**MINUTES OF THE PATIENT GROUP MEETING held 21st January 2015**

**Present:**

**Representing the Patient Group:** Paulene Brakspear, Jean Clarke, Christine Chester-Helyar, Maureen Holland, Tracey Collins, Christine Jarrett, Cheryl McCarthy, David Parish, Bruno Scheggia, John Sly, Peter Tadman, Suzanna Wood,

**Representing the Surgery**: Dr. Rikin Patel, Lesley Linford - Practice Manager, Judi Davies - Dispensary Manager, Collette Haydon - Receptionist.

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

Judi explained the staff set up at the surgery and pointed out how well qualified our staff are. She explained our triple check system and ability to trace specific batches of medication. She re-visited Dr Orton's suggestion of batch prescriptions and explained that this was not available to dispensing patients, only through a community pharmacy. The Group stated that the online system was very good for both ordering prescriptions and booking appointments and Judi reiterated the importance of  using the free text box to say where they wanted to collect the medication. Feedback was very positive about the dispensary and it was felt it had improved. Christmas ordering worked well. Judi explained the reason for stopping prescribing warfarin 5mg and the importance of bringing in the yellow book. Collette explained why there can be delays in changes to medication made by consultants and what happens to SystemOne requests for items that are not available to order. The Group appreciate receiving texts to say prescriptions are ready but commented that it can still be erratic. Collette explained how it works and the reason behind texts not being sent, which is normally due to pressure of work on the front desk. The Group acknowledged that both front desk and dispensary are very busy, but friendly and helpful. Judi said that we are once again in the process of recruiting new staff. The Group’s comments were very positive. Judi confirmed that the dispensary was happy to dispose of unused or out-of-date medication.

Christine complimented the practice on the Learning Disability health checks and asked Lesley to enquire as to whether the practice would be formally offering health checks to carers. Lesley felt this would be good practise and would speak to the nursing team.

Christine mentioned that the West Essex CCG Board is holding a second consultation ‘My Health, My Future, My Say’ on 2nd February between 7 -9 pm – Harlow Leisure Centre and all would be welcome.

1. **Unplanned Admissions/Care Plans and Patient Passports/Dr Patel and Lesley**

Lesley commenced by explaining that by the end of July 2014 the practice had to put together an At Risk list for the Avoidance of Admissions to improve care of patients in their homes and to relieve the pressure on secondary care. The list needed to comprise 2% of the practice’s adult patients (over 18s). To this end the list was made up of patients who were frequently visited, patients on the Long Term Conditions register, care homes and palliative care A letter was sent to these patients together with a form for consent to commence care plans. All these patients who, for the purpose of our practice are known as being on the Enhanced Care list, had to have agreed to their care plan by the end of September. Patient Passports were then introduced, which are an extension to the care plan in that once consent has been obtained a small ‘fob’, which contains a unique patient number, can be scanned by a Health Professional and this allows them to see essential information e.g. medication, allergies, diagnoses and recent blood pressures etc. It does not give full access to the Patient’s notes. Dr Patel went on to explain the benefits of having available up-to-date information for all Health Professionals. The Care Plans were valuable, but the Patient Passports would be the future.

1. **Friends and Family Test**

Lesley explained that this, in a sense, had taken over from patient surveys. The first question being ask *is “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” Extremely, Likely, Neither Likely, Unlikely, Extremely, Don’t know*

*Likely or unlikely unlikely*

The second question *“Please tell us the main reason for selecting your statement.”*

The information received from the second question would be used to formulate further questions to improve practice services in the future. Lesley said that for a practice of our size we are being expected to obtain and analyse 200 results a month and that this was proving difficult. The Group expressed their views in so far as they thought the exercise was worthless, a waste of money and practice staff time. Christine said that she would take The Group’s views back to the CCG as she is a representative on their board.

1. **CQC** - Lesley confirmed that the inspection took place on 9th October 2014. It was a long 12 hour day, but the feedback given was good and the Inspectors were impressed with the responses the practice had managed to obtain from patients. Lesley had been informed that the initial report would take about 4/5 weeks, but because there had been technical problems with the report being lost, more information had to be supplied and the publication of the report delayed until 22nd January 2015. There are five levels of achievement -

Outstanding

Good

Require improvement

Inadequate

No rating/under appeal/rating suspended.

Lesley was pleased to say that we achieved Good in all areas.

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

A member of The Group shared his concerns about confidentiality on the front desk especially when patients are being asked why they want an urgent appointment. This is very difficult and it was suggested that one way round it would be to ask patients to write it down on a pad or for the patient to ask the staff for privacy. Lesley said that she would ask staff to be mindful when asking for information and that they should offer the patient the option of writing their problem down. Lesley also said she would have a notice made up saying:

‘If you wish to speak privately to a member of staff please ask at Reception’

Everyone agreed that it is impossible to stop patients coming in and talking freely about their problems, which is often the case. The Group, however, insisted they did not want the front desk glassed in as they felt it would make it impersonal.

Waiting times in the surgery to see a clinician was once again raised. Staff should keep patients informed if the doctor is running late. Collette said that this is sometimes very difficult when the surgeries are busy. It was therefore suggested that a white board be erected and regularly updated to keep patients informed. An electronic display was discussed, but unfortunately this would be too expensive.

The six telephone consultations that are added in the morning to each doctors’ clinics have been well received. The Group thought that to receive results in this way benefitted both doctor and patient. Collette explained the appointment system and why the reception staff could not offer appointments for more than two weeks in advance. To avoid confusion Lesley also said that if a doctor wants to bring back a patient for follow-up they should be booking the appointment themselves or advising the front desk staff. Unfortunately, this is not always happening.

When asked by David, the Group agreed that the posts at the entrance to the surgery were a potential hazard at night and needed to be painted or have a reflective strip. David would take this pack to the Council.

Next Meeting will be held on 11th March at 2pm Hatfield Heath.