**Patient Group Meeting**

**6th March 2018**

**Attendees**

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

**Apologies**

* Julia
* Cath
* Angela

**Actions from previous minutes**

Previously the question had been asked about displaying leaflets from non-profit organisations, Dav has discussed this with Fran and it is ok for us to display them on a community board.

We have now got a new cable for the TV screen in the waiting room so we are on with collecting promotional videos.

We also have a new check in screen; it has not been moved although it does seem to have made an improvement.

A comment was made about a recent medication review. A husband and wife both needed a medication review so they were put on the pharmacy telephone list and told to expect a call back at a certain time on a specific day. The husband received a telephone call and the medication review was done over the phone but there was no telephone call for the wife. After a couple of hours the wife phoned the surgery and was informed that there was no need for the pharmacy team to contact her as the review has been done without needing to speak to her. However, no one informed the wife of this, or that her prescription had been issued. Lisa explained that admin should be telling patients that the pharmacy team will review their medication on whatever day but they may or may not need to ring and speak to you. The patient group said that the information given to the patients needs to be clearer as to what will happen. For example, if the review can be done without speaking to the pharmacy team then it will be and a prescription issued. A comment was also made about the review date on the back of the prescription and if a review is needed it does not say what a patient needs to do, this needs to be clearer.

**Action – Lisa to remind admin to explain to patients what will happen with a medication review and if they do not get a telephone call then the prescription will be ready to collect.**

**Action – pharmacy team to review the message on prescriptions – needs to be a better explanation on how to order medication/have a review etc.**

Dav mentioned that in a previous meeting we had talked about making more appointments available online. We now have a plan to do this but unfortunately it will eat into some of the acute on the day appointments. We will see how it goes.

**Action - during 2018 we plan to look at the website and do some decent work with it**.

**Active signposting update**

This was formally known as “care navigation” and involves receptionist signposting patients to most relevant service for them within and also outside the practice. This went live on the 1st March; however with the adverse weather conditions it was more like this week (5th March). All admin staff have now been on training courses, one was an online course and the other was a half-day session where all the providers were presents – IAPT (improving access to psychological services), Community Pharmacy, opticians, Thriving Kirklees, Better in Kirklees, Gateway to care and continence service. They provided staff with information about what their service provides. A template has been devised with all this information on so that patient can be signposted to the most appropriate service. There are two pages to the template, one page is about signposting internally, and the other is for external. An example of signposting internally would be if a patient rings up with a medication query then we would signpost to the pharmacy team. On the template we can record whether the patient rejected or accepted the signposting. The GP will also have this information available so if the patient rejects signposting then they can back up the receptionist by saying that they could have gone elsewhere instead of seeing the GP.

One member of the group asked how the receptionist are finding it, Lisa explained that it is going okay but we only really started it yesterday (5th March). Lisa feels that it will give the receptionists more confidence about what services are out there as everything is on the template.

**Action - put on the agenda for the next meeting for an update.**

**Over the counter items not routinely prescribed (Martin**)

At the end of January Martin asked Nicola to forward an e-mail to the group regarding a public consultation that NHS England has launched on reducing prescribing of over-the-counter medicine for 33 minor, short term health concerns. The closing date for this is on 14th March 2018. This is the link if anyone wants to participate - https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/

**GDPR – General Data Protection Regulations**

The General Data Protection Regulations replaces the Data Protection Act on the 25th May 2018. Dav explained that there are a few training course going on regarding this. There will be changes to the timescale for giving patients their data and new guidance around charging for copies of data. In preparation for this we are going to start looking at the data that we hold. The Practice Managers Reference Group is also doing some work around this. The patient group commented that they are happy to help out if we need them to.

**Action – consider involving the patient group with actions from GDPR meetings.**

**PMS Premium reinvestment scheme 2018/19**

These are scheme which allows surgeries to earn money back which was taken in previous budget cuts.

* Care Home bed supplement – we receive payment for every patient we have in a care home.
* Wound care –payment for providing wound care clinics including Doppler and compression bandages.
* Ring pessary insertion and changes – payment per fitting or change.
* Good Practice Bundle part 1 – payment for providing all of the following: same day appointments, majority of routine GP appointments are available to book online, bypass number for ambulance staff, A&E clinicians and care and nursing homes and level one wound care (sutures)
* Good Practice Bundle part 2 – payment for providing all of the following routinely; phlebotomy, ECGs, ear irrigation, ambulatory blood pressure monitoring, and spirometry.
* Clinical Pharmacist Support – payment for each week that clinical pharmacist support is available.

**Extended access**

This is an enhanced service which involves offering sufficient routine appointments at evening and weekends. We are looking at doing 6.30-8.30pm on either a Tuesday or a Wednesday on alternative weeks. This will not increase capacity but will shift appointment access for people who work etc. There will be four clinicians; however, a GP has to be present. All staff have been approached and it is due to go live in April. There will also be a hub for the surgeries who cannot participate.

The patient group has asked for an analysis of who is booking it the appointments, ages, etc. A comment was made that if capacity is not going to be increased then it may put more demand on the appointments as you may be getting someone who normally might not attend due to work. It was unclear how the data would be used, but it was agreed it would be useful to know who is booking.

**Action - do a survey for patients who attend, including patient demographics.**

**Collaborative working (10 high impact actions)**

We need to take 3 of the following forward, these are designed to free up GP time:

* Active signposting – went live March 2018.
* New consultation types
* Reduce DNA’s
* Develop the team – good skill mix, pharmacy team.
* Productive work flows – we are looking at the communication between the hospital and surgery, the GPs do not always need to see all the letters so looking at separating them out.
* Personal productivity
* Partnership working – working with other providers in the area.
* Social prescribing – to try and avoid patient isolation.
* Support self-care
* Developing QI expertise

The ones which we are looking at are; active signposting, productive workflow and clinical pharmacy.

**Redecorating the surgery**

We are having the whole of the surgery redecorated and this will start on Thursday 8th March 2018.

**Staff updates and recruitment**

Dr Cheema will be retiring on the 28th March. Becky and Alan, advanced nurse practitioners were employed to try and help after Dr Anderson retired. Capacity will be reviewed and amendments made to clinics to cover this change.

**AOB**

A comment was made that antibiotic prescribing in Kirklees is one of the highest; Dav will get some figures for the next meeting.

**Action – Dav to look at antibiotic prescribing for the practice and bring to the next meeting.**

Dav explained that we need to try and boost our “Friends and Family” responses and some local surgeries are asking patients from the patient group to come into surgery to try and encourage patients to complete them. Noelle and Doug offered to do this.

**Action - Dav to send an e-mail to Noelle and Doug with what we want them to do and a copy of the friends and family form.**

Date of next meeting – 5th June 2018 at 5pm.