

# PATIENT REFERENCE GROUP (PRG) MEETING MINUTES

**Wednesday 13 September 2017**

## **Present**

Elisabeth Dewhurst, Andrew Hogg, Philip Kaye, Janet Munro, Elaine Parsons, Michael Simms, Val Tompkins and Barbara Worsley

## **Staff**

Linda Marquis:	Managing Partner
Lynsey Wayte:	Operations Manager
Helen High:	Medical Secretary (minutes)

**Apologies:** Sean Hall, Carol Palfrey, Gillian Wordsworth

**Resignation:** Noelene Rycroft

## **Previous minutes**

The previous minutes were agreed.

**Age UK:** Lynsey confirmed that the Age UK leaflets had now arrived and were on display outside the waiting room.

**Practice Dementia Audit:** Linda advised the group that this audit was ongoing and we are currently in discussions with regards to dementia friendly signs.

## **Staff Update**

Linda advised the group that Lynsey's role has now evolved and she has completed some further training. In order to reflect her new role, she now has the title of Operations Manager.

During the summer Receptionist Emma and General Assistant Charlotte were nominated for awards by their training provider tutors. The criteria for nomination was high. Emma was awarded the customer service award. Mrs Munro told the group that she had seen the article in the newspaper and added it the Mundesley Facebook page. The group congratulated Emma and Charlotte on their achievement.

Linda advised the group that that we were having difficulty filling two vacant apprenticeship roles. A discussion took place regarding apprenticeships.

Linda also advised that we have also had no response to our advert to recruit a doctor to replace Dr Freeman in November. Although the advertisement had been well received, the group were aware that there is a national shortage of GPs.

### **Staff Update (cont'd)**

Linda informed the group that the practice was looking at alternative methods of delivering care and the skill mix of staff to ensure that patients see the most appropriate person for their appropriate care.

### **Signposting Conference**

Linda had spoken to the group at the previous meeting about receptionists directing patients to book the most appropriate appointment with the most appropriate clinician/service.

There is a signposting conference on 27.09.17 which we would like a patient representative to attend. Mrs Worsley has kindly offered to attend this.

Previously, receptionists have asked patients who request to book an appointment with the nurse to give a very brief description as to the nature of the problem. This is to ensure that the patient is making the appropriate appointment, how much time will be required for the appointment and whether any specialist equipment is required, in which case a specific room may be required.

Receptionists are now asking patients who request a doctor's appointment, to provide a brief description as to the nature of the problem.

The group asked whether patients were reluctant to do this but Lynsey stated that on the whole patients are willing to do this. The group also discussed that this could and indeed had benefited patients as patients may possibly be booked in to see another clinician or directed to another service, which is more appropriate for them than seeing the doctor and also means that they will be seen sooner. Mrs Worsley felt it important that patients viewed this as a positive change and not necessarily a negative one.

The aim of the project is that by November, all 19 practices across North Norfolk will be asking all patients the nature of the problem and questionnaires will be given to some patients for feedback with regards to this.

A discussion took place regarding continuity of care.

The issue of discussing the booking of appointments at the reception desk for a sensitive/embarrassing problem was discussed. Lynsey advised that she is already in discussions about the best way to address this. The issue of patients who have literacy difficulties was discussed if for example they were asked to write down the nature of their problem. Linda reminded the group that all patients can ask to discuss a matter in a private room with a receptionist if they wish.

### **Local NHS Configuration**

Linda thought that it would be helpful to update the group with regards to how the NHS is changing and provide some insight into these changes.

## **Local NHS Configuration (cont'd)**

By 2021, primary care will receive an extra £2.4 billion. Part of Linda's role is to see how the practice can receive any extra funding that is available. This funding is allocated to support, projects and workstreams. The practice has been able to access some of this support such as signposting training, the Primary Care Leadership Collaborative training which Linda and Dr Kemp attended and the Productive GP project, which is providing the practice with some support to look at changing processes. As part of the Productive GP programme we have been reviewing consultations. Clinicians have completed a feedback form after they have assessed a patient to state whether it was appropriate for the appointment to have been booked with them. This seems to be working well and shows that signposting patients appropriately is working well but that many GPs appointments could be seen by another clinician.

Locally, primary care services are now commissioned by the North Norfolk Commissioning Group (NNCCG). The practice receives a standard £85 per patient, per year but this figure is adjusted dependent on other factors such as age and whether a patient is in a nursing home, etc. All other services, such as blood tests, are under a separate contract.

Norfolk has 5 CCGs and each CCG will buy different services; for example our practice does not get paid for ear syringing but practices in other CCGs do. This may be a service that if not commissioned (purchased by the CCG) in the future may stop being provided at the practice. If the practice does not provide a service, it is probably because we have not been commissioned to do so. Each CCG has to spend their budget in the way that they feel most appropriate for their patients.

Mrs Worsley asked how patients get informed of these changes and whether this causes difficulty for the practice if we cannot provide what patients want. Linda advised that our CCG was very supportive. For example, when gluten free products on prescription were stopped, the CCG provided us with information to give to patients and allowed us to provide patients with a telephone number of someone at the CCG who could discuss this further with them.

## **Vaccinations**

### **Shingles**

Linda advised that there was some confusion among patients as to the eligibility of the shingles vaccination. Linda confirmed that the current guidelines state that patients aged 70 to 74 and patients who are 78 and 79 are eligible. Unfortunately, patients outside of these age ranges are not eligible. Only one vaccine is required and this will provide lifelong protection against shingles.

## **Vaccinations (cont'd)**

### **Flu Vaccination**

Linda informed the group that the practice has approximately 2,900 patients who are eligible for a flu jab. The first clinic will be held on 14.09.17 and we currently have 720 patients booked into this. A further clinic will be held next week and after that we aim to vaccinate 15 to 30 patients every day, until the last delivery at the end of October. For the purposes of flu vaccinations, children are counted as being aged under 18 and will receive the immunisation nasally. We have not written to invite patients who are over 65 unless they have an email address or are set up to receive text messages, as most patients of this age know to attend anyway. We will contact anyone who does not attend later in the season. At the practice, we also take patient's pulses when giving the flu jab, to determine whether the patient may possibly have a cardiac problem.

Linda advised that she has to order the flu vaccination a year in advance and that we do not receive all the vaccinations in one go. For the last 2 year the pharmacies have been providing flu jabs but have received their vaccinations before us. If a patient who is eligible for an NHS jab choses to have their vaccination at a pharmacy the pharmacy will be paid for this and not the practice. Linda advised that this can be a little frustrating when the practice has invested time and money advising patients that they need a flu vaccination. However she was keen to reiterate that we have a very good working relationship with the local pharmacy and that the majority of flu vaccines are still given at the practice.

A discussion took place regarding patients receiving their medications from pharmacies, as opposed to the practice dispensary. Linda confirmed that current guidelines state that if a patient lives within a mile of a pharmacy they cannot collect their medication from a GP dispensary. However, patients who live more than a mile from a pharmacy have the choice of collecting their medication from a pharmacy or their GP dispensary.

A discussion took place with regards to this. Linda advised that a Pharmaceutical Needs Assessment is being carried out by Norfolk Health and Wellbeing Board for Norfolk and patients have the opportunity to give their views at <https://www.surveymonkey.co.uk/r/feedbackpharmacy>

## **Patient Feedback**

### **Friends & Family Test**

**July 2017- 3 x EXTREMELY LIKELY**

- *"I can get an appointment on the day needed and not 3 weeks later"*
- *"The doctors are kind and the receptionist is as well, and the music you play is nice"*
- *"The doctors, nurses and receptionist are very friendly and helpful and help sort things out quickly"*

## **Friends & Family Test (con'd)**

**July 2017** – 1 x UNLIKELY

- *“It takes forever to get an appointment unless it is an emergency. Never any midwife appointments.”*

Linda advised the group that with regards to midwife appointments that unfortunately the practice has no control over these. The service is run by the hospital and currently the midwife attends once a fortnight.

**August 2017** – 1 x EXTREMELY LIKELY

- *“The practice was very helpful in treating a burn on a 12 year old we brought on holiday with us. Very friendly staff, efficient and well organised. Plus very clean.”*

## **Suggestions**

R indicates Linda has written to patient, NR indicates we have not replied as no name/insufficient details was/were given.

### ***Building/Waiting Room***

*“The waiting room is very intimidating with all the seating facing each other, so there is no privacy at all. The chairs could face the opening, in 2 rows, so that there is no need for everyone to stare at each other!”* (NR)

This was discussed but the group felt that the current arrangement did not require any change.

## **NHS Choices**

**June 2017** – Exceptional service

- “I have used this surgery all my life (22 years) and never have I had one problem with them, every process is quick and done smoothly and efficiently. All the doctors and nurses take time with you and don't rush you at all, even if they are running a little late. I would highly rate this surgery to anyone I spoke to would like to thank all the staff for their support over the years!”

## **Patient Comments**

Linda received an email from a patient praising the medical centre but drawing her attention to an incident in reception. In summary, children were allowed to stand on furnishings (whilst wearing outdoor shoes). The children were then given food by the parent. The parent then changed the baby's nappy in full view of other patients.

This was discussed and the group advised that the respect poster in the waiting room had been amended.

### **Any Other Business**

Mrs Worsley asked Linda if the practice required any fundraising as she would be willing to instigate this. Linda advised that there is always equipment that the practice needs and she would be happy to discuss this further.

### ***Outstanding Action: Mrs Worsley and Linda to discuss fundraising.***

A PRG member advised that he asked to book an appointment with a nurse for a problem that he had already seen the doctor for but was told that he would need to book another appointment with the doctor and could not have a nurse's appointment. Lynsey advised that usually nurses dealt with acute problems and as he had already seen a doctor, that it was not unreasonable to make a further appointment with a doctor. However this situation could change with the new signposting arrangements.

A discussion took place regarding treating patients for minor injuries. Lynsey advised that on average, the practice may see one or two of these cases a day but patients will be advised to attend Cromer Minor Injuries if this is more appropriate.

Mr Kaye asked if the district nurses are under the remit of the surgery but Linda advised that they are commissioned by NNCCG and their service is separate from us. They are based at North Walsham Cottage Hospital.

### **Date of Next Meeting**

The next meeting will be held on Wednesday 24<sup>th</sup> January 2018.