of any patients that are carers. Linda will then speak to the patient and given them information about carers count. They will receive a card to carry in their purse or wallet which states that they are a carer and for whom.

Any patients registered as a carer will be offered a flu jab. We also flag up on the records that they are a carer and who they care for.

Linda is going to be attending the dementia alliance conference in the next couple of weeks. Linda also won an award last year for carer’s champion of the year.

**Compliments/complaints**

The main theme and trends around complaints as mentioned earlier is the appointment system.

Recently we had an incident in the waiting room with blood spillage. A patient cut their leg getting out of the taxi and there was a lot of blood in the waiting room. We had new receptionists on the reception desk at the time who did not know what to do with the spillage. From this we have learnt that new staff needed training on how to use a spill pack. This training has now been completed.

We have had a lot of complaints about providing more online appointments. A question was asked, do patients with chronic illnesses get priority when booking appointments. Fran explained that the reception staff will ask patients what the nature of the problem and then assess what the most appropriate action is, i.e. appointment with the GP, nurse practitioner or minor ailments, if there are appointments still available. If there are no available face to face appointments then patients will be put on the GPs telephone list for a telephone appointment. If the GP feels that the patient needs to be seen on the same day, then they will book them an appointment.

A question was asked regarding telephone appointments and what happens if a patient misses a telephone call from the GP. Dav explained that the GP will try and call you again but unfortunately it is dependent on the GPs time and unfortunately it is difficult to manage. A suggestion was to ask the GP to try again in a couple of minutes before moving on the next patient, just in case the patient had not quite got the phone before it rang off.

**Action – Dav to send a message to the GPs regarding this suggestion/request.**

During the meeting we received a compliment from a member of the patient group. She had received her annual invite letter for a CHD (coronary heart disease) check so she booked an appointment. She saw the nurse who was not happy with various things so asked her to come back in a couple of week. She came back but they were still was not happy so suggested that she see the GP. She saw Dr Care who referred her to the cardiologist and she ended up having a pacemaker fitted. She said that this had made a huge difference to her life. She said that it was all driven by the practice and she is very thankful to the practice for that. Dav suggested there could be benefits to sharing these patient stories as it could encourage other patients to act on invites for health checks, etc.

**Action – take to the next clinical governance meeting.**

We also receive a lot compliments from palliative patients family after they have passed away.

**Reconciliation of medication**

A member of the group asked for this agenda item. She asked if patients could be consulted before the pharmacist reconciles prescriptions and amounts of medication. Shohaib, our practice pharmacist, has rung the patient and sorted it out with her. Dav asked that if this is a wider issue then please bring back to another meeting.

A patient mentioned that they recently discovered that the pharmacy can no longer order medication for patients. They only found this out when they tried to order some medication recently through the pharmacy. Unfortunately they did not know the process that was needed to order medication through the surgery so they encountered problems. It was suggested that information should be available on how to order medication; this could be on the notice board and on the website. The pharmacies will still continue to order medication for any vulnerable patients, and we are working with them in order to identifying those patients.

**Action – Lisa to produce information on how to order medication, how to complete a prescription etc. and put on the noticeboard.**

**Online appointments system**

We have received complaints about the online appointment system and how long patients have to wait for them. A patient mentioned that she only ever sees available appointments between 8.30 and 9am. Dav explained that at the moment the on the day appointments are not available online but we need to look at maybe adapting this. At the moment there are no middle morning, lunchtime or evening appointments available to book in advance.

**Action – Dav and Ruth to look into providing more variety of appointment times.**

We are currently trying to encourage patients to sign up to the online service but unfortunately there are not that many appointments available so patients are still having to ringing up. Dav asked what time frame is acceptable for appointments. One patient said two weeks for routine, Dav wondered if one week would be better.

A member of the group asked if all reception staff are trained in using the online system so they can show patients how to use it. Dav explained that at the moment we have a handful of staff who know how to use the system. We are also offering patients the opportunity to sit with a member of the reception team who will explain how to use system online. The question was asked if there are any training sessions available on you tube which could be put on the website. Also can system online provide user guides for patients, staff?

**Action – is there any training sessions available on you tube which could be put on the website. Also can system online provide user guides for patients, staff?**

**Review of practice website**

We know that the practice website is not ideal and needs to be more user friendly.

**Pharmacist team bid**

We recently put a bid in with NHS England for the pharmacist scheme collaborative, this was a scheme which would see a group of practices coming together to provide pharmacist cover within the practices. However, we were turned down for this.

**Electronic patient record 9(EPR) at Calderdale and Huddersfield NHS trust**

A new electronic patient record system has been installed at Calderdale and Huddersfield NHS trust; this went live on the 2nd May 2017. This will allow practices to see BP’s and other diagnostic information from the hospital. We are also receiving A&E discharges electronically which means that we are getting them a lot quicker now.

**Staff updates and recruitment**

Dr Anderson retired at the end of March.

We are interviewing for a nurse practitioners next week in order to try and recoup some of the hours lost.

We have two new admin staff, Jo and Grace, who started about a month ago and have settled in really well.

We also have two temporary staff members, Dawn and Leanne, who were taken on to help out during staff illness. They will leave in a couple of weeks.

We are still adverting for a GP.

**Date of next meeting – Tuesday 5th September at 5pm**