

**Havelock Grange Practice
Patient Forum Minutes
Wednesday 15th October 2014
17.00**



Present: Dr Acey, WH, JG, RK, EJ, Cynthia Neil, MM (Chair), RM, MS, MM & IC & MC

1. Apologies

BC, EC, PW, JY, EW, PW, LH, GP & Dr Eaton

2. Minutes of the Last Meeting

Agreed as a true record

3. Open morning – update

CN, on behalf of SM thanked the group for their gift on SM's retirement, they were very much appreciated by SM.

Arrangements for the open day continue, several members of staff are available to help organise tables. There will be tombola & cake stall and also stalls for healthy heart & lung, Epilepsy and tea/coffee as well as a medicines stall, provided by Susan Acey and Patient Forum table. All flu clinics for the morning are booked and the Practice expects over 300 patients to visit the Practice. MS enquired about the possibility of health checks being done during the morning but unfortunately due to staff sickness this service will not be available.

17:10 ST & LS joined the meeting

4. GP Items

- a. **GP opening – 7 days a week** – Dr Acey explained that this was discussed earlier in the year when Practices were given an opportunity to submit a bid which was to offer an increase in capacity, however this bid was rejected by the NHS England. From other Practices and their bids in Teesside however, NHS England approved 5 pilot schemes offering increased access the nearest being Darlington. Further funding made available by the Government has enabled the Practice to improve care regarding patients over 75years and those residing in nursing or residential home as well as introducing care plans for patients who are regularly admitted to hospital. MS raised concerns that the extra work will stretch Drs further. Dr Acey explained that the extra funding would allow the Practice to seek locums for the projects and or increase contact via telephone consultations.
- b. Concerns were raised regarding the 24/7 GP access which is being highlighted by press reports. Dr Acey explained that this idea is very much dependant upon Practices federating to provide care for patients, again this depends very much on funding and the Practice at this time is unsure of the timescale and again depends on Government elections. CN informed the group that a recent article indicated that the Federating idea would look to manage between 80,000, – 100,000 patients, which for the town of Hartlepool would include all town Practices. Dr Acey also stated that there has been a recent communication from the CCG (Clinical Commissioning Group) who are preparing to offer funding to ease winter pressures on hospitals, which would allow the Practice to provide 3 extra sessions, which maybe provided by existing GPs at the Practice. MS asked whether the Practice has considered complimentary therapy, i.e. acupuncture, aromatherapy instead of medication, Dr Acey stated that the Practice in the past had provided such services by a nurse but unfortunately there was little uptake and that MSK do offer acupuncture.
- c. **Closure of GP Practices – impact** – concerns were raised by several members about the impact that the closure of such Practices which have been reported in recent press articles could have on the Practice especially Brierton Medical Centre, and the continued pressure on access. RK stated that press reports had indicated that contracts have been extended for another 2years due to missing clauses in contract. MS highlighted that there is a meeting on Saturday, at the Marina re AMPS Practices. CN stated that the APMS are Wynyard, Fens & Hartfields which are being reviewed and that these Practices are funded a lot more than GP Practices, CCG have felt these be costly and are looking to withdraw contracts. CN felt that the CCG may put out to tender Wynyard & Fens as one contract however this would not prevent patients from registering with the Practice. Further concerns were raised as the capacity of Brierton re waiting room sizes etc, CN stated that the plans do allow for the expansion of Brierton but only for one further consulting room, the whole floor plan would need to be reconfigured.

- d. **Care Data** – Information regarding this topic is available via the TV screens at One Life and both sites have leaflets on display. MS raised the issue that elderly patients are confused regarding electronic prescriptions, who and where they are suppose to get them from. MM stated that unfortunately private companies are cold calling patients regarding the services and signing patients up, to which they are confused about what they are signing up too. Discussion then led to how such companies are obtaining patient contact numbers, unfortunately access to electoral rolls enable this type of cold callers.
- e. **GP on-line facility re medical information** - In addition to the current services available on-line (appts & prescription ordering) patients who have signed up to the service, will, by the end of March 2015 have access to see their prescription history and allergies.
- f. **Duty GP Service – emergency appointments** – Dr Acey clarified the process being used by GP's regarding emergency appointments – Duty GP receives telephone messages from admin staff once all appointments that day have been booked. The Duty GP then returns calls to patients and assesses whether the problem can be dealt with over the telephone or if they need to be seen face to face at which point the patient will be advised to come down for 11am, the same process applies to afternoon requests but patients are asked to come to the Practice for 4pm. However this said, several GP's work within this process but we have a few GP's who work slightly different, which does cause problems for the admin team. It was suggested by the group that it would be better to have a consistent approach for staff and patients, the Managers are aware of this and do try to encourage consistency among the GP team.

5. Staff

CN announced that the Practice had recruited two Practice Nurses Lynn Ballantyne & Nicola Caswell who will require training and mentoring with regards to the role of Practice Nurse. We also have a new full time admin receptionist who has replaced Wendy Spencelayh but on a temp contract with the aim of demonstrating that the increase in hours is of benefit to the Practice so that a permanent contract is offered. Dr Acey also announced that the Practice has two new GP Registrars, Dr Jayswal & Dr Mohammed and an F2 Dr Reeve.

6. Chair & Vice Chair roles

MM (Chair) announced that PW is unable to continue to be the chair for the group due to other commitments. MM therefore requested the group to look to appoint another Chair, which MM is willing support.

ST clarified if she could talk freely, which was confirmed, ST stated that in previous meetings she felt that she had been “shot down” and unable to express opinions or discuss issues in depth. It was also felt that when AE chaired, the meetings were more informal and preferred AE in this role. ST also stated that, she and LS were going to resign from the group tonight. MS stated that she had received training in the past regarding chairing and minute taking at meetings and also stated that there was no opportunity to speak freely and that it was the chairs responsibility to aim to ensure that everyone had the opportunity to speak, if this was their wish. Certain members of the group were also of the opinion that they were not able to put issues/items on the agenda and IC highlighted that there was not and item labelled “any other business” on the agenda. ST indicated that she felt there was too much on the agenda which has lead to meetings being rushed with no in-depth discussion being held. ST did not have a solution to these issues but did wonder whether meetings needed to be more frequent, i.e. little and often and that people should be given an opportunity to speak. ST felt that with PW chairing the meeting that the group had lost her valued input into discussions as she felt she bounced off PW during previous discussions and appreciated that chairing meetings will impact on being able to take part in discussions. JG concurred with the comments and also suggested that there be a section on the agenda titled “For information only” which then would not require any discussions. CN indicated that the group needed to be a “patient” lead group as directed Government documentation regarding PPG (Patient Participation Groups) and in fact in the future the group may not need Practice representation unless there was specific items needed Practice input, however this is looking to the future of what PPG is about. MS also raised the issue of a constitution, does the group have one, if so, can a copy be brought to the next meeting. MM (chair) stated that there needs to be a structured approach to the meetings via the chair which does unfortunately give a formal approach to meetings, which was seconded by RN who also stated that the “chair” has to take control. MS suggested extra-ordinary meetings or regular meetings in order to allow a more in-depth discussion. Dr Acey stated that AE was passionate about handing over and to encourage the PPG to more involved, EJ (new member to the group) also stated that the group feels more informal but that it needs to be to be productive. IM feels that there needs to be mechanism for inputting items on the agenda and also feels that 3months is a long time to wait to discuss issues over and above those on the agenda. Several members are aware that people are shy to say what they feel or get involved with discussions and they

feel that it is their responsibility to ensure that those who have not contributed are given an opportunity to do so.

EJ explained the need for a chair and that the group need to help those who are uncomfortable/shy of speaking up. EJ also suggested a heading on the agenda for "Patient Items" and that more meeting might be beneficial and sooner than the next meeting which is scheduled for January 2015.

MM (chair) therefore requested the position of Chair & V-Chair are put on the next agenda.

18:15 Dr Eaton joined the meeting & Dr Acey left the meeting

7. **Café 177** – MS produced leaflets for the group and encouraged the sharing of information which offers a free two course meal to >55year olds on Tuesdays and Wednesday offering a social gathering, support, please book in advance. Literature also available re Stoptober.

8. CCG Commissioning Intentions – For Information Only

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) would like to invite local people across from across the community to get involved and contribute towards the development of 'Commissioning Intentions' for local health services.

The CCG is hosting two events and would like to encourage people to come along.

The events are:

Friday 10th October 2014, 10am – 12noon at Stockton Baptist Tabernacle, The Square, Stockton-on-Tees, TS18 1TE

Friday 17th October 2014, 10.15am – 12.15pm at Hartlepool Maritime Experience, Maritime Avenue, Hartlepool, TS24 0SX

Commissioning intentions is a discussion on what the CCG plans to do to improve NHS services in the coming year, using a set timetable to ensure it achieves what it has set out to do.

Topics of discussion include;

- CCG commissioning plans
- Out of hospital care
- In hospital care
- Health and wellbeing
- Learning disabilities
- Adult and children's mental health

Places are limited so please book in advance to avoid disappointment on the day. You can e-mail the CCG at mynhstees@nhs.net or call on 01642 745019. If you require additional support at these events, e.g. wheelchair access or sign language interpretation, please let the CCG know at the time of booking.

9. GP Practice Information

a. Simulated surgeries – Dr Eaton explained that the Practice continues to support teaching of students, registrars etc and is soon to be involved in supporting GP struggling with the requirements of General Practice. Dr Lawther in his previous Practice was involved in providing support for GPR's struggling by providing simultaneous surgeries which require the involvement of patients. The Practice does have a cohort of patients who are contacted to help with student sessions and it is hoped that these patients will also help out in the simulated surgeries. MM explained that there will need to be a teaching session for patients involved as they are not expected to reveal all that is wrong but to wait and be asked, so as to assist the GP with extracting information by means of questioning.

b. Better care for patients – discussed earlier

c. Unplanned admissions – discussed earlier

MS asked if alcohol was acceptable for the tombola stall, as the Post Office are wanting to donate wine, CN confirmed it was as we already have several bottles. MS requested that the poster is emailed so that she can pass to the Mail etc.

RK asked how he could request agenda items for future meetings? MM (chair), PW had previously given out information and CN suggested that people might in the meantime want to inform the Managers.

10. Date of the Next Meeting

It was agreed that in light of recent discussions the next meeting is to be held on 19th November 2014