

# PATIENT REFERENCE GROUP (PRG) MEETING MINUTES

**Wednesday 25th January 2017**

## **Present**

Margaret D'arcy, Elisabeth Dewhurst, Andrew Hogg, Janet Munro, Carol Palfrey, Michael Simms, Valerie Tompkins, Kathleen Warnes, William Rusdell, Barbara Worsley, Margaret Gaze

## **Staff**

Linda Marquis:	Managing Partner
Lynsey Wayte:	Assistant Practice Manager
Keira Millward:	Apprentice Admin Assistant

## **Guest Speakers**

Sue Howlett:	Registered Manager, Mundesley Hospital
Amelia Worley:	Community Development Co-ordinator, Age UK

**Apologies:** Mrs P Dawson, Mr S Hall, Mr S Luniss

## **Previous minutes**

The previous minutes were agreed.

**Disabled parking and car park signage:** Linda advised that the issue with the drains has been resolved, which should stop the large puddle forming in the car park. Linda also informed the group that the car park fence has been replaced and that the tree branches have been cut back.

**Fold down chair for reception desk:** Linda advised the group that we are still looking into this but should hopefully have some news on it soon.

***Outstanding Action: Linda to continue looking into a fold down chair.***

## **Previous minutes (contd)**

### **Friends and Family Test**

Linda informed the group that we have not had very many responses on the Friends and Family Test and it was confirmed that they were available in the waiting room and on the reception desk. Mr Rusdell enquired as to why reception do not try to push patients to fill out the Friends and Family Test, to which Lynsey replied that it would slow reception down in doing their jobs.

Mrs Worsley asked what is the point of the tests and made an interesting point of saying if you have just moved and your family and friends are not in the same area, there would not be much point in you suggesting the surgery to them.

Linda explained that this group had given robust feedback to NHS England prior to the launch of the Friends and Family Test and that the scheme had been made less onerous.

### **Website**

Linda advised the group that Receptionist Charlotte had attended a development course which is designed to show us how to make things easier for people to understand. Charlotte has already updated the TV screen in the waiting room, adding more images and information. Charlotte is in the process of updating the website.

Ms Tompkins advised that the slides change too fast and that they need to be slower for people to finish reading them.

***Outstanding Action: Charlotte to review the length of time that the slides are displayed for.***

### **Flu**

Linda advised the group that we are looking into making the texts sent to patients clearer for the next flu campaign which commences in September 2017. Linda also advised the group that the reason we push the flu jabs is because we are monitored and have a target of 75% at risk patients to reach. She explained to the group that if we do not meet the target, we may lose the contract to provide flu jabs. Linda confirmed that we had almost reached the target for the current campaign.

### **Staff Update**

Linda advised that Elaine who summarised patient's records has now retired and has been replaced by a member of the reception team who has been trained in summarising and will join the admin team a few days a week. Practice Nurse Sharon, will be leaving us in March for a complete career change, however, Linda advised the group that Sharon will continue to provide some cover but we are currently advertising for a new nurse.

## **Staff Update (Contd)..**

Mollie, our receptionist apprentice, will be leaving us at the end of the month, and we will be advertising for a new reception apprentice.

Linda informed the group that Carrie, Dispenser, is on maternity leave too.

## **Older Person Forum**

Keira informed the group of an email she has received from Mrs Dawson informing her that she is now a member of the North Norfolk Forum For Older People and that Mrs Dawson is happy to take forward any suggestions the group may have.

Mrs Dawson also suggested asking if the group would like her to invite a member of the forum to the next PRG meeting to inform the group of what the forum do. It was agreed that this would be a good idea.

It was also suggested to ask Mrs Dawson if she would be happy to provide an article for the newsletter about the forum.

***Outstanding Action: Keira to email Mrs Dawson and ask her to invite a member of the forum along to the next PRG meeting and also if she could provide an article for the newsletter.***

## **Care at Home**

Mrs Warnes asked to speak about how they are planning to provide patients with care at home. She said that the usual route of help is to contact social services, who suggest you should go to your GP who then refers you on to a nurse. Mrs Warnes made a very good point of saying with the current financial state of the NHS, where will they get the money for the carers from and she expressed concern over the competency of those carers and their qualifications.

Linda advised Mrs Warnes that health care and social care are combining however it is still unknown as to how this will work as there is generally a lack of funding.

Mrs Warnes continued to say that without funding, the other options are volunteers and it is a big responsibility for a volunteer to look after someone who may have complex needs.

Linda responded to this with saying that vulnerable patients can be provided with support from the Integrated Care Co-ordinator who works across health and social care, who can arrange care packs for the patient and provide them with help and support.

Mrs Worsley went on to ask if it is likely there will ever be any funding for it, to which Linda responded by saying truthfully that she is unsure, as the NHS budget is stretched enough already.

## **Travel Immunisations**

Linda advised the group that we will no longer offer travel immunisations unless it is the standard ones offered by the NHS. She followed on to say although it is a nice service to offer, we cannot afford to fund it and we cannot charge patients (except for non NHS funded jabs).

Mr Hogg raised the concern of what if the doctors surgery is the only place patients can go to get the advice they require, to which Linda responded that we can look at the patients information and see what immunisations they have had (as long as they have informed us/had them at the doctors surgery) and we are happy to do the basic immunisations like tetanus but not the other exotic injections as it is taking up too much nursing time.

Miss Palfrey made a point of saying that if people can afford to go abroad, they should be able to afford the injections, why should they make the NHS pay out for it? To which Linda responded that this is the attitude we are trying to introduce as we cannot afford the expense when there are clinics specifically for the immunisations.

## **Patient IT Search Engines**

Linda informed the group of online search engines which allow patients to get access to their records and certain results if they pay and subscribe to this service. She told the group that if they want access to their GP records we can arrange this for which allows the patient to see part of their record for free.

Linda had also been contacted by an IT company acting as an online telephone directory. The practice had asked to be removed from the directory as the website provider would charge the practice.

Mr Rusdell raised a concern that if we can access our records online, does that mean any clinician over the world can too to which Linda's reply was that if patients dissent to this being done, then it cannot be done but if the patient provides consent for this, then yes, other clinicians can view our records for things such as our allergies and medical history from some services in the UK.

## **Choose Right Posters**

Linda presented to the group some draft posters that we have been sent by the CCG to get the groups opinion about choosing the right care.

Mrs Munro felt that these were a good idea as some people, both in times of panic and in general, do not have a clue what to do.

Mrs Dewhurst suggested that the posters should mention Cromer Minor Injuries and the walk in centre.

Miss Palfrey suggested that there should be a special one for parents with young children as people with young children tend to need more guidance.

## **Choose Right Posters (Contd)..**

It was suggested that we could put them on the practice website for patients to download and print off for their own use.

Overall Linda felt the posters had positive feedback.

***Outstanding Action: Linda to feedback comments regarding Choose Right Posters to the CCG.***

## **Patient Feedback**

### **Patient Suggestion Box**

Linda advised the group of the suggestions the practice has received. The first suggestion was a patient asking if we could make the font bigger on the sign in screen, which Linda replied to by saying unfortunately we could not do this as we do not have any control over this.

Another suggestion was that we should ask patients not to wear their headphones in the waiting room as the sound coming from them disturbs other patients, to which Linda also replied by saying unfortunately we do not have control over our patients unless they are behaving in such a way that they could cause harm.

Mrs Worsley suggested that we create a poster asking patients to be respectful of other patients in the waiting room, and then we could list the things that are classed as disrespectful. Linda felt that this was a good idea.

***Outstanding Action: Lynsey/Linda to create a respect poster for the waiting room.***

### **Friends and Family Test**

Linda informed the group that we have not had very many Friends and Family Tests done since the last meeting, but the ones we have had done consist of one in October saying that the patient was extremely likely to recommend their practice, one in November which said they were unlikely to recommend their practice and in January we have received two which have been extremely likely to recommend their practice.

### **NHS Choices**

Linda informed the group that the practice has had 3 comments on the NHS Choices website. Two of the comments received were negative and one was positive.

Linda also advised the group that she has opted not to reply to the comments.

## **Any Other Business**

### **Winter Pressures**

Linda advised the group that NHS England have asked us to provide 10 extra appointments each week to try and relieve the pressures off of A&E at this time of year.

However not all the appointment slots are being filled so it seems that they are not required.

Mr Hogg enquired as to how many patients we see a week, to which Lynsey replied that on average the doctor sees about 40 patients a day. She added that we are struggling with having enough rooms and she gave an example of if you have a patient come in for a spirometry, when they need a room for half an hour, so the nurse needs another room to continue seeing other patients.

Mr Rusdell brought up that recently he had had an accident at home, causing him to hurt his leg. He asked which should he go to, the surgery or A&E for a minor injury. Both Lynsey and Linda advised that patients should call the surgery to see if it is something that can be treated here and if not we can advise you on where to go. The receptionists have questions they ask to determine if the patient can be triaged here or if they need to go to A&E or the Cromer Minor Injuries department for incidents that may require X rays or more extensive treatment.

Miss Palfrey queried as to whether or not we can use Appleyard for clinics. Linda replied by saying that the Appleyard is used most of the time mainly for visiting clinicians, such as physiotherapists and midwives as it is outside the main building, it is not great for nurse and GP appointments. If a patient has come for a couple of appointments they have to keep going back and forth instead of just being in the one place.

***Outstanding Action: Linda/Lynsey to see how many patients we see per week on average.***

## **Guests**

### **Sue Howlett, Mundesley Hospital**

Sue Howlett from Mundesley Hospital came to speak to the group, as requested by the group, about Mundesley Hospital. Sue explained her role within the hospital and that she has a background of working with patients with mental health problems and that she is the hospital's link to the CQC, as they have to adhere to certain guidelines.

She went on to explain to the group how the hospital came about. She explained that the hospital was founded by a businessman who had severe mental health issues and he himself was a patient at Hellesdon. He found the experience to be unpleasant and wanted to provide mental health patients with a hospital that can provide them with help and activities and helping prepare patients for when they return home.

Sue explained that a patient can choose to stay there informally, or they can take detained (sectioned) patients.

Mr Rusdell asked how the hospital and patients are funded, to which Sue replied that if they have to take patients in from other hospitals because there is no space, the NHS pays for the patient to be there.

A discussion took place covering why the hospital was failed by the CQC. Sue clarified that the hospital was failed due to paperwork not being filled out sufficiently by the nurses and that it was not over a more serious matter.

It was suggested by the group possibly inviting a previous patient to the next meeting to talk to the group about their stay at Mundesley Hospital.

### **Amelia Worley, Age UK**

Amelia Worley from Age UK attended the meeting to speak to the group about dementia friendly communities. Amelia gave the group an introduction which explained how the idea of dementia friendly communities came about and why. She explained that David Cameron campaigned to start making people more aware of dementia and make public places more accessible for those who have dementia, which has all been done on the idea of constantly working towards a better future.

Amelia explained that to make people more aware of dementia they hold workshops and training packages for individuals. She explained to the group that Age UK have targeted market towns to become dementia friendly by, for example, having a dementia café and that they try to get individuals from various backgrounds to attend workshops held to help aid their understanding and their ability to support those who have dementia in the community.

A discussion took place between Miss Palfrey and Linda, where Miss Palfrey asked Linda if the practice is dementia friendly. Linda advised that we are currently in the process of making the practice more dementia friendly and that members of staff have been sent on courses for this purpose and we are currently putting together an audit. Amelia advised that we are able to get dementia friendly signs from their website which we can print out and place around the building.

It was suggested that we should put some Age UK leaflets in the waiting room for patients to read.

***Outstanding Action: Linda/Lynsey to print dementia friendly signs to go around the practice.***

***Outstanding action: Linda/Lynsey to request some leaflets from Age UK***

***Outstanding Action: Linda/Lynsey to publish the practice dementia audit once complete.***

### **Date of Next Meeting**

The next meeting will be held on Wednesday 24<sup>th</sup> May 2017 at 10.30am.