

**Heathgate Medical Practice**  
**Patient Reference Group Meeting**  
**Minutes of a meeting – 6<sup>th</sup> September 2016 at 6.30pm**

This was a pre-arranged meeting for both existing and new members of the group. Invitations were sent to all members and posters promoting the meeting placed in our waiting rooms and on the website.

This meeting was Chaired by Mr Henry Gowman, who had met with Mr Whiting ahead of the meeting to brief on some of the matters on the agenda.

**Welcome and apologies**

Mr Gowman welcomed attendees to the meeting, particularly those attending for the first time.

11 patients were present, which is the smallest number for a while. There were 6 apologies received on the day from patients who had initially indicated they were attending. An attendance sheet was completed.

An agenda was shared and the meeting followed a series of slides that were prepared ahead of the meeting and are available alongside these minutes.

**Updates from mast meeting**

**DNA rates** - Mr Whiting updated members on this frustrating situation, which continues. The Practice still monitors rates of non-attendance of booked appointments and flags this with patients via the website, newsletter, banners in the waiting room and on the waiting room TV.

The August data shows 27 hours of clinical time 'lost'. Mr Whiting explained this was like having Dr Wallace in his room for nearly 4 days a week seeing no patients!

As requested at the last PRG meeting, we wrote to every patient who did not keep an appointment in March and April. 408 letters were sent, from which 3 patients made contact to apologise or explain the circumstances around not attending. This exercise cost both time and money and so stopped after two months,

Members were very frustrated with this ongoing situation and were of the opinion that the public should value the NHS differently and felt the Clinical Commissioning Group (CCG) could get behind a public campaign to reduce this problem, which Mr Whiting knows from colleagues in other Practices is a problem for them too!

For safeguarding reasons, we continue to follow up children/young adults under 18 who do not arrive for their appointments.

**Mr Whiting agreed to speak with the Public Relations Team at the CCG.**

**On line records** - Mr Whiting thanked those PRG members who acted as 'guinea pigs' around reviewing their medical records (coded entries) on line before all patients were able to request such access from 1<sup>st</sup> April 2016.

The exercise had shown how patient's expectations/interpretation of the coding of clinical records was different to the actual coding process.

To date, the Practice has had just a handful of applications from patients to review their records online.

**Dementia Education evening** - Dr Wallace, Mr Whiting and the Chair reported back on the success of this event, co-ordinated by PRG member Mrs Ruth Perfitt. There were 20 attendees (a mix of patients, carers, support organisations and health professionals).

The Alzheimer's Association was in support.

An action from this was to become a Dementia Friendly Practice and Mr Whiting reported on his recent attendance at the Norfolk and Suffolk Dementia Alliance workshop on developing a Dementia Friendly Practice.

**New team members** - Names to faces – Dr Amy O'Connell and Catherine Smedley (Practice Nurse) were introduced by photo image.

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### **Medication Waste**

Several members of the PRG attended the recent CCG event on medication waste.

The NHS Norfolk and Waveney 'Open the bag campaign' was shared with members along with the county wide wastage figures:

- £4.7M wasted medications in Norfolk and Waveney.
- £1.69M returned simply not needed.
- £1.41M in homes out of date.
- £0.78M disposed of in care homes.

Mr Whiting shared evidence of unopened boxes of medication returned to our Practice in June. We collected these items for a month and costed them.

- 106 items, which for the year amount to approximately £18,000 per annum just for our Practice.

This does not include the returned part open boxes.

Members supported the 'Open the bag campaign' and asked that we made every attempt to check with patients whether they really need to order all medications every time – such as creams and pain relief used as and when needed. One member suggested a 'returns amnesty' to promote wastage.

### **Prescribing changes**

The slide on this subject outlined the Practice annual drug budget and the amount we are required to 'save' or 'reduce' this by during the current financial year, to help the CCG keep within its NHS budgets.

Reducing wastage will help this but Mr Whiting and Dr Wallace outlined the areas of prescribing changes that are to be introduced by the Practice.

Members agreed fully with the idea of changes where there is a like for like drug that could be 'switched' to save money, with a letter to patients explaining this but where there is a change in medication to bring about a cost reduction, a face to face consultation was deemed to be appropriate.

Members did challenge why when the national 'fairshare' budget allocation for prescribing at our Practice is not exceeded why we are still asked to 'save' money. Mr Whiting and Dr Wallace explained some of the challenges the CCG has in balancing its books and the projected gap between likely spend for the year and NHS funds available in South Norfolk.

### **Military veteran's protocol**

Mr Whiting explained the Healthwatch Norfolk military veteran's protocol that had been adopted and introduced at our Practice.

The main principle behind this was to collect details of patients who are military veteran's so that this information can be included in referrals to other healthcare providers where they have the ability to prioritise care for this group in specific clinical areas (audiology, orthopaedic and mental health – PTSD).

Members endorsed and supported the adoption of this policy.

### **New protocol – urines**

This is a new protocol introduced in Practice to address the increasing number of patients simply dropping in urine samples for 'dipping' (this term was explained). The latest evidence suggests that dipping can mask some illnesses when perhaps there are other symptoms that should be discussed.

From 1<sup>st</sup> September, all patients who believe they have a urine infection (based on symptoms), will be seen by a clinician in Practice, rather than a sample just dipped (tested) for its content (such as protein, bacteria, infection or blood).

Members supported the clinical reasons explained by Dr Wallace for this change.

### **Dementia Friendly Practice**

Last week, Mr Whiting attended a 'Dementia Friendly' workshop facilitated by the Norfolk and Suffolk Dementia Alliance.

This session saw a number of local Practices hear first-hand how we can support patients with Dementia or memory problems with day to day aspects of general practice. We discussed some of the Dementia Friendly 'best practices' that could be introduced in our Practice.

The Practice is to conduct an audit and share amongst the team an excellent You Tube video around how a Dementia patient was treated during a health appointment. It has good, bad and very bad examples to use as a learning tool.

### **Patient views**

The PRG has in the last 2 years helped design our annual patient survey. With the ongoing national friends and family test questionnaire (FFT), PRG members were asked if this was still necessary.

Mr Whiting walked through the results of the FFT for the 12 months ending 31/3/2016. This saw 93% of those asked confirming that they were either likely or extremely likely to recommend our service to friends or family.

One of the comments against an 'unlikely' response was shared. The patient suggested he would not recommend us to others as it would put more pressure on the service he is lucky to have!! A back handed compliment.

However, Mr Whiting asked for views on a consultation that we would like to undertake with patients and how this could replace a survey. We currently accept requests for repeat medication by telephone, which can cause safety concerns. Examples were given. To date there have been no serious issues or errors but there have been some misunderstandings around some medication requests made. In the 5 days preceding the PRG meeting, 300 orders were placed by telephone.

It is difficult to ascertain what proportion of patients this is as some were only ordering one or two of a number of items on repeat and may ring us more than once a week. There is an educational need here with patients about linking their ordering.

Members felt this would be a tricky change to introduce but were supportive of a consultation. Mr Whiting is proposing a questionnaire is handed to all patients at the Flu clinic for return over the subsequent 2 weeks. This was supported.

There would be two questions: one around which options patients would use to place their medication requests if we withdrew the telephone ordering service for safety reasons and a general satisfaction question on our service

### **Accessible standards**

The NHS has published its Accessible Information Standards Guidance which requires all Health and Social Care Providers to offer a range of methods of communicating with patients.

This involves collecting data on how patients with a disability or sensory loss receive information from the Practice.

We already offer:

- Large font letters
- Larger font and different background colours on our website
- We have a hearing loop
- Text messages
- Appointments in writing
- Larger labels on medication
- By E Mail
- An interpretation service

There are some other types to consider including leaflets in braille and this is something that a group of Practices are getting together with the CCG to discuss.

PRG members felt that we were already providing a number of options but understood the need to collect patient preferences to comply with the new standards.

### **Questions from patients**

Dr Wallace and Mr Whiting answered the following questions from patients, which were submitted before the meeting.

Slide 1 of 3



- \* At the meeting, I would like to raise the matter of the cost of contacting patients and how this may be reduced.
- \* Please can we discuss all the new homes being built and how this would affect availability of appointments.

Slide 2 of 3

## Questions from patients

- \* An issue which is being largely ignored by the media is the proposed changes to the operation of the NHS. Mrs May says 'fairness for all', Mr Hunt says nothing and the proposals are in fast track and stealth mode. What has leaked out on social media sounds dangerous to all and another step to privatise the health care system? Our NHS is an iconic achievement envied by the world, that is being attacked by the politicians who appear to be hell bent on prepping the NHS for selling off to the highest bidder. Do you have any information on the proposed changes?

Slide 3 of 3

## Questions from patients

- \* What is happening with 7 day opening?
- \* I would like to raise the age lottery of shingles vaccinations. Is this a national restriction based on allocated funds and to what extent do local commissioning groups have the ability to vary such restrictions.
- \* What effect will the Junior Doctors strike have on services?

Mr Gowman thanked everyone for their contributions to the meeting and suggested the next meeting in early December.

Members still remain available to meet with the CQC when we are inspected.

Garry Whiting  
Managing Partner  
8<sup>th</sup> September 2016