**MINUTES OF THE PATIENT GROUP MEETING held 11th March 2015**

**Present:**

**Representing the Patient Group:** Jean Clarke, Christine Chester-Helyar, Jessica Foster, Maureen Holland, Paula O’Sullivan, Martin Peachey, Effie Rogers, Peter Tadman, ,

**Representing the Surgery**: Lesley Linford - Practice Manager, Judi Davies - Dispensary Manager,

1. Lesley Welcomed everyone to the meeting and introductions were made.
2. **Dispensary Update/Judi Davies**

Judi updated the group on the current situation in the dispensary. We recruited in Jan/Feb to replace an NVQ2 dispenser who left just before Christmas and offered the position, however the candidate later decided not to come. Due to that and prolonged sickness leave we are currently 15% down on dispensing hours at the Heath. We have a member of staff retiring and one going on maternity leave in the next few months, which will have a further impact. The surgery is currently recruiting and also looking at in-house training and apprenticeships. In the meantime staff are doing all they can to meet patient's expectations of the service and every possible help should be given to patients so they are not without medication. The on line service for ordering prescriptions is working really well and is helpful to the surgery staff too. Parents can register for their children (under 16) to enable them to order prescriptions for them and book appointments.

The group asked if other strategies to help with this had been considered, asking patients to take prescriptions out, giving more than 28 day supply, patients writing on when it is needed for. These have been considered and are looked at on an individual basis but every case brings its own problems. Non-dispensing patients do have the option of us posting prescriptions to a chemist or of having a six month 'batch prescription ' if they are clinically suitable and this would be decided by the GP on an individual basis.

Judi was asked how the funding works and explained about the budget setting, how the surgery gets reimbursed and the extensive monitoring of prescribing which goes on. The clinicians need to be able to justify their prescribing as the NHS budget must be spent equitably, appropriately and based on evidence of effectiveness. To justify the practices spending Judi is frequently running reports and completing audits. Any underspend at the end of the year is NOT passed on to the practice. It should be noted that there has not been an underspend for several years.

1. Minutes from the last meeting 21.01.2015 – Matters arising
* Lesley confirmed that the practice was pressing on with the Care Plan and Patient Passports.
* CQC – Lesley confirmed that we had received a ‘Good’ result and that there was no immediate requirement for improvement. However, as we all well know there is always room for improvement and that is what the practice strides to achieve.
* The Group had noticed that the message on the telephone had been changed to ‘If you wish to speak privately to a member of staff please ask at Reception.’ Lesley confirmed that she had ordered a sign to go over the confidential cubical in reception.
* Lesley said that there had been much discussion around a white board to notify patients that a doctor is running late and that it had been decided that staff would find it very difficult to keep updating. Staff do try to keep patients informed in the reception area when doctors are running over. However a suggestion was made that a notice be placed over the booking-in screen to say “If you have waited for your appointment for over 20 minutes please refer to Reception”.
* Lesley asked about whether receiving texts for repeat prescriptions had improved, but it still seems to be unreliable. Lesley explained that unfortunately these cannot be sent automatically like the reminders for appointments, but have to be actioned by staff. The text reminders for appointments together with staff only booking two weeks in advance have helped to reduced DNA’s (Did not attends). Lesley confirmed that follow-up appointments for 3/4 or more weeks can be booked by the GP or by staff when agreed with the doctor.
* The need for reflective strips on the posts at the entrance to the surgery car park will be raised at the next council meeting.

**Complaints Review**

Lesley said that the Practice was very pleased with their review this year. It was discussed in some detail with those present with patient confidentiality in mind. Last year we had received 25 formal complaints this year only 14. All clinical complaints had been discussed at the Practice’s Significant Events meetings held throughout the year, and non-clinical with both the clinical team and the administration team. In order to prevent repetition it has always been felt that any complaint should be discussed not only with those staff involved, but the team as a whole.

To briefly summarise there have been:

 4 clinical,

 4 clinical/attitude,

 1 clinical/reception, (results not conveyed in a timely manner)

 1 clinical/dispensary, (28day prescribing)

 2 administrations, (confidentiality, booking into wrong site)

 2 dispensaries (medication not ready)

Other complaints are noted in an Incident Book that is kept in reception at both Hatfield Heath and Hatfield Broad Oak. These are typed up and kept in a Complaints file with the formal complaints,.

1. **Friends and Family Test**

*How likely would you recommend our service to friends and family if they needed similar care of treatment?*

We only managed to collect for February 148 cards in total;

* 108 were Extremely Likely,
* 35 Likely,
* 3 Neither Likely or Unlikely
* 1 Unlikely
* 1 Extremely unlikely.

Negative comments were received with regard to continuity of care, delays regarding the dispensary, acute appointments taken too quickly and lack of parking. Positive comments were received regarding the doctors, nurses and staff in general being helpful, friendly, reassuring and compassionate. Queries are never too much trouble, also friendly family doctors with practical advice.

1. **General Practice Update together with suggestions and** **questions.**

Lesley said that the practice was experiencing great difficulties in recruiting a Salaried GP. This is unfortunately, a national problem and the practice is doing all it can to rectify the situation, especially bearing in mind that the summer holidays are looming.

Confidentiality at the front desk was discussed again, but the Group were adamant that a glass partition should not be raised. Patients could ask to speak privately if that is their wish and staff are mindful of the need for confidentiality.

A partition on the desk top to denote a queue for reception and queue for dispensary was raised again, but it was thought that it would make very little difference. Lesley has looked into this in the past, but there would be very little gain for the expense incurred.

It was thought to be very unfair that surgeries can sometimes run late, but that if you arrive for an appointment late you may be asked to re-book. Lesley was surprised by this. Surgeries can run late as patients sometimes need a little more time and this is something that could affect anyone. However, if a surgery is running on time and a patient is running late a quick call of explanation to the surgery would help and it would be highly unlikely that the patient would be asked to re-book.

Next Meeting will be held TBA