

Patient Working Group Meeting Minutes

Attendees: Rachael, Sue, Seana, Jamie, 5 members

Apologies : 6 members

Discussion Points

Staff Update- Ruth is stepping down from her position as Head Nurse and from 30th May Seana will be the Lead of both the ACT and the Nursing Team.

Melissa , one of the nurses has left and we are recruiting to cover her and also recruiting another nurse as some of the team would like to reduce their hours .

We are hoping that we will have a new GP starting with us in July.

Seana advised that she was meeting with the Nurses today as she is aware that there is an increased need for chronic disease management and the need for easier access to the appointments so she will be looking at the nurses template structures. Seana is also looking at the possibility of drop in clinics for cervical smears and travel vaccines so she will come to the next meeting to update the group.

xxx mentioned the Home HbA1c testing kit for diabetic patients and Seana said she will look into this.

xxx said that the Frailty Team works really well for the 60+ population but was concerned about younger people.

Rachael explained that we also have Michele, who is a social prescriber and she looks after anyone that is referred to her by the GP's.

CQC Report

Rachael talked to the group about the CQC report and that there were a lot of positives in this.

There were however some areas that the inspectors were not happy with including the Infection Control Standards and the non- attendance rate of Cervical screening and Childhood Immunisations . It is very difficult to achieve the expected attendance rates of both of these due to the patient demographics of the surgery . Plans and more effective systems are being put in place to for these along with Complaint and near miss Meeting procedures. Meetings are held regularly but the inspectors were not satisfied with the auditing and reviewing afterwards. The Nurses fridges also need to be checked and the temperature recorded on a daily basis. This was being done in some cases but not all and the management were not aware of this. It was also reported that we do not hold regular staff meetings but we have Communication Meetings monthly for staff to raise issues and the minutes are circulated to all staff .

Rachael said that the NHS in general are struggling with staffing and Dr Mahmoud our registrar has decided that he does not want to be GP in general practice due to the demands and complaints from patients. Complaints at the moment are phenomenal and both the Reception/Admin Staff and the Clinical Staff, especially the GP's are having a very hard time with the amount of these we are receiving as everyone is working hard and trying their utmost best to deal with the massive increase in patients demands on our services.

Dr Martin is our CQC Lead and Clinical Director and it will be him that will be driving the quality and advising the partners going forward.

We will have another full inspection within the next year to ensure the CQC are happy with improvements put in place.

Communication/Telephone System

xxx said that our systems are still not fit for purpose and Rachael explained that we are on a contract that we cannot get out of until it finishes in September 2023. xxx said that the SMS text messages should allow patients to respond to them if they wish to especially if it is regarding an appointment and if the GP's send them a text regarding Blood results they should put more specific data on it. xxx also said that he waited 43 minutes in the telephone queue as he could not respond to a text message and when he got through there were no appointments available.

Jamie explained that the phone system can only hold 20 in the queue and the 21st caller will get an engaged tone. Terry had also requested a cancellation line but we don't have the capacity of staff to be able to manage this. Appointments can be cancelled via text message. The Reception staff are also having to manage the E-consultations that are received in the surgery as well as answering all the calls and these are increasing in volume all the time.

xxxx said that xxxx raises this issue every meeting and it is becoming tiresome and we need solutions so it was suggested that a sub group is set up outside of the PWG to look at systems and be led by Jamie, IT Manager. xxx said he would be happy to join this and anyone else that would like to be involved to let Rachael or Sue know.

AOB

xxx raised seating arrangements in the waiting area and it was agreed that it could go back to pre –COVID layout

xxxx also raised the fact that the lift is still out of action. Rachael explained that it had been out of action since the storm in February and when the engineers came to fix it they found that another part was needed which they are having difficulty in getting as the lift is old now. The lift company have said that the part should be with them by 26 June.

xxx asked if there is anything that the PWG can do to help the surgery ,maybe fundraising to buy equipment as the PWG at Minster surgery do this -Rachael will look into this.

xxx asked if the GP's felt that the PWG are helpful and Rachael assured him that they did .

The new build was discussed and Rachael said that the owners of the building Assura are putting in a bid to build the extension themselves and to fund it and are in tasks with the district valuer

xxx asked for a revised terms of reference for the PWG .Action Rachael.

The group would like a GP to attend the next meeting so Dr Karamat will be asked if she is able to attend on her day off .

Rachael will advise all volunteers for the sub group of the first meeting date.

Next Meeting 10am Wednesday 13 July 2022