

**Hessle Grange Medical Practice
Patient Representative Group**

held on Thursday 11th July 2019 at 4.00 pm
in the Large Meeting Room

Present: (EB) (PRG Member)
 (BHe) (PRG Member)
 (SN) (PRG Member/Secretary)
 (AP) (PRG Member)
 (CR) (PRG Member)
 (RW) (PRG Member)

 (AS) (PRG Deputy Chair/Practice Manager)
 (JP) (PRG Member/Office Supervisor)
 (LS) (PRG Member/Administrator)

Apologies: (PH) (PRG Chairman)

ACTION

1. Welcome

AS welcomed group members to the meeting.

2. Minutes of the Meeting held on 11th April 2019

These were agreed as a correct record.

3. Actions from the Meeting held on 11th April 2019

All actions had been completed.

4. Work plan

Discussion took place on what should be included in the work plan. AS suggested choosing one project to work on each year, CR suggested long term and short term projects. SN asked if there was anything practice staff viewed as a priority and AS identified SMS messaging.

Following detailed discussion, the following projects were agreed:

SMS Messaging

Practice staff will produce a shorter version of the form, making it easier for patients to complete. AP asked if the SMS system had changed as a patient had been getting the same message from two sources. AS advised this has been fine for the last six weeks but would keep an eye on it. BHe asked who operates the IT system. AS replied this was purchased by the practice, the CCG have purchased the enhanced version, which would be rolled out to those practices wishing to use this.

Primary Care Networks

This would be a long term project.

Review of Terms of Reference

Long term - review date June 2021.

Newsletter

SN suggested a PRG newsletter for patients, containing information such as SMS messaging, flu clinics. SN to draft and circulate.

SN

Facebook page

Long term - discussion within the group raised concerns about use by older patient.

Carers

Priority for the practice to identify carers.

Flu Clinics

Priority to advise patients of arrangements this year. Could include a “you said, we did” sentence.

5. Primary Care Networks

AS circulated information on Primary Care Networks. AS explained there will be a target every year, such as employing first contact physiotherapists, paramedics, clinical pharmacists. Also, community link workers and extended access, which the practice already provides.

AP brought up a query about a patient sent to Beverley Minor Injuries Unit (MIU). When on site, there is no sign for MIU as this has been changed to Urgent Treatment Centre. AS will feed this back to the CCG.

AS

6. Patient Did Not Attend Statistics

JP was not able to provide detailed information for the meeting but advised the group there were 108 DNAs for June.

Discussion took place on this information. BHe suggested the actual number of appointments available would be useful. RW had looked at the last statistics and there were different time slots for each doctor or nurse. AS also advised that these included missed telephone appointments. AP suggested a percentage figure of the appointments missed would be more meaningful than just a number. PRG members would still like to see the full breakdown at meetings. CR asked if DNAs could be compared against local or national figures.

AP asked about “sit and wait” appointments. AS explained that this is not new but for urgent appointments only when it is essential that a patient be seen that day, they are fitted in in between patients but this may mean a wait.

7. Flu Clinics

AS advised that booking for clinics will be available at the beginning of August. Patients will have to book an appointment and this will be advertised by posters and information on the website. SMS reminders would be sent. There will be two full days for clinics and AS would confirm times (probably 9.00 am to 11.30 am and 12.30 pm to 3.00 pm). Volunteers were requested and the following agreed:

AS

28th September	CR, EB
12th October	AP, RW, SN

8. Patient Survey

A copy of the current survey was circulated and the following changes agreed:

AS

Change date on front page from 2018 to 2019

Q11, 12 and 13 - condense

Q17 - delete

Q23 - change age range 56-64 to 55-64 and expand age 75+

Try and keep the survey to one page.

It was acknowledged that the percentage of surveys completed was small, however this was a CQC requirement and they are looked at.

9. Patient Update

There were no specific items.

10. Practice Update

10.1 Zero Tolerance Policy

A copy of the updated policy had been circulated. RW queried the interpretation of “persistent and unrealistic demands” and lengthy discussion took place on this. AS to provide information on zero tolerance letters sent to patients. AS

10.2 Patient Consultation - Anlaby Branch Surgery

AS advised that the Anlaby Branch Surgery has been allowed to close. Due to staffing levels there had been no surgeries held at the Anlaby site for the last 18 months and the surgery had only been open one half day a week prior to that. AS confirmed that the North Ferriby surgery was safe as it is used for GP appointments only.

10.3 Volunteers

AS requested volunteers from the group to come into the practice one day a month and give out SMS forms and patient surveys. AP asked which were the busy times and AS said early mornings and Thursdays (from September). AS also confirmed that SMS messaging was for all appointments.

10.4 Practice News

AS advised the group of the following:

The practice will not be accepting new patients for a further six months.

A new doctor started three weeks earlier and will be working four full days. However, the practice is still 1.5 doctors down.

Two new physiotherapists have been appointed, one will start at the end of July and the other two months later.

A Nurse Practitioner post has been advertised and an existing nurse was to undergo training. It was intended to advertise for a chronic disease nurse.

The new Primary Care Network (PCN), consists of the Hessle Grange Practice and The Ridings Medical Group and is to be named The River and Wolds Primary Care Network. AS confirmed that The Ridings practice is fully staffed.

BHe raised an issue about a patient appointment shown as being embargoed. JP explained this did not mean that the appointment would not go ahead but was part of the clinical system for staff and could not be changed.

RW gave details of a mother who had received a letter from the practice stating she had missed a child’s injection appointment; even though she had given information that the injection had been given. AS advised that appointments are made through the Child Health Service but if the mother brought the documentation into the surgery, the records would be updated.

RW raised the issue of a sign in the practice waiting room to identify where waiting area 3 is, as there is no information when a patient books in via the screen. AS to look at this. AS

Discussion took place on issues with repeat prescriptions. AS has a meeting with Boots planned. The practice pharmacist is looking into review dates.

11. Any Other Business

11.1 U3A

CR had produced some cards giving information about Hesse U3A. She would provide a poster for AS to put on the practice website. CR/AS

11.2 Comments Book

There was one negative comment and the rest were positive.

12. Date and Time of Next Meetings

Thursday 10th October 2019 - agenda items to SN by 1st October 2019
Thursday 12th December 2019 - Christmas Buffet

29.7.2019 (SN)
Revised 2.8.2019 (AS)
Revised 13.8.2019 (AS)
Revised 11.10.2019 (SN)

Signed off by all present at the 10.10.19 meeting.