

**Havelock Grange Practice
Patient Forum Minutes
Wednesday 12th February 2014
17.00**



ATTENDANCE: PW (Chair), MM (Vice Chair), CN (Practice Manager), SA (GP), AE (GP), JG, MC, IC, RM, WK, AT, MC, GP, MS, WH, JY, EC, BC, LS, ST

1. Apologies

GM, EW, PW, HM & MM (Practice Manager)

2. Minutes of the Last Meeting

One minor change the word 'to' changed to 'from' regarding the transfer of pathology from North Tees.

3. Matters Arising

a. Practice Survey

Results for discussion (posted with last minutes)

Patients are very happy with the delivery of medical services from the practice.

b. Services moving from Hospital to One Life – BP has requested KH to feed information to practice – no information received. This for information only but CN will in the next Practice Manager Group Meeting request any further information that is available from Karen Hawkins and will feedback to the next meeting. AE suggested that some of the delays could be because the service changes have not been made available on Choose & Book.

4. Electronic Prescription Service – presentation of new service by LF

LF gave the group a comprehensive view of the new Electronic Prescription Service which the practice goes live with on Monday 17th February 2014. He explained that the process is smoother and safer, providing a more efficient form of information between the GP Practice and Pharmacy and reduce the use of paper. It was highlighted that requesting of prescriptions will remain the same and that if a patient chooses to use the new system they will nominate a Pharmacy of their choice (each patient can only nominate one Pharmacy at a time, except if they also receive items from an Appliance Contractor {e.g. for stoma care products}). This is best organised via the Pharmacy and the patient can choose to change their choice at any time. The new service will have big improvements for Repeat Dispensing (e.g. patient given a batch of prescriptions that last for six or twelve months). The government has an aim for all prescriptions to be electronic by 2018. A group member asked if this was a cost cutting exercise, it was explained that this is cost neutral taking into account paper/staffing efficiencies. A member raised concerns that appropriate checks for individual patients would not happen with this new system, thinking that patient's prescriptions would be just re-authorised and send electronically to the Pharmacy. It was explained that individual appropriate yearly/half yearly checks would still take place and be organised before re-authorising and re-issuing of prescriptions. Scenarios were explained how this could help patients when they are in another part of the country or on holiday although this service is only for England and not for Scotland, Wales or Ireland.

The Chair thanked LF for his attendance and input.

5. Terms of Reference

A group member raised the issue that not all the minutes for this year have been updated on the website. The practice agreed that this would be corrected although for patient confidentiality reasons the published minutes will only have attendees' initials.

The group discussed the document for approval.

The following were agreed;

Membership (final paragraph)

The last sentence will have the addition “without apology” added.

Meetings

It was agreed that as there is no notice board facilities in One Life. A booklet will be put in the waiting area which will contain dates of meeting and the published minutes (anonymised).

Quorum and Decision-Making

This was accepted.

Discussion took place as to the production of the minutes and future agendas. The Chair explained that the plan was to send out the minutes and agenda for the next meeting approximately two weeks in advance of the meeting. This is to aid as a reminder of the date and allow everyone sufficient time to consider the information and discussion points.

A member raised the question as to who the group should be reporting to. It was agreed that this was the GP Partners of the Practice. The minutes will be sent to all Partners once approved and the GPs and Practice Managers in attendance will report back to the Partners at their weekly held Management Meeting.

The Terms of Reference were agreed and approved and amended copy will be accompany minutes.

6. Patient Care Data

There was a long discussion about this item. There were grave concerns raised regarding the need for this information as the member felt that it was possible for the Government to access this information from other data sources. It was re-iterated that this is totally separate from the Summary Care Record which was put into place in previous years.

There are two areas for patients to opt out from and this is their choice. **The data extraction will take place at some point after April, so patients are advised to inform the practice of their wish to opt out by 31st March.** The initial part of the data extraction will send information to NHS England to help shape, design and ensure funding levels are adequate for different areas of care and services. They in turn will give information to bodies outside of the NHS for use in research and development etc.

The practice has information leaflets in reception, on the television screens and also the Practice website. It was commented that the practice had provided one of the group members with a form to declare their wish to opt out and from attending another meeting he was aware that not all other practices are providing this.

7. Communication

- a. Appointments – changes from w/c 3rd March 2014. CN gave an overview of the changes and increase in appointment availability with the new system. An explanation was given about the development of triage by the Duty GP and the change to emergency issues being dealt with 11am and 4pm by the Duty GP. It was explained that there are always exceptional circumstances that can happen (e.g. several late home visits on the afternoon) that would require the other remaining GPs on duty to help out. Some members of the group raised their concerns and support for the GPs as to whether this was manageable from a safety perspective of deliver of service to the patient and indeed the GP's own well being. The practice re-iterated that they would be monitoring the situation carefully, planned to review the system in 6-8 weeks from the start date and make changes as appropriate. The meeting also discussed the

frustrations felt by all parties and the need to ensure and how the Practice were aiming to try and provide continuity of care whilst using other methods of consultation (e.g. e-mail, telephone consultations etc.) The group concurred with this and agreed that they would also review this at the next meeting.

- b.** Salaried GP – SA explained that in early March we had a very experienced GP joining the practice who will work three sessions per week. It was explained that he is also a GP Trainer and that eventually this would also allow the Practice to have another GP Registrar attached. A group member asked if these potential new appointments were part of the increased capacity discussed in item 7b. CN confirmed that these were over and above.
- c.** Appointments – GP daily availability (information for patients) CN explained that the practice is currently having this information converted for the TV media and this will appear on the screens in March.
- d.** Extended Access LIS. Practice team members gave an explanation of this current new service which ceases after 29th March 2014 to help ease the winter pressures on the National Health Service. The practice site at Earlsferry Road currently opens 9-12 each Saturday with one GP and Practice Nurse offering appointments. Since January and up until 29th March 2014 the site will be open 8-1 with an extra GP offering 20 appointments between the 8-1 time frame. These appointments are only bookable from 12 noon the previous day.
- e.** Customer Service – secret shopper. The group concurred that they are very happy with the service provided by the administrative team with exception of a small minority. The idea of using “secret shopper” scenarios were put to the group and whether they could help with completion of this. The group agreed to help with this. The Practice will develop some scenarios, distribute them to the group and the group will complete these when they are able in the normal course of their communication/visits to the Practice. The group re-iterated that it is very helpful if all team members had name badges. CN confirmed that this expectation had been raised with the team in a training session that afternoon and would also be raised for the GPs in their weekly meeting next week. It is hoped to receive more positive feedback for the team to focus on from this.
- f.** Prime Ministers Challenge Fund. (The following also covers item 8a on the agenda) SA gave the group information of the 50 million that is available to Practices’ to come up with initiatives to ease the pressure on Secondary Care Services, and improve access (e.g. 8-8 opening, 7 days per week). The group were informed that the practice needs to put in an expression of interest by 5pm on Friday 14th February, there is then a very short deadline and expectation that the extra services will be delivered from May 2014. It was explained that BP, IA and YH are leading on this and would eventually like to meet with the group to help with any potential full bid. In the interim the leads have requested to meet with the Chair & Vice Chair before the deadline on 14th February. The group agreed to this taking place and is being organised. It was also explained that the initiative must after the first year be self-funding, e.g. from savings in admissions and referrals etc. The group expressed concerns about the issues of the current GPs being over-worked and whether the need to reduce admissions and referrals etc. would impact on patient care.
- g.** Transparency. The group raised this as they stated they had been told in one meeting that the Practice were employing a salaried GP for six sessions. In the next meeting they were then told that the GP had now turned down the offer but that the Practice did not believe they could now afford another appointment. AE stated to the group that they should not believe all that is written in the press about the salary of GPs and that is very different. Indeed Practice income has reduced this is because of the change to funding streams and loss of Practice income from looking after the patients who reside in Brierton Lodge (this facility is now a Nursing Home). It was explained that in the future there are plans to publish GP pay. SA & AE stated to the group that were very open and honest and that if the group had any queries they should ask and they would endeavour to provide information/answers.

- h. Clinical Information – website to be updated to explain all National Enhanced Service (NES), Direct Enhanced Services (DES), Local Enhanced Service (LES) and Local Improvement Services (LIS) – this is work in progress. Information only
- i. Travel Arrangements to North Tees General Hospital – information available via Hartlepool & Stockton CCG website – Publications www.hartlepoolandstocktonccg.nhs.uk . Information only – suggestion that information be put into leaflet as to how to get to North Tees.

8. Future

- a. Expectation/planning for 08:00-20:00, seven days per week opening. (please refer to item 7f)
- b Open day. There was a suggestion from the group that an open day be organised to meet the staff. CN suggested using “flu Saturday 9-12”. The practice could look to organise for all staff available and in attendance. The idea would be to split the teams and have some completing the injections etc. and the others in the waiting area meeting/communicating with patients and then to swap over half way through the morning. CN also explained that the administrative team work very hard throughout the year fund raising for the “Wear It Pink” campaign. It would suggested that cakes, coffee and perhaps a tombola staff could be set up to increase fund raising and aid interaction between patients and staff. It was agreed to try and take this forward and that perhaps a sub-committee could be set up to help with the organisation of such an event.

9. AOB

- a. The Chair informed the group that she had invited SA, Practice Pharmacist, CB (Healthcare Assistant) to discuss their role within the Practice Team. CN stated that during training this afternoon a member of the Reception Team had also expressed an interest to attend. Invitations will be sent to all three to attend the next meeting.
- b. A member of the group asked about students being with GPs and they being given that information on attendance for the appointment so they had the opportunity to decline without being face to face with the student. Ideally this permission should be sort at Reception, however self-patient check in does prevent this taking place. SA agreed to request that the GPs go to meet the patient in the corridor, allowing them to seek permission and then request the student to leave if this is appropriate. This was agreed by the group.
- c. A member asked about the Government statement that next year all patients over the age of 75 would have a named GP and what did the practice know about this. AE stated that the practice was fully aware of this and it part of the Quality and Outcome Framework for next year. The Practice has taken the initiative this year and has already got named GPs for those patients who are designated as being housebound or reside in a Nursing or Residential Home. However the Practice knows that they still have 923 patients over the age of 75 who will require a named GP. AE & SA asked the group if they had any ideas how we would achieve this without potentially upsetting a patient because the Practice had chosen an unfavourable choice for the patient. The group suggested that this was done in conjunction with the patient at their annual review. This will be considered by the Practice.
- d. Discussion took place about the timings of these meetings. There had been suggestions of 7pm and 6pm starts. However the group agreed to leave the start time as 5pm

10. Date of the Next Meeting

Wednesday 14th May 2014 at 1700 – to be ratified at the next meeting