

## **PATIENT REPRESENTATIVE GROUP MEETING**

### **Bentham Medical Practice Thursday 10 April 2014**

**Present:** Tony Hudson, Mairi McKirdy, Anne Purvis, Lorraine Crossley, Julia & John Sant, Lin Barrington, Bronwen Osborne, Jill Noble, Gerda Southwell, Judith Nicol & Sharon Rucastle.

**Apologies from:** Andrea Tuohy and Jonathan Scott. Janice Howson is currently an interested party and ad hoc member.

### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

Jill thanked the PRG for their efforts with the questionnaire, stating that it was very speedy and successful. Also a good way of introducing the PRG to the patients.

Further comments were that it is surprising how many of the patients do not read the notice boards. Lorraine added her thanks to the team for their support in this project. Anne felt that confidentiality was sometimes difficult to maintain but we felt that anyone who did not wish to fill it in there with help were happy to simply take it away.

We were handed the Bentham figures, the Ingleton ones are still being collated and they will be discussed at the next meeting. Dr McKirdy felt it would be good to compare the two surgeries separately as well as the overall results.

Jill told us that the posters for the meals on wheels were now up and that they were still waiting a stock of yellow cards for feedback on drugs by patients, if required.

The TV screen is now in situ and we were invited to arrange a time when one or two of the group could help decide on the content to be displayed. It was also asked if the arrival screen could have a simple message such as " Thank you, you are now registered. Please take a seat in the waiting area. Further information is available on the TV screen".

### **Correspondence:-**

We have received an email concerning a lady and her family who are visiting from Australia. She has worked for many years with the Aborigine people concerning diabetes and kidney health. Apparently if they are not born with diabetes most of them have it by the age of 10. We are told this has been her life's work and that she would like to give a talk to any interested doctors and nurses at the practice as well as any interested patients. A time when we may be able to use the surgery waiting room was discussed and Thursday 8<sup>th</sup> May is to be considered. Jill and Dr McKirdy will discuss with the relevant diabetes specialists in the practice and get back to Sharon with more information so that she can liaise with Alison at the Looking Well.

## **Foundation Information Day**

Feedback was received from Lorraine & Sharon about an information day which they attended in Kendal.

They received a demonstration of the new computer system "Lorenzo" and the details of the information that can be stored on there for the patients from appointments to x rays and scans to all correspondence sent. It should also tie up different problems which the patient may have so that all departments are aware of their other ongoing conditions. Once all departments are on the system and all the staff trained it should improve the patient experience. It should also improve the appointment process and mean less letters and cancellations being sent out.

The leaving hospital process and the receipt of medication from outpatients is also expected to improve. Patients have been leaving the hospital with a note for the GP to prescribe medication to be started immediately which has been taking 2 days to fill. Distressing the patient and delaying the treatment. There is to be a Pharmacist who will see the patient and sort out any emergency medication before leaving the hospital.

Mark McCann from the Cumbria CCG stated that there was a newsletter sent to the GPs which he expected to be forwarded to the PRGs by the surgeries. Dr McKirdy agreed that this would be arranged and indeed the first one has already been received.

## **Questionnaire Feedback**

In addition to the notes above from the matters arising; Tony questioned the wheelchair access as he had assisted a lady with her husband in a wheelchair and found that the ramp has a lip at the start which makes it impossible to get a chair up if you are not strong enough. Dr McKirdy is to mention this to Jonathan to try and find a solution.

The reception and PRG members had a lot of positive feedback from patients about the questionnaire exercise and having people in the surgery to chat to whilst waiting for their appointments.

The results of the questionnaire are expected to be communicated and posted in the surgery in a similar manner to previous years.

## **AOB**

Lin Barrington updated the PRG about patient transport arrangements. The Little Red Bus ceased to operate last July. It is now called the North Craven Taxi Bus Dial a Ride. Alongside this there is going to be a request for further volunteer car drivers managed by Age UK Settle, they take over the running of this service from 14<sup>th</sup> April. Once they have the drivers in place the two systems will be run together, all from Settle.

We were advised that Tim Farron had asked the Prime Minister in question time about the rumoured closure of Westmorland General. The PM has agreed to look into it personally as he himself is also from a rural area and shares our concerns.

## **AGM**

It was suggested that the AGM may be run as a question and answer session with members of the surgery team available to take questions from the floor. Alternatively a small talk and question session could be held about the National Data Base. Jill is to ask Dr Sullivan if he would take this session on the 15<sup>th</sup> May.

Once the agenda has been agreed it was agreed that the date and content would be advertised in the local press.

**Items for the next agenda:** Please send to Sharon by the 8<sup>th</sup> May although the AGM agenda is not a full meeting.

**Next meeting date AGM 15<sup>th</sup> May at Bentham Health Centre**

# **PATIENT REPRESENTATIVE GROUP MEETING - AGM**

## **Bentham Medical Practice Thursday 15 May 2014**

**Present:** Tony Hudson, Lorraine Crossley, Julia & John Sant, Lin Barrington, Gerda Southwell, Judith Nicol, Louise Morgan, Lindsay Lister, Mel Morgan-Davis & Sharon Rucastle.

**Apologies from** Jill Noble, Jonathan Scott, Claire Hucknall & Mairi McKirdy.

Sharon advised the meeting that Claire Hucknall has resigned from the PRG as she has changed roles and will no longer be at the Looking Well. Please remove her name from any email lists etc.

### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

Lorraine Sharon & Jonathan had attended the talk about diabetes and kidney disease in Western Australia at the Golf Club. Lorraine reported back to the meeting some of the details. It was a well-attended evening and very interesting. The work being done with the aborigines to help tackle the problems they are experiencing is outstanding and helping them to tackle their illness and education in a way which is in tune with their culture.

The Looking Well filmed the talk if anyone is interested please contact Alison at Pioneer.

### **Mel-Morgan Age UK**

Mr Morgan gave an update on the new arrangements for the car scheme – formerly Little Red Bus service.

He advised that Age UK North Craven will co-ordinate the scheme. They are based in Settle and despite having the Age UK title it is like a franchise and each group is totally independent. This means that they have to fund themselves and do not have access to a huge fund of money as some people may expect.

The history of the Little Red Bus and its demise was given. Lin Barrington was thanked for her efforts in keeping the service going when it may well have stopped. The service she had kept going will be integrated into the Age UK scheme.

Patients will contact the Settle Office who will co-ordinate cars/the LR Bus and the transport of patients. The patients will need to register, the first time for normal health and safety needs. Following which they can use the service.

The charging structure will alter, no money will change hands at the time of the transportation. Passengers will be billed quarterly and Age Concern will reimburse the drivers for expenses. The whole thing will need to be balanced out financially. There is an expert on hand at Age Concern who will help patients who are struggling financially to ensure that they are claiming all they are entitled to.

Volunteer Drivers are required and normal checks will be carried out. Application forms are available from Age UK in Settle.

How can PRG Help? – Assure patients that it is different but still very much available. Volunteer or encourage others to volunteer as drivers. We need sufficient drivers to make it a good service. Encourage patients during the “teething trouble” stage if they have feedback to give and most of all; ensure that it is known that it is a non-profit making scheme and that the new charges are to help make sure that the service remains available.

### **Election of Officers**

The election of the Chair and Secretary was put to the meeting.

Tony Hudson proposed that, if Lorraine and Sharon were prepared to continue, he felt it would be a good move as he felt “they had gelled” and make a good team. This was seconded by Judith Nicol and all were in agreement.

Lorraine & Sharon have agreed to serve for a further 12 months.

### **Dr Sullivan talk on Medical Data Information**

Dr Sullivan gave a very full and detailed talk on the proposed sharing of information about our medical records by the GP surgeries, the hospitals and Social Care into one Health & Social Care Centre and the possible sharing of that for non-profit research purposes as well as for helping to ensure that the NHS has the right resources for future use.

We learned about Identifiable Data (ID) and Anonymous Data (AD) and how ID can be much more useful than AD. There is also Data in-between the two that gives details such as disease, age, place and the worry is that the more details there are the more it can be identified by someone as belonging to a particular patient. The challenge is to obtain this data and encrypt it into a useful form whilst ensuring patient confidentiality. This is being worked on at a very high level.

The advantages and disadvantages were discussed, such as Insurance Companies amending premiums. Better funding and planning for the NHS. More research and cures. The Nottingham University project was mentioned. They did a 10 year project using data from 500 GP practices on heart disease and Dr Sullivan stated that if we receive advice now on how to help prevent heart disease it is as a result of this excellent work.

Importantly patients will have a choice of whether their information is used. They will be able to state if they do not want the information to leave the practice (Type 1) or if they do not want the information leaving the centre (Type 2). The Department of Health have stated that no patient will be disadvantaged. The launch of the project has been delayed and it is unlikely to happen before May 2015.

There is a leaflet available from the practice or visit [www.nhs.uk/caredata](http://www.nhs.uk/caredata) for more information.

Lorraine thanked Dr Sullivan for a very informative talk on behalf of the meeting.

**AOB**

Gerda enquired about the quarterly newsletter and Lindsay advised that there have been some production problems but that it is still planned to produce the newsletter.

**Items for the next agenda:** Please send to Sharon by the 21<sup>st</sup> June

**Next meeting date 26<sup>th</sup> June at Bentham Health Centre**

## **PATIENT REPRESENTATIVE GROUP MEETING**

### **Bentham Medical Practice Thursday 26<sup>th</sup> June 2014**

**Present:** Tony Hudson, Lorraine Crossley, Jill Noble, Judith Nicol, Mairi McKirdy, Bronwen Osborne, Andrea Tuohy & Sharon Rucastle.

**Apologies from** Jonathan Scott, Anne Purvis, Julia & John Sant & Gerda Southwell.

#### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

Dr McKirdy advised that the ramp was being attended to and that there would be an additional ramp into the car park to make disabled access easier.

Dr Rigg has now started at the practice and there has been positive feedback to the PRG members. Dr Grant has now found a permanent post nearer to where he lives and there will be interviews this week for a replacement.

There are two new members of staff. Beryl Metcalfe who worked in the chemist for pharmacy and Kay Sharples who will be training 50% reception and 50% pharmacy.

The Co-Op pharmacy was discussed as it is expected to close. However, we have no news about what will happen to the pharmacy in Bentham moving forward.

The newsletter is being produced and should be available by the end of July. Any articles for the newsletter to Jonathan asap please.

#### **Report on Better Care Together meeting 21 June**

Sharon attended a meeting at Kendal where the way forward for the Morecambe Bay Trust was discussed. Andrew Bennett, Chief Officer for the southern part of Northern Bay introduced the day by stating that if we had been given a budget to do what we need to do and we were able to start at the beginning we would not start from where we are. However, we are where we are and it's about moving forward with a clinically led review of local services so the population of Morecambe Bay Trust get equitable access. Consistent Standards, fit for the financial demographic and geographical challenges we face in this area.

The aging population, the financial gap (£32million), public transport and three hospital sites with the cottage hospitals were all discussed in depth. It was stated categorically that the closure of Westmorland General Hospital which has been discussed in the news was never in the plans. Indeed the move to larger hospitals is being scaled down and the usefulness of smaller hospitals is being recognised. Although they do bring their own challenges to MB Trust. "Bigger is not always best".

The plan is to Transform Out of Hospital Services. Standardise Primary Care and look at elective care. Looking at care closer to where people live and making the best use of the

existing buildings. Specialist centres were also discussed with the right care in the right place. Blackpool and Coronary Care was mentioned as an excellent example of this.

Recruitment is also a challenge as the larger specialist hospitals can be more attractive to applicants.

It was stressed that the plans are not budget led, it is about finding the best way forward so that we can all live longer, healthier lives and manage our conditions; by transforming GP Services, Building Clinical teams to work together in a different way and doing the right thing at the right time.

So far the 132 options have been pared down to 6 and these will be costed out carefully and discussed fully before any final decision is made. (Since the meeting MB Trust have been placed into special measures and the decision may be affected by this.)

All of the options had:-

- 1) 5 elements of Out of Hospital Service in each locality.
- 2) Furness General & RLI to keep the current A&E service with Westmorland General keeping the minor injuries unit as present.
- 3) Full Maternity care in FGH & RLI with the mother and baby unit at WGH. Home Births in all areas.
- 4) Planned care for inpatients consolidated to RLI & FGH

The different options for Day Surgery were the main choices being discussed. That is for general and local anaesthetics and includes all planned surgery. The options are:-

- 1) Consolidated to RLI & FGH
- 2) Delivered in all sites
- 3) All at RLI
- 4) All at WGH
- 5) Consolidated to RLI & WGH
- 6) Consolidated to FGH & WGH

The need to break down barriers and include social, voluntary and primary care were discussed. The introduction of an Integrated Core Team to help the patient and the teams navigate the process was discussed. Also the funding being held in silos and needing to follow the patient rather than different units being concerned for how much it was costing them or if someone else should be paying, which can hinder the process.

There followed a full discussion by the PRG when the problems of recruiting GPs was discussed and also the next item on the agenda, if the GP teams are to take on some of the work and procedures which are currently provided by the hospitals.

### **Your GP Cares Campaign**

Lorraine briefed the members about the campaign being run by the British Medical Association and the Royal College of GPs supporting the local GP services and their funding.

Between 2005/2012 the NHS budget increased by 18% but the for GPs fell by 8% in real terms. According to Deloitte if the current trends continue GPs budgets will be only 7.29%.



The campaign is asking that GPs receive 11% of the budget to continue to provide the services we need.

The plans to move more services to the GPs was discussed as part of the Out of Hospital Services which include all investigations and tests to be completed before the patients sees the consultant being one of them. This would naturally cost the GPs more.

The PRG voted to get behind the campaign. Jill is to prepare packs for each of the outlets covered by Bentham Health Centre and it is planned that as a group we cover some surgeries and help bring the campaign to the patients and complete the petition. It was unanimously felt that we need to get behind our GPs if we want to continue to have the surgeries in our area.

Sharon will contact the members to agree cover times and places when the packs are ready. The petition is due to be returned in August so the time scales are fairly short.

**Items for the next agenda** to Sharon by the 28<sup>th</sup> August please.

Next Meeting 4<sup>th</sup> September at Bentham Health Centre. 7pm.

# **PATIENT REPRESENTATIVE GROUP MEETING**

## **Bentham Medical Practice Thursday 4<sup>th</sup> September 2014**

**Present:** Tony Hudson, Lorraine Crossley, Judith Nicol, Mairi McKirdy, Bronwen Osborne, Andrea Tuohy, Jonathan Scott, Anne Purvis, Lin Barrington & Sharon Rucastle.

**Apologies from** Gerda Southwell, Jill Noble & Lindsay Lister

### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

Tony advised that the feedback about the ramp was very good. However, he had observed that the lack of a dropped curb on the pavement opposite the surgery was causing issues for disabled patients and users. He had agreed to look into this further and take it to the Bentham Town meeting on the 6<sup>th</sup> October.

The new Web page is now up and running and Jonathan has requested that we look at it and provide any feedback to him.

Wanda has now left the surgery and Hannah Lambert is replacing her.

Dr Sullivan is retiring at the end of October. An advert is out for a replacement. He will be greatly missed and has been with the surgery for a long time.

### **Your GP Cares Campaign**

The PRG members helped with the completion of the signatures in the surgeries and Jonathan arranged for the petition to be submitted. The campaign can be followed on line.

### **Questionnaire Results**

The results were circulated. As they were mainly completed in the surgeries it was felt that they provided a more up to date picture than may have been the case in the past.

The general feel was positive and that we are making progress with the general improvement plan but that communication is still one of the biggest obstacles we face.

Ingleton comments to be circulated by Jonathan when completed.

Main points to address are:-

1. The Collection of more mobile phone numbers for appointment reminders
2. More articles in the newsletter about Triage and appointment booking
3. More available appointments on line and for the receptionists
4. Explanation about why sometimes it appears Dr's are all out on a Wednesday
5. Late surgeries & Ingleton cover

There are meetings planned between the surgery and the commissioners in September.

We also discussed the different levels in services available dependent on the area you live and that it is not necessarily a South Lakes/Yorkshire divide. Some areas simply have some services set up that are not yet available across the board.

**Items for the next agenda** to Sharon by the 4<sup>th</sup> October please.

Next Meeting 9<sup>th</sup> October at Bentham Health Centre. 7pm.

# **PATIENT REPRESENTATIVE GROUP MEETING**

## **Bentham Medical Practice Thursday 9<sup>th</sup> October 2014**

**Present:** Tony Hudson, Lorraine Crossley, Bronwen Osborne, Andrea Tuohy, Jonathan Scott, Anne Purvis, Jill Noble, Sandra Kay, John & Julia Sant, Gerda Southwell & Sharon Rucastle.

**Apologies from** Mairi McKirdie, Louise Morgan & Judith Nicol

### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

Dropped Kerbs – Tony, Lin & Lorraine met with the Town Council and were advised that there was no funding for this year. Thomas Marshall did say that he had an idea but he is on holiday until the 23<sup>rd</sup> so we await his idea with interest. The Town Council approved in theory. We were also advised that Sole to Soul have sent an email to Craven but who also have no funds available. The Council Secretary has promised to keep us in the loop, hopefully there will be funding in 2015.

The pharmacy at Bentham is to remain open. It is now Best Care Pharmacy. There have been teething problems but they are working them out.

A retirement card for Dr Sullivan was passed around the group to wish him well on his retirement at the end of October.

### **U.H.M.B.T. AGM Review**

The MBT is still in special measures but the leaders are upbeat and feel that they are nearly at the end of it now and moving forward. We are still £2.1million although we do get additional funding due to the 3 sites. Last year the budget was £270million with a spend of £281million. An additional 150 nurses have been recruited together with more doctors. They did say that they are disappointed with the report as the general feeling was that they are doing better.

The stroke unit at Lancaster was commended as it is now one of the best in the country.

There are to be Better Care Together co-ordinators for consultant appointments. They will co-ordinate and join up everything for the patient, GP and consultant to simplify matters. There are 6 localities in Cumbria and we are in the East Locality with Sedbergh, Kirkby Lonsdale, Milnthorpe and Arnside. A discussion was held about how many co-ordinators will be allocated and a wish for our own as we are cross border and it becomes more complicated purely due to our location.

Care in the Community is still in the early stages but is moving on, however these things can change and may be affected by the General Election in May.

## **Items still under review for Bentham Health Centre and still being tweaked:-**

Individual Services which are still being provided by North Yorkshire since we joined Cumbria 12 months ago. They have not been costed in the new budgets and this is being sorted out.

RLI link to North Yorkshire and Home from Hospital Care – in particular communication.

Social Care being provided by the Council.

1,200 of Bentham patients live in Lancashire, Jonathan has been told that if the main surgery is in North Yorkshire then the funding will come from North Yorkshire, he is awaiting confirmation.

### **Sandra Kay – Age UK Settle**

Sandra attended the meeting to update us all about the transport arrangements. She is now the person who arranges all transportation for the surgeries and hospitals.

If it is a surgery appointment then the receptionist will arrange the transport if it is the hospital, dentist or optician then arrange the transport with Sandra directly.

The patient signs up and gives a contribution but the surgery funds the administration side.

More drivers are needed and a notice is to be placed on our notice boards in the surgeries.

Patients are advised to take their blue badge in case of parking needs.

### **Jonathan's Information**

#### **Communication**

Jonathan provided us with a "Make Better use of your Practice Sheet" which highlights and explains the online access, text reminders of appointments and the 28 day repeat prescription service from the surgery, with a sign up form attached. We only have mobile phone numbers for around 15% of patients and if we could extend the reminder service it could save a lot of missed appointments and make better use of the slots available.

**Age UK** now have village agents and clients can be referred to the agent via themselves, GP or a neighbour if they are vulnerable, lonely or need help in any way. Gaynor Brown is the representative in Ingleton and she has agreed that Bentham patients can be referred to her if they would benefit from the help of Age UK. She is paid for by Airedale and Craven CCG.

There is also work going on to help stop people needing hospital care. **The Red Cross** are doing a lot of work in the 6 week period after discharge from hospital and helping to point patients in the right direction.

## **Productive General Practice**

An explanation of this analysis into what the practice does and involving everyone including the PRG to look at better ways of doing things was provided by Jonathan. A video was shown of the idea. There are 12 modules and it is a 10 month exercise.

**Items for the next agenda** to Sharon by the 20<sup>th</sup> November please, anything not on the minutes and brought to the meeting will be tabled for the following meeting.

Next Meeting 27<sup>th</sup> November at Bentham Health Centre. 7pm.

## Bentham Medical Practice

### Notes of PRG Working Party Meeting - 5<sup>th</sup> November 2014

Present: L Crossley, J Sant, J. Noble, J. Scott

#### 1) Purpose of Meeting

Following the last PRG meeting it was agreed to set up a small working party to discuss feedback from the annual questionnaire and see what improvements could be made. It was agreed that any changes may be small but every bit helps and also that some "quick wins" would be good.

#### 2) Points Discussed

##### i) Availability of appointments and continuity of care.

- It was agreed that if the number of Did Not Attends (DNAs) could be reduced then this would greatly increase the number of available appointments. It was agreed to design a simple board to display at Bentham and Ingleton to inform patients of the number of DNAs in the previous week with the message that these could have all been used for other patients if we had known. **JS and JN to sort**
- We now have a slip informing patients of better ways of communicating with the surgery including making sure they get text reminders of appointments. It was agreed that cleaners at Bentham and Ingleton should put one of these slips on each waiting room chair every day. **JN to sort**
- It was felt that patients often may get the wrong impression from a doctor about follow up appointments. Consequently it was suggested that the doctors could help to make the situation clearer by doing the following;
  - If the doctor wants to personally see the patient for a follow up they give the patient a card to present to reception authorising use of an embargoed slot.
  - If it is not important who the patient sees for a follow up then doctor makes this clear to the patient
  - If a doctor asks a patient to return in a couple of weeks the patient can often take this as they must return in two weeks. Doctors to ensure there is as much time flexibility as possible when asking a patient to return, e.g come back in 2 to 4 weeks
  - All doctors to adopt the same system

##### ii) Keeping information up to date

##### **PRG Members to help by;**

- Reading the practice booklet and to give feedback on accuracy and quality of content.

- Regularly look at practice website to ensure it is up to date and content is relevant and of good quality

### iii) Telephone System

- One of the biggest negative feedback issues we get is time taken to answer phone. **PRG members asked to assist in investigations** by recording the day and time of any call they make to the practice and the time it took for the voice attendant to kick in (Lyndsaе's announcement) and the time or number of rings for a receptionist to answer. **This information to be fed back to Jonathan**
- It was suggested that the voice attendant message could be altered slightly and the options to be changed to;

Press 1 if your call is urgent

Press 4 if you want to order a repeat prescription

Press 2 if you want to arrange to speak to a triage doctor today

Press 3 or hold on the line to speak to reception



# **PATIENT REPRESENTATIVE GROUP MEETING**

**Bentham Medical Practice Thursday 27<sup>th</sup> November 2014**

**Present:** Tony Hudson, Lorraine Crossley, Bronwen Osborne, Judith Nicol, Jonathan Scott, Sandra Kay, Julia Sant, Gerda Southwell, Lyndsae Lister & Sharon Rucastle.

**Apologies from** Andrea Tuohy, Anne Purvis, Jill Noble, Lin Barrington & John Sant

## **Minutes of the last meeting and matters arising:-**

The minutes were approved.

### **Matters Arising**

Jonathan gave an update on funding. All Public Health issues such as smoking will be provided by North Yorkshire County Funding and that all Social Care provision such as mental health will be provided by Lancashire County Council for the patients who live in Lancashire. Not a lot has changed and the main thing is that all patients will continue to receive the care.

### **Correspondence**

Lorraine has received a letter from Julian Smith MP thanking her for her letter and that he will be raising our particular issues with the health secretary.

Lin Barrington sent an email to update us on the charges for the car park. Craven DC met on 12<sup>th</sup> November and have not supported the charges for the car park due to the congestion it would cause in the surrounding roads. Their recommendation will be sent to Craven's Policy Committee in January for a decision.

Lorraine has had a call from Sole to Soul to discuss the dropped kerbs. She has referred them back to Tony who is dealing with this on our behalf. It would appear that North Yorkshire Highways are sending someone to measure up and look at the situation as they are expecting to resurface Grasmere Drive Car Park early next year and they will review and consider at the same time. Tony is to discuss further with Frank Crossley at North Yorkshire. At the same time he will raise the matter of disabled parking at Ingleton surgery.

### **Wheelchair Access to waiting areas**

We discussed the problems some people may be experiencing due to congestion around the entrance to the building when people are booking in or waiting for reception. It was decided to discuss this again if it proved to be a problem as we have sorted out the exterior of the building to allow much better access.

### **Questionnaire Feedback**

Few areas were highlighted from the comments and any will be taken to the working group for further discussion.

## **Working Group**

Lorraine talked us through the minutes of the meeting – copy attached.

## **Telephone Feedback**

Brief details of calls made to the surgery and answer times were provided to Jonathan at his request.

## **Jonathan's Information**

A Campaign newsletter was provided to pass around the group about the Better Care Together campaign which the PRG assisted with in the surgeries. It advises that the campaign has succeeded in changing the terms of reference of the debate on the future of the NHS. That it generated substantial national media coverage and secured more than 300,000 signatures on the petition. Full details are available on [www.putpatientsfirst.rcgp.org.uk](http://www.putpatientsfirst.rcgp.org.uk)

Jonathan requested a volunteer to check the surgery web site and provide feedback if anything needs updating or items of a housekeeping nature appear incorrect. Judith Nicol has kindly volunteered.

Sharon followed on by asking that if people requested items via the web site that could not be supplied that the surgery please advise to manage expectations when they went to the chemist for their prescriptions. Jonathan agreed that this was something that was appropriate and that the receptionists would try to manage this.

It was also agreed that it is appropriate to put a small section in the new Newsletter reminding patients that they have a contract when they make an appointment and that it is important to formally cancel it if they cannot make it. Although we recognised that a patient's health condition may be a barrier to this and it may be appropriate to remind certain patients on the day of their appointment on rare occasions. The workload of doing this for all appointments make it practical only in exceptional circumstances.

The Friends & Family tests required centrally will commence in December. It is a simple question "would you recommend the practice to your family and friends?"

The practice has had a number of very complementary feedbacks on NHS choices, please check the web site.

A complaint has been received about a patient who is in the Ingleborough Nursing Home receiving a letter asking them to arrange a flu vaccination. A relative took exception to this as they are provided by the District Nurses to the home residents as a matter of course. The surgery does try and make sure that letters are not sent to these patients; however, the District Nurse's systems and the surgeries are not joined up and because the batch number and date does not appear on the patients records the letter is automatically produced. The issue of over reminding is outweighed by the need to try and ensure that vulnerable patients are protected.

Lorraine closed the meeting by thanking everyone for their time and input over the year and wishing everyone a very happy Christmas and a good New Year.

**Items for the next agenda** to Sharon by the 22<sup>nd</sup> January please, anything not on the minutes and brought to the meeting will be tabled for the following meeting.

Next Meeting 29<sup>th</sup> January at Bentham Health Centre. 7pm.

# **PATIENT REPRESENTATIVE GROUP MEETING**

## **Bentham Medical Practice Thursday 15<sup>th</sup> February 2015**

**Present:** Tony Hudson, Lorraine Crossley, Bronwen Osborne, Judith Nicol, Jonathan Scott, Julia Sant, John Sant, Gerda Southwell, Jill Noble, Anne Purvis & Sharon Rucastle.

**Apologies from** Sandra Kay, Andrea Tuohy, Mairi McKirdy & Louise Morgan

Lorraine opened the meeting by wishing everyone a Happy New Year and apologising for postponing the January meeting for two weeks due to bad weather.

### **Minutes of the last meeting and matters arising:-**

The minutes were approved.

### **Matters Arising**

All matters were already on the agenda.

### **Correspondence**

Lorraine has received a letter from Julian Smith MP enclosing a response from the Rt Hon the Earl Howe PC Parliamentary Under Secretary of State for Quality (Lords) concerning her letter about the importance of local GP Practices and the news that there was consideration or a reduction in service.

He advised that it is the view of both the Department of Health and NHS England that high quality local services should be maintained and that patients should continue to receive the high standard of care to which they are entitled. The full letter was read to the meeting.

Julian Smith has advised that if we have further concerns he will be happy to take them up.

### **Bentham Medical Practice Leaflet**

Lorraine has obtained an estimate of the cost of printing around 250 leaflets per annum from Andrew's printers in Bentham at a cost of £130-00. It was suggested that we see if local businesses would like to sponsor the production of the leaflet. Jonathan advised that the Practice Partners would need to be consulted as they would not like to appear to be recommending various services in the community which may show favouritism or may cause problems if the services are not perceived by the user to be up to standard or causes problems. It may be that the practice may fund the leaflets.

Lorraine and Sharon have looked at the current information and recommended a bit of reordering and tweaking which was given to Jonathan together with the estimate.

It was agreed that a copy of the leaflet would be put on the notice board and that it would be on the web site for patients to download.

### **CQC Review**

Jonathan advised that another review is likely this year and because we have changed CQC it may be as early as April. However, we do not know as there will be notice of only 2 days given. He advised of how the practice is preparing and Sharon is to produce a file of PRG information and minutes for 2014 and up to date in preparation.

### **Web Site Feedback**

Judith has looked at the web site page and stated that "it was Amazing and she enjoyed it". A couple of housekeeping matters were mentioned which Jonathan has taken away. Sharon commented that she found the site very quick when using the repeat prescription section and that she found it useful to be able to see appointments made and with whom.

Users of the site agreed.

### **Phone Call Feedback**

No specific issues with the telephones were highlighted this month. However, it was noted that repeat prescriptions cannot be ordered over the telephone during the out of hours service. It was suggested that this be mentioned in the next What's up Doc newsletter.

### **Television IT Request**

If anyone would like to learn how to help programme the information television at the surgery and help choose the content and videos, please contact Jonathan.

### **Working Party**

The working party met between meetings and agreed the format for the information provided to the patients about non attended appointments. The boards are now up and show 120 missed appointments for January which equates to 30 hours of time.

There is no working party as the next meeting is on 12<sup>th</sup> March due to the one in January being postponed, making it only 4 weeks until the next meeting.

### **Jonathan's Information**

The Friends & Family statistics for December and January were handed out. They show that around 90% of patients are either extremely likely or likely to recommend the practice. There are an assortment of comments attached, almost all of which are complementary. The question was asked as we are a Rural practice is there really an alternative for patients and it was confirmed that we can register where we like be that where we work or in a neighbouring practice. There is also provision to see the nearest practice to you in the event of needing an urgent appointment. It was agreed that the results should be placed on the notice board.

Productive General Practice has now started and the practice has commenced by looking at the reception. Jonathan stated how pleased he is that he can report that all staff have embraced the concept and come on board with ideas and enthusiasm. They have started with the problems that they knew they had but never "got to the bottom of". Such as the phone lines, although there are 8 lines – 2 being for outbound calls only it turns out that the

GPs are not using the line set aside for them and that phones are using other lines if the one outside line being used regularly is busy, thus reducing the lines for incoming calls. If Triage moves to using the other line this frees up lines for incoming calls.

A review of the types of call being received have highlighted the number of Pharmacist Queries and District Nursing calls being received. Alternative ways of contact are being sought and the attachment of Castlebert Hospital to the IT systems should again free up call time for patients and repeat prescriptions etc.

A storyboard on what is happening is being produced in reception.

### **Tony – Updates**

**Hand disinfectant** was discussed and Jonathan agreed that the surgery would source hand dispensers to avoid them moving around or disappearing.

**The outreach services for prescriptions** at Hornby and other outlying areas with the post has been investigated and both the Post Office and John the postman have confirmed that it will continue as before once the Post Office moves to the Spa.

**The Disabled dropped kerb** is now in place at Bentham and we have had word from Councillor David Ireton that the Ingleton one is due to be completed in March. Tony has been thanked for his work in achieving this great outcome.

Whilst discussing Ingleton Surgery Sharon asked if there were any plans to move Ingleton Surgery to the I Centre as was considered when it opened. Jonathan advised that it would be a dereliction of duty to move the surgery into a building where it is uncertain as to the long term use continuing as at present. The Partners prefer to investigate any opportunities which may arise for a custom built surgery if any house building/care home building is being planned in Ingleton.

**Ambulance Services** an example was given of a patient who had the need of an ambulance which eventually arrived from Grassington. The same patient then had to be taken to Castleberg and was transferred via an ambulance which came from Carlisle. Eventually she was brought home by an ambulance from Leeds. Jonathan promised to provide feedback, as he has been requested to do so but was unaware of any specific cases before the meeting.

Items to Sharon by 26<sup>th</sup> February please – next meeting 12<sup>th</sup> March 2015.

**Date Change AGM 30th April** Please give some thought to the election of officers.

# **PATIENT REPRESENTATIVE GROUP MEETING**

## **Bentham Medical Practice Thursday 12<sup>th</sup> March 2014**

**Present:** Lorraine Crossley, Julia Sant, John Sant, Gerda Southwell, Jill Noble, Anne Purvis, Lyndsae Lister, Mairi McKirdy, Andrea Tuohy, Lin Barrington & Sharon Rucastle.

**Apologies from** Bronwen Osborne, Sandra Kay, Judith Nicol & Jonathan Scott

### **Minutes of the last meeting:-**

The minutes were approved.

### **Matters Arising**

Jill advised that the hand dispensers had been ordered and are awaiting installation, meantime the removable ones are in situ and being used. Dr McKirdy advised that the Medical Practice Leaflet has yet to be discussed.

### **Correspondence**

A letter and leaflet have been received from Lorraine Sullivan about the "Ingleton's Save a Life" initiative. Lorraine has kindly agreed to update us at the AGM. We were advised that there are 2 difibrillators in Bentham and one in Burton-in-Lonsdale and that B-in-L are having a training meeting on the 29<sup>th</sup> April in the village hall.

### **CQC Review**

Sharon has completed a copy file for the expected review which she has left with Jill for Jonathan. No doubt the surgery will put in the minutes as they are sent to keep it up to date until the visit.

### **Web Site Feedback**

Judith could not attend the meeting but fed back a few pointers about the web page via email for Jonathan. Jill took the details.

### **Phone Call Feedback**

No specific issues with the telephones were highlighted this month. It was agreed that the working party would look at the message update at their next meeting.

### **Television IT Request**

No volunteers have come forward yet and this may be something that is mentioned at the AGM.

### **Working Party**

The next working party is to be on Wednesday 25<sup>th</sup> March at 2.00

### **Report re HealthwatchNY Meeting 4<sup>th</sup> March.**

Jonathan and Lorraine attended the meeting which was called by the newly appointed Healthwatch watchdog; Heidi Edmondson who has 25 years of NHS experience.

Healthwatch have out 3 initiatives for 2014-2015. Out of hours service, role of unpaid carers and hospital discharge.

Lorraine told the meeting that listening to others she felt it appeared that at present we have the best systems with T-Quest system re-surgery requests, tests and results come back electronically. EMIS after 6pm calls are diverted to CHOC.

Carers – Because of new legislation in April carers will be assessed and they will hold a budget for services not linked to the disabled person. Lorraine asked if they are identified and treated differently within the practice. Dr McKirdy stated that they do try and identify and assist carers where possible. When carers reach pensionable age they lose the carers allowances which may affect the total income of the patient and the carer. Heidi is looking into the new proposals.

For information Anley Hall has been placed into special measures by the CQC for care quality issues. It is only expected to be for a short time due to staff shortages.

Heidi will come to our meetings on request, however, as we are mainly in a different CQC it may be appropriate to find out who the similar person is on our CQC.

PRG awareness week is the first week in June.

Craven Healthwatch are recruiting for volunteers who will be trained to go into homes, GP Surgeries, dentists etc.

Services from Craven - Advanced Nursing Practitioners dealing with multiple chronic disease management and dementia. They can access the HUB from Bentham.

DN's – physio and mental health from Airedale.

Chiropody and health visitors from Harrogate.

Sylvia Merick – Mental Health Self Care

GP Complaints Procedure. Dealt with within 10/7 working days – first response with a written reply within 21 days.

### **Jonathan's Information**

Provided by Jill. Productive General Practice is going well. Concentration is on two main areas. 1) Receptionists and feedback from Doctors. A leaflet is being prepared to hand to patients telling them what to expect to happen next. This will manage their expectations and timescales. 2) Repeat Prescriptions being received on time. If there is a delay it is pinpointing what it was caused by and considering how it can be managed for the future. There are little differences being seen with the Electronic Prescriptions (EPS) as chemists are receiving information in different formats and timescales. This should improve as everything moves onto the new system.

The need to review the library was discussed. More books are needed of the self-help type such as depression, back pain etc.



It was mentioned that the missed appointments board is very good but we are not sure that it is sited in the right place at Bentham as it is easily overlooked. This will be looked at by the working party.

The leaking gutter was also pointed out.

Items to Sharon by 28<sup>th</sup> May in preparation for the meeting on 4<sup>th</sup> June.

**AGM 30th April** Please give some thought to the election of officers.