**Minutes of Patient Group Meeting – Tuesday 17th April 2018**

**Item 1 – Introduction & Welcome**

**Attendances:** RT, GL, JR, SJ, GJ, BR, CB, Emily Orcheston-Findlay, Ann Heppenstall & Dr Carl Parker

**Item 2 – Apologies**

EH, DC, TS & VR

**Item 3 – Minutes from previous meeting**

* Small amendment to make on previous minutes - spelling error.
* JR requested information regarding how many appointment slots each clinician had to offer.

**GP Session** **TOTAL = 26 F2F 6 TELEPHONE 2 EMERGENCY**

AM 9 Same Day F2F PM 8 Same Day F2F

 5 Online 4 Online

 1 Tel Cons 1 Tel Cons

 4 Sick Note 2 Emergencies

**Nurse Practitioner** **TOTAL = 28 F2F 2 TELEPHONE 2 HOME VISITS**

AM 3 Pre-bookable PM 2 Tel Cons 2 Tel Cons 14 Same Day F2F

 11 Same Day F2F

Late 2 Online 3 Pre-bookable 4 Same Day

**Practice Nurse**

AM **19**  PM **19**

**HCA**

AM **21**  PM **21**

**NHS111** **9** **Emergency GP - All urgent queries and home visits**

Dr Parker explained how NHS111 slots are accessed and triaged. He also explained that the practice had a high proportion of 111 slots used. Mrs Russell if these were used appropriately and Dr Parker explained in his experience the patients who were added by NHS111 did require GP involvement that day. The practice is also is the lower 3rd of practices whose patients use A&E, OOH and Urgent Care services.

Dr Parker explained there is also access to the practice pharmacist and specialist respiratory nurse as well as those listed above and that nurse appointments are booked based on clinical skill sets (i.e. bloods done by HCA to free up nurse appointments for chronic disease management).

JR explained the main problem patients have is getting through on the telephones.

BR asked if more pre-bookable appointments could be offered further in advance. Ann explained the practice used to offer pre-bookable appointments 6 weeks in advance but the majority of patients who booked these appointments Did Not Attend. The time was reduced to 4 weeks and then further to 2 weeks. Ann explained that further changes have recently been made so that not all pre-bookable appointments for one week are not released on the same day and are now opened each day. (i.e. appointments are released on a Tuesday for the Tuesday 2 weeks ahead).

**Item 4 – Patient Group Practice Requirements**

Review of Complaints

4 complaints received since the last meeting.

* 1 regarding GP attitude
* 2 regarding medication
* 1 regarding a home visit

Ann explained that responses had been sent out to all complainants and no further feedback had been received and no further actions had been requested.

GL asked if resolutions offered where implemented. Ann explained that any actions required following a complaint are always acted upon whether this be a change in policy, staff training, etc. GL asked how this is monitored – Dr Parker explained this is self-monitored in the practice by Ann but is taken very seriously. Dr Parker also explained that a summary of all the complaints received are reviewed in an annual business meeting so that any recurring themes/problems can be identified. GL asked if the patients were offered the opportunity to join to PPG or have a meeting – Ann explained that patients are offered a face to face or telephone discussion to address concerns.

Comments

One comment received regarding Paracetamol prescribing with the suggestion that posters are displayed in practice advising patients that Paracetamol can be bought from shops/pharmacies to reduce NHS costs. Ann explained that she had checked and information regarding Paracetamol and NHS Costs were already displayed in the practice sites.

**Item 5 – Surgery Updates**

* **CQC**

Dr Parker thanked member of the PPG who attended to speak to the inspectors at the time of the inspection. He informed the group that a draft report had been received and approved resulting in a final report being published. Dr Parker explained that the practice was very pleased with a final ‘Good’ rating for the practice and explained that within the report the inspectors had highlighted areas of outstanding practice.

Hard copies of the report were available for members to take away, alternatively a link to the CQC website was circulated for members to access on the internet.

Dr Parker explained that the inspectors were fair and firm and some areas had been highlighted to the practice were by actions were required.

GL explained that the inspectors had asked the PPG members if they were aware of the aims or purpose of the meetings and asked if actions were followed up. Mr Lister explained that the group should aim to follow up all actions in meetings and close them. Ann explained she did take responsibility for any actions that were required following the PPG meetings and does follow them up at the next meeting.

GL went on to ask if that any actions arising from the PPG meetings be itemised on the agenda for discussion so feedback is received - Ann agreed to do this for the next meeting. Ann also explained that the group has always had an informal format the meetings but if the group did want a more formal approach this could be arranged – the group were happy to continue with present setup.

* **Movement of patients**

Dr Parker explained that the practice is thinking ahead and would like to offer patients the opportunity to attend any of the 5 sites for appointments. Currently the sites are split into two groups: McKenzie, Throston & Victoria and Wynyard & Hartfields. There has been instances were appointments have been available in one group but not in another and by opening the doors to allow patients to cross sites more appointments and specialised services are made available for all. Dr Parker explained that the CCG are concerned about political views previously highlighted surrounding Wynyard & Hartfields tender application and have therefore requested the practice seeks PPG support and looks to submit a business case. Dr Parker explained this had been discussed with the CQC inspectors as well as Hartlepool councillors who supported this approach. The group agreed to support the practice with the business case and CB agreed to draft a letter of support and send this on to Ann who can circulate with other PPG members before submitting with the business case. Dr Parker explained that there is the possibility the proposed changes might have to go to a public consultation.

* **Telephone System**

Ann and Carl explained that 4 out of the 5 sites have the same telephone system installed which will allow a ‘hunting group’ to be set up. This allows calls going into any of the practice numbers to be answered by any member of staff working across the sites. The patients would see no difference to how they currently call into the practice and would use the usual number but their call may be answered by staff working at another site (i.e. patient calls McKenzie House but call is answered at Victoria Medical Centre). By having the ‘hunting group’ we hope patients calling any of the practices will find access easier as more staff will be available to answer calls.

Ann explained an additional line has been added into McKenzie and is manned by a member of staff all day to help meet demand.

JR explained she has received letters asking her to contact the practice to arrange an appointment. She asked if it was possible that when a letter is sent an appointment is pre-arranged. Ann explained that the practice used to do this but had a lot of patients not attending for the appointments, however, appointments are still sent for certain specialist appointments (i.e. Diabetes management).

Ann informed the group that when all appointments have been taken the receptionists have been advised not to inform the patient to call back the next day but to explain that the practice is ‘full to capacity for today’ and ask if there is anything they can help with. Ann explained that this process has helped both staff and patients over the past couple of weeks with staff being able to resolve some issues without the patient needing to attend the practice. Ann asked the group to feedback if they find that this is not happening.

GL asked if it was possible to have a message added to the telephone system to inform patients when the practice is full to capacity. Ann explained that this has been suggested before but it was felt this would frustrate patients further, especially if the receptionist is able to assist in some way. CB said he feels human interaction is important and provides a much better service.

* **Violent Patient Scheme**

Dr Parker explained that included in the contract for Wynyard Road & Hartfields is provision of the Violent Patient Scheme. Initially when applying for the tender the practice was informed that this service must be run from Wynyard Road Medical Centre and the practice was informed a risk assessment had been carried out, but that this could not be shared. Following a risk assessment carried out by McKenzie Group Practice several issues were highlighted regarding patient and staff safety and adaptations to the building needed to be carried out. There were many discussions around this and approximate costings of £30,000 were estimated but for a complete costing of the works to be carried out there was a fee of £3000. As the building is a ‘lift building’ there are life cycle costs associated and in total over the course of the contract the overall costs would be anywhere from £70 – 100,000. NHS England said McKenzie Group Practice would be responsible for these costs and after many meetings it was decided that because of costs Wynyard Road would not be suitable for the service.

The practice was then asked to look at alternative options. Hartfields Medical Centre is an option for the service but with the surgery being attached to a retirement village a lot of political issue is expected to be raised and residents would not be happy.

Throston Medical Centre has also been discussed as on option. Work would need to be carried out in the building but as this is not a lift building the costs would be considerably lower. Dr Parker asked the group how they would feel having a violent patient service running from Throston Medical Centre and after discussions regarding patient safety, staff safety, risk of walk-in patients and time restrictions for the service to run the group members were not in support of this service. The group said they would be willing to meet the CCG and NHS England to discuss this matter further if requested.

* **Promotion of practice**

Ann explained that an advertising campaign is currently underway to advertise all 5 practices. Leaflets are currently with the printers for drafts to be drawn up and once finalised plan to do a leaflet drop with Royal Mail based on postcodes near to each site. An open day for Victoria Medical Centre to show off the new facilities will also be arranged and the Mayor, councillors, Hartlepool Mail and other agencies will be invited along to this event. There will also be an event at Hartfields Medical Centre in August as part of Hartfield Retirement Village’s 10th Anniversary.

CB asked if the practice had thought about using social media to advertise and reach out to the younger generation – Ann explained that two of the GPs were currently in the process of setting up a Facebook page.

* **Meds Team**

Work with the Meds Team has been put on hold until the summer due to other things going on. Minor building alterations will be required for this to go ahead.

**Item 7 – AOB**

* RT asked what happens when a senior citizen has been down to queue on a morning and is then informed there are no appointments – Ann explained she has not been made aware of any instances when this has occurred. Ann reiterated that staff will try to help patients wherever possible.
* RT asked how the practice ensures it is cyber safe. Dr Parker explained that this is not dealt with at a practice level and is actually dealt with by a regional team (NECS) who make the decision regarding cyber security. The practice has no decisions as to which anti-virus and anti-malware programmes are installed.
* GL asked if the Nurse Practitioner (NP) is able to refer patients to consultants or other services as a GP does. Dr Parker explained that the NPs are able to refer to secondary care services in just the same way the GPs and that they can also order 98% of the investigations GPs can.

Ann explained that patient education is needed in this area as patients are not aware of what the Nurse Practitioners can do and treat. Dr Parker explained that some of the NPs are trained to different levels, but this is more so around the ages of patients as some NPs cannot see very young children. He reassured the group that if the NPs are unsure of anything they always consult with a GP for advice, just as the GPs do with each other as different clinicians have different areas of knowledge.

* JR asked if any members of staff were trained to do British Sign Language. Ann explained 2 members of staff used BSL and were based at McKenzie House.
* JR asked why INR patients are not being sent to other practices for monitoring. Dr Parker explained that the contract for the service was altered last year and funding was reduced by £20 per patient. The service continued last year but with no profit margin. 2 new machines were purchased last year at a cost of £1000 each and there are 3 other machines which are now old and will need to be replaced very soon.

Dr Parker explained he spoke to the CCG regarding this in December 2017 but they only began to discuss in February and then had to put in emergency provisions for patients. Dr Parker did ask that the service be centralised at one site for all patients but the CCG would not support this and the service is now run by HASH (GP federation). The practice did ask to subcontract the service from HASH so it was safe for patients and there was continuity of care but the CCG would not support this either. Therefore HASH have subcontracted to practice across the town.

* Ann explained the practice has signed up to e-consultations which will give patients another way of contacting the practice for advice. There is a process patients have to go through in order to progress through the system and if pathway approved an email will be sent to the practice and a response sent back within 24-48hrs.