

Grange Reviewers Meeting

Tuesday 13th May 2014

Minutes

Apologies

Pat, Christine, Mary, Margaret, Winifred, Cath and Adrian.

Attendees

Fran, Nicola, Martin, Terry, Julia, Brian, Ann and Noelle.

1) Matters arising

Amendment to minutes from the meeting on the 4th February 2014 '*Greater Huddersfield CCG Patient Group – it says Martin and Margaret have attended meetings in the past. Martin said that he has been invited to meetings but not attended until recently.*

At the last meeting Julia mentioned that there is no option to nominate a pharmacy when ordering prescriptions via SystemOnline but since the last meeting she has been able to do it. Noelle commented that she had tried to order a prescription via SystemOnline and it told her that she needed to make an appointment with a GP or nurse for a review; she rang the surgery to be told that if she puts review due in the comments box then the prescription will be done. A discussion followed around review dates. **Action – we will look into this and see if we can flag up when reviews are due so that this does not happen.**

2) Staff changes

There have been a few changes recently; Dr Oliver left on the 30th April 2014 and has gone to a practice with her husband in Golcar and Tracy Calvert, Nurse Practitioner, left on 24th April to further her career. We are currently recruiting for a salaried GP and a nurse practitioner. The posts will hopefully be filled by the end of August 2014. In the meantime we have a locum, Dr McManus who will be doing 3 days a week from the 21st May and two of our current nurse practitioners are doing some extra sessions.

Helen Burger has left the practice so there has been a move around amongst the admin staff, Nicola Charlesworth will now be the administrator with Joanne Williams, deputy practice manager, leading on the patient group and Fran will also be attending the meetings. Mariam was covering for Tracy and Safeena while they were on maternity leave but they are both back now. Keah is our apprentice and is taking on a more reception duties.

Someone asked how many full time GP's we have and with 8 sessions being classed as full time and is it better to have full time GP's over part time ones. Dr Mohbeen works 9 sessions, Dr Care 8 sessions, Dr Tunstall 7 sessions and Dr Rehman 6 sessions. When we were advertising for the current post it was left open as to full time or part time as a lot of GP's also have other interests at the CCG but on the plus side part time GP's also have the flexibility to more sessions when we are short on appointments.

3) Feedback from PRG Network meeting

PRG stands for patient reference group and Martin went for the first time on the 27th March 2014. Martin is doing some work for the CCG.

There was a briefing from Dr Steve Ollerton regarding the strategic review explaining where we were in the process and how we are going to have our say. One of the topics discussed was more care for patients at home and solving the problem with A&E as there are not

enough consultants to run both A&E's and to provide a proper service. A suggestion is that there is a full service A&E at one site and a partial service A&E at the other site. The preferred site for the full A&E service is HRI (this is the trusts preferred choice) with a smaller A&E for non-emergencies at Calderdale.

More information can be found at www.rightcaretimeplace.co.uk

There is a new service for care homes, they will have appointed staff who go and do health reviews and look at medication etc.

Developing primary care strategy

- They were asked what kind of services they would like to see retained.
- There are still some unsuitable practice buildings (in homes) and how to get round those
- How to help practices who do not have patient groups set up. Noelle asked Fran is she was happy with this group or it is just ticking a box. Fran said that the group reminds her of why we are here and it puts the focus back on the priorities as there have been such a lot of changes over the last 12 months.

There is another meeting on the 11th June 2014 6-8pm.

4) Patient Survey Report

The key points are available on the website along with the full report.

Staff training – In February all admin staff had Myers Briggs training, it looks at how individuals like to look at things, how they like to make decisions and their different styles. There is also diversity training planned for June. All practices close for one Tuesday afternoon every month for PPT (practice protected time) one month we have an in-house meeting and the other a meeting at John Smiths Stadium, at the meeting at John Smith Stadium there will be some receptionist training which will look at how staff can shadow at other practices.

Appointment system – due the changes in staff we will not be making the big changes to the appointment system as mentioned in the last meeting but we will be making some small changes.

Display in the waiting room – this is going to be taking to an admin team meeting and Keah, the apprentice will do this.

Noelle asked if she could look at the practice leaflet and suggested that we give hand it out to patients for them to look as not everyone may be aware of what is available to them.

Action – to send a practice leaflet with the minutes.

Text service – text reminders get sent automatically to patients 24 hours before there appointment except for those that have an appointment on a Monday and we have to manually send a text the Friday before. We have found this has reduced the number of DNA's (did not attend). Julia said that she gets reminders sent to her landline and it works really well for her. Martin asked if we can look into the sending texts automatically on Sunday but we have already looked in to this and unfortunately this cannot be done.

SystemOnline – we now have 10% of patients registered for this; our target was initially 8% by June and 15% by December. Last year's survey said that 30% of patients who completed the survey would like to book appointments online. Ann mentioned that when she has been

online to book an appointment in the past there has been names of people that she does not know who they are. **Action – we will to look into this and see if we can make it clearer.**

Recording of telephone calls – we have had a quote for this with our current telephone system and it was over £12,000 so we will not be doing this. The option of having press 1 for appointment, press 2 for prescriptions etc. is not available on our current telephone system.

Promoting the branch surgery – we do not promote it as such but we never have any spare appointments left.

5) Updates

New service for 75's – named GP. This does not necessarily mean that they will get to see that GP but they will take an overview of their care. There was some confusion as patients already have a registered GP but unfortunately it is something that we have to do. We will have looked at it in more details by the next meeting so should have some more information.

Unplanned admissions – this is new service to try and keep at risk patients out of hospital. We have a tool which looks at the top 2% or 5% of at risk patients and we can then put care plans in place to try and keep them out of hospital.

Evening review – the pilot has not been successful.

Patient feedback family and friends test – we have to provide a family and friends tests so we need to find an easy way to do this. Noelle recommended doing like they do at the hospital, giving patients a postcard asking them “would you recommend this surgery to family and friends” with a tick box and then posting it in a box on reception.

Appointment system changes

- We have been trialing a children's clinic which has been running alongside the urgent clinic. They are book on the day appointments for under 16's and they are seen by nurse prescribers. It has been well received by all involved – reception loved it as patients were seen almost straight away, staff on the phones loved it and the nurse prescribers liked it as there were 12 appointment slots and there was no pressure like in the urgent clinic. If the child needs input from the doctor then this will happen at the same time.
- Online access to patient's records –the general feedback was positive. A few comments were how quick things like blood tests, hospital took to appear in the records, how enlightening to see that some doctors write more than others in the consultations, there is an information button which explains things in more details, it is useful to have a look at the consultation when you get home as you sometimes need a remind of what was said. Ann asked how far back can you view the records.

Action – to see how far back the online records go.

Fran said that it has also been well received across the other practices in the CCG and we have put a bid in to roll it out further with another group of patients. The group will be hypothyroidism, there is approximately 500 patients and they have been chosen because they need ongoing monitoring and the amount of patients is manageable. This will only be available to patients over the age of 16.

Fran is happy for the patient group to continue to have access to their records.

- Sexual health clinic – this started a few weeks back and it is a satellite clinic for the university. The take up has been good and the clinics have been full since week 2.

- Coil and implant clinic – this also started a few weeks back and is run once a week on Tuesday by Dr Tayyab.

6) Dementia DES

DES stands for Direct Enhanced Service. There are lots of patients that may have dementia that we do not know about which means that you are not getting the care that they need. We have sent out invitation letters inviting patients to come in and undergo a short test on an IPAD. This has gone out to patients at risk over the age of 50 and under the age of 90. Noelle asked what the criteria was for these patients. **Action – to find out what the criteria is for these patients.**

7) AOB

Brian mentioned that he rang the surgery to get the results of his blood test and was told he needed to see the doctor and to ring back on Monday morning for an appointment as we will be release some, he rang Monday morning but all the appointments had gone. A friend of his came down to surgery one morning at 8.15am to hand in a urine sample and there was a long quite at the reception desk full of patients all wanting to make a same day appointment so it is no wonder there is no appointment left when patients ring at 8.30am. Fran informed that we are still aiming to reduce the number of on the day appointments so that there are more prebookable appointments which should help to eliminate this.

Brian also said that he had tried to book an appointment via SystemOnline and it was 16 days before he could get an appointment with Dr Mohbeen. At the moment we only have 2 slots per surgery that can be booked online but we are looking to increase this to 4 slots.

Terry asked if we offer a well man check. We do offer the over 50's NHS health check which Noelle said that she had been to hers but did not find much benefit from it, she also mentioned that in the letter it did not ask her to bring a urine sample but when she got into her appointment the nurse asked her to go and do one. **Action – to check the over 50's NHS health check letter to see if it mentions bring a urine sample to the appointment if not then to amend the letter to state this.**

Terry mentioned that he completed a travel questionnaire form and then rang to find out if he needed any injections and was told that his form had not been looked at yet because he was not travelling until later in the year. **Action – check if travel procedure is in place.**

Date of next meeting: Tuesday 9th September 2014 at 5.30pm