

Notes from Haxby (Scarborough) Patient Group Meeting:

Chair: Diane Robinson

Present: Diane Robinson (Chair), Jeanette Wilby, Ruth Fairchild, Ron Walker, Jane Hugill, Jean Fieldsend, Maureen Jacques, Maureen Dickinson, Alyson Ritchie (Deputy General Manager), Jo Green (Patient Services Manager)



January 10th, 2024

	Discussion Points:	Lead	Papers
1	Welcome and Introductions All members introduced themselves.	All	
2	Apologies Alan Stanforth, Elaine Beecroft, Jean Pettener, Jennifer Weston.		
3	Notes of Previous Meeting Were approved and signed by Diane Robinson	DR	
4	Any Matters Arising not on the Agenda Alyson requested photography consent forms to be signed by members of the group. These were circulated.	AR	Request Forms
5	Guest speaker Deanne Bayes (Access Manager) Deanne outlined her background as a receptionist and progress through to managing the Access Team based at York House. Her team are responsible for managing the general and Klinik system enquiries. Deanne explained the additional need to use an external company (LineIn) to respond to appointment requests, due to staffing shortages and increased demand. LineIn take the appointment requests and direct them to a GP for triage, but don't have access to medical records so have to go through a series of questions to give the GP the information they need. This means it takes a little longer to process the calls. Currently the practice is trying to recruit more admin staff to handle general enquiries. The systems operate from 8 a.m. to 6 p.m. for routine appointment requests and general enquiries, with staff working either 8 to 4 or 10 to 6. Lines are open for urgent requests from 8 to 10 a.m. It is a stressful job	DB	

	<p>with a high level of staff turnover, but sickness absence is down on last year.</p> <p>Deanne stressed the importance of information on the phone being precise and detailed. It was felt that Patients are becoming less reluctant to give the information required.</p> <p>LineIn are able to indicate urgent requests by “red flag” to the GP and can also connect the patient directly to 999. Ring back is available if patients don’t want to wait.</p> <p>There is one GP to handle triage and one ACP dealing with minor illnesses. Prescription requests go to the pharmacy team</p> <p>For the Access Team, the software now enables managers to move staff around to deal with peaks and troughs, thus prioritising urgent calls. There is also the facility for Teams chat to pass on urgent messages.</p> <p>Deanne was thanked for her time and useful information.</p>		
6	<p>Patient Group Terms of Reference</p> <p>The question of attendance by practice staff was discussed at the last meeting. Further to that discussion, it has been agreed that the group is patient led, so the absence of practice staff should not stop meetings happening.</p> <p>There is a requirement to reflect the diversity of patients. The question is how to recruit new members. The practice no longer runs groups like Mums and Babies or Stop Smoking, so there are few occasions to approach people as groups.</p> <p>The web page has clear contact details and an email address.</p> <p>Newsletters are now displayed on the noticeboards in all the patient areas, rather than have lots of paper copies.</p> <p>The Practice is still very happy for members of the group to come in to talk to patients in the waiting areas.</p> <p>Diane mentioned it was time to review the position of chair of the group. There was no interest from anyone else to take over. Diane explained her available time was reduced and assistance from Jean will be helpful.</p>	All JP	

	A copy of the revised Terms of Reference was circulated. Acceptance of the amendments were proposed by Jeanette and seconded by Maureen.	JW/ MD	Terms of Reference
7	<p>Members Items:</p> <p>1) Evacuation of disabled patients in case of fire.</p> <p>Jo detailed the practice instructions and emphasised that the safety of patients is a legal responsibility which has been discussed before. It is the responsibility of all staff to follow the instructions, know where the affected patients are, and this information will be immediately relayed to the Fire Service on arrival, safe evacuation will be their first priority. This topic will not be raised again.</p> <p>2) Prescription items not on repeat list, can there be another section?</p> <p>Jo explained that items that are not on repeat need to be authorised by a doctor. They can be too numerous to include on a form, but there is an option on the online prescription to request specific items.</p> <p>3) Appointment reminders.</p> <p>Text reminders are always available on request. Staff can see whether the patient has a suitable phone.</p>	JG JG	
8	<p>Future Newsletter suggestions</p> <p>It was suggested that there could be an explanation of the acronyms in regular use. Also, possibly something about some of the terms used on test results.</p>	AR	
9	<p>Correspondence</p> <p>Email from Jane Marchant (NHS Humber and North Yorkshire ICB) was circulated, but it referred to a questionnaire regarding the last meeting that no-one was able to attend. Jeanette will try to attend the next meeting on 21st February 2024</p>	JW	
10	<p>Future Special Days</p> <p>There is nothing planned at the moment, but work will be done with the Social Prescribers to put a plan together.</p>	JG/ AR	

11	<p>Any other business</p> <p>It was reported that the external steps were not lit on the dark evening of Jan 9th. Jo will investigate.</p> <p>The question of privacy in reception was raised, screens and the radio make it difficult to hear and people have to raise their voice. The position of the microphones in the screens was described and the option is always available to write anything personal down.</p> <p>Thanks were expressed to Jo and Aly for all the work they do in preparation for, and as a result of, these meetings.</p>	JG	
12	<p>Next Meeting Dates for circulation:</p> <p>28th February 2024 2.30-4.00p.m. at Lawrence House. 10th April 2024 22nd May 2024</p>	AR	

Meeting Minutes agreed:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____