

Heathgate Medical Practice
Patient Reference Group (PRG)
Minutes of a meeting held on Tuesday 9th June 2015

Attendance

An attendance list was created with apologies from various members beforehand. There were 11 attendees from across the Practice area.

Doctors Wallace and Mr Whiting were in attendance from the Practice.

An agenda was created with both Practice matters and items raised by the PRG beforehand.

Mr Whiting acted as facilitator and thanked everyone for coming.

Age UK Norfolk

Eamon McGrath attended from Age UK Norfolk and gave a presentation outlining the services that the organisation now provides out of the Poringland Practice on Tuesday mornings.

He described the different services that are on offer to patients, their families and carers and gave examples of the successes Age UK Norfolk has seen across the South Norfolk CCG area since the service in Primary Care has been commissioned.

He explained how referrals are made to the service; either via the Practice clinicians or direct to the Practice reception team.

There is no charge for the range of services that Age UK Norfolk offer but Mr McGrath did explain the voluntary donation that can be made for some services such as Power of Attorney.

Mr McGrath answered various questions about the service and whether it would become available out of the branch surgery at Rockland St Mary. Mr Whiting confirmed that like other services, patients registered at Rockland St Mary can see the Adviser in Poringland, although it was possible for her to base herself at Rockland St Mary surgery one Tuesday morning if there were sufficient appointments booked.

Members of the PRG who also belong to other organisations and committees in the Practice area were asked to spread the word about the new service.

Mr McGrath was thanked for attending.

Practice Survey

Mr Whiting explained that unlike in previous years, the Practice was not contractually required to complete a patient survey this year as this had been replaced with the national Friends and Family Test which since December 2014, had been extended to Primary Care.

In the past, the PRG has been very supportive in helping us create the annual survey and with last years 'Send us a postcard campaign', we had our highest ever number of responses.

With this, the Practice were keen to hear members views on still running a second campaign similar to last year's postcard exercise. There was overwhelming support for this, with just one change.

We agreed to use three of the same questions as last year (waiting times, appointment times, obtaining urgent medical care) but replacing the fourth around additional services to a question on DNA rates (see later).

Each postcard would still contain the same opening question about the overall satisfaction with the service provided by the Practice.

A PRG member suggested a different colour card or a slight redesign to reflect this is the second year of the survey. Agreed.

Friends and family results

Mr Whiting shared the 6 months data for the Friends and Family Test (FFT) which the Practice is undertaking. Members were reminded of the background to the questionnaire and how it is being delivered in Practice.

PRG members commented on the low response rate across the 6 months; just 73 responses in total from both sites, of which 90% of respondents suggested they were either likely or extremely likely to recommend our services to friends and family.

The personal comments from February were shared demonstrating both positive and negative feedback. Where there is a comment that needs following up, providing the patient has chosen to leave their contact details, we are contacting the respondent.

A PRG member asked if we had a targeted number of responses to achieve and at the moment there is not. Practice representatives were also asked how we were promoting the FFT with patients. They were advised of the posters, boxes and banners in our waiting areas and the prompts on our Practice web site. Mr Whiting confirmed that the results to date and comments from each month are published on our web site too.

Further updates on responses (rates and comments) will follow in subsequent meetings.

Named GP for all patients

Members were asked for their opinion and support on a stance the Practice proposes to take with this new contractual obligation.

By 31st March 2016 the Practice needs to have advised all patients of their named accountable GP, with a decision made by 30th June 2015 of who this will be.

The named GP notification follows a similar requirement of notifying patients aged 75 of their named GP last year.

Mr Whiting explained that at the moment patients already have notification of a registered GP, although since the latest GMS contract was introduced in 2004, they have been registered with 'the Practice' and not a specific GP.

Members recognised that we do not work to personal lists and in some situations they may wish to see different GPs for different situations.

A communication advising patients of their new named GP was felt would potentially confuse them and PRG members asked exactly what this meant and questioned the need for the communication at all; particularly when if patients wish to see a specific GP they will ask to.

Dr Wallace did explain the value of continuity of care with one GP in some circumstances and members acknowledged this.

Members agreed to the proposal presented by Mr Whiting, that as with our patients over 75 years of age, we would make a statement in Practice, on our website and in our next newsletter that our patients named Accountable GP would be their current Registered GP, although they could request this is changed if desired. The communication will also remind patient's that they can see the clinician of their choice at any time.

Members overwhelmingly supported this stance and felt that the wider communication to each patient would be costly and was partly a political statement without any real benefit to patients.

DNA presentation (Did not arrive)

Mr Whiting presented via PowerPoint the results of an audit undertaken in Practice on DNA rates – i.e. those patients that did not arrive for their appointments without cancelling or notifying us first.

Members were astounded by the number of appointments that were not kept; 163 for May, which equates to 27 hours of clinical time.

There were some very strong member views about how we should handle this, which Mr Whiting confirmed is an increasing trend compared to our DNA rates in the past.

Members felt that we should consider addressing the issue by telephoning them, writing to them or even charging them. He explained that we are prohibited from the latter. The former were acknowledged but it is the time in completing these exercises, against lost clinical time.

We spoke about using text confirmations and reminders of appointments and Mr Whiting explained that whilst we currently offer this service, the NHS funding of this service to IT suppliers will end on 30th September 2015. We are currently awaiting information from NHS England about replacement options (IT options and funding) beyond that date.

Other suggestions from members included writing to them after three missed appointments and prompts on the letters/appointments cards with something like 'If you can't keep your appointment tell us'. Mr Whiting agreed to speak with the Practice IT system provider to see if this can be included on appointment cards that are printed for patients.

The Practice plans to cover this issue with an article in the summer newsletter and include a regular poster in the waiting room around lost appointment time because of DNA's.

Members asked for an update at the next meeting on the number of DNA's.

Dr Wallace also explained the monthly safeguarding review we undertake associated with DNA's.

South Norfolk CCG Patient Reference Group Meeting

Two of our members attended this meeting in Attenborough recently following the invitations sent to all members. There were mixed views about the event which really focused on understanding finance in the NHS locally.

Both attendees gave their feedback to the group about the quality of the presentation, the speakers, the content and the location of the meeting.

This included the feeling that the meeting was rushed and may have just been an exercise to allow the CCG to say they have consulted with the public on some of the likely financial challenges that it faces over the months ahead.

Views also included the over complication of the presentation, its length and no option for feedback.

Mr Whiting agreed to gauge opinion from the Managers at other Practices on their representative's view of the session.

Member's questions

Prior to the meeting, members were asked for items/areas for discussion ahead of the meeting. One member asked a specific question about medication reviews, which was answered face to face beforehand and two members asked about the political commitment at the General Election to deliver seven day opening.

Dr Wallace and Mr Whiting explained that at this stage, whilst acknowledging the manifesto commitment by the new Government, we have received no further details from NHS England. It was probably still too early, although there are some pilots operating in other parts of the Country.

It was acknowledged that this would be a challenge to deliver without a vast investment in Primary Care, as moving clinicians and sessions to weekends without additional investment would mean that week day services could have to change.

Members had wider views about how things could work with shared Practices and group working and this may be an option in due course.

Mr Whiting agreed that as soon as any information was forthcoming then this would be discussed at a PRG meeting.

Chair of the meeting

Again, in the invites to the meeting, members were reminded of the desire for the meetings to be chaired by someone other than a Practice representative. Two members had contacted Mr Whiting prior to the meeting about this.

Mr Gowman offered his Chairmanship of the group and he provided a brief outline of his background, his current involvement in the Norfolk and Suffolk Mental Health Care Trusts 'Sing a heart out' and his Vice Chair role in 'Menshed' – a local charity where men meet to socialise and take part in practical activities.

The group welcomed this offer from Mr Gowman and Mr Whiting agreed they would meet to discuss how the two could work together to develop the group so that it continues to support the Practice in an ever changing health care arena.

Subsequent to the meeting, one of the other members, Mr Drew agreed to be a critical friend of the Practice if we needed a view on Practice related matters; a change in services, a new policy or such. This was also welcomed.

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