Patient Participation Group Meeting

Date: 3rd November 2014

Present: Mr B; Mr M; Mr W; Mr C; Mrs S; GP – left before the meeting ended; Practice Business Manager; Administration Assistant (minute taking)

Apologies: Mrs M; Mrs C; Mrs G; Nurse Practitioner

**Minutes of last meeting**

The minutes of the last meeting held on Monday 23rd June 2014 were agreed as a true record.

**Matters Arising**

None

**Doctor Call Back**

Practice Business Manager asked the group for their feedback, Mr B had used Doctor call back and found it very good, the rest of the group concurred that in their experience the new system was working well. GP explained that that practice was finding this a more efficient way of working, with more GP to patient contacts taking place; this was sustained by the statistics from September and October which were presented to the group.

It was queried whether the reception team had found they were receiving more calls, exact comparison figures were not known, however reaction from the team was that they were happy with the changes. Questionnaires are now being distributed to patients to enable the practice to review a wider range of opinions.

Mr M voiced his concern that symptoms may be missed when speaking over the telephone, GP responded that all GPs take this limitation into account when discussing problems with patients and would always ask them to come to surgery to be seen if there was any doubt. The Doctor call-back scheme is not intended to be a barrier to being seen.

As feedback from both staff and patients appears to be positive it was proposed that the pilot scheme is continued into the autumn and winter when the surgery tends to be busier.

**Practice Update**

* Dr Farrelly has joined the practice team; she was a GP Registrar at Ferrybridge approximately 3 years ago and is now a Salaried GP. She will be working at Park View to cover absences and will provide an additional female GP.
* It was noted that the large trees in the staff car park will be cut down in the next few weeks.
* Mr B highlighted that he had recently been referred by a GP in the practice to see another practice GP. When he attended for his appointment the GP he had been referred to asked him why he was there, Mr B felt that the GP should have been aware of why he was attending and queried whether GPs routinely read patient notes before consultations. GP replied that GPs do refer to patients notes before the patient enters the room; asking the patient why they are there is a standard opening line for most GPs and it can also be useful for the GP to hear about the problem in the patients own words. Mr B was satisfied with this explanation.

The group agreed they had discussed all relevant matters with GP and were happy for her to leave.

**Numbering of Consulting Rooms**

Mr B reported that when he had attended for an appointment recently the call-in (Jayex) board stated the nurse he was seeing was in room 4 however she was actually in room 1. It was thought this may be a computer programming error and it would be looked into further and the outcome reported at the next meeting.

**Restructure of Information on Prescription Information on SystmOne**

Mr B asked if the regulations regarding Controlled Drugs and the Electronic Transfer of Prescriptions could be clarified. It was confirmed that prescriptions for Controlled Drugs cannot be sent electronically to the pharmacy they must be printed and collected from the practice; however, it does not have to be the patient that collects the prescriptions they can request that the pharmacy collects it for them.

**Online booking of Nurse Appointments**

Mrs S queried why patients are unable to book nurse appointments (except for diabetic appointments) online. Practice Business Manager explained that because of the differing skills the various nurses have, making appointments available for online booking will likely result in appointments being booked erroneously, resulting in less efficient use of nurse time. Due to the limitations of the online booking system it is not possible to list each nurses skill to aid patients in booking the correct appointment, it is hoped this development may be introduced in the future. Mrs S suggested the Nursing team be informed of this as when she had inquired they had been unaware of the reason.

**Anticipated effects of Government proposals (extended hours & funding)**

Following recently announced Government proposals Mrs S and Mr W had asked for an update on how the practice felt it would be affected by both the forthcoming extended hours and prospective budget cuts.

Practice Business Manager explained that the extended hours provision will likely involve groups of GP surgeries working together to provided the additional opening times so rather than a patient seeing their own GP at their own surgery they will be able to see a GP at a central location during the supplementary hours. It was queried whether access to patient records will be available to all GPs taking part in the scheme, it was confirmed that it will but only if the patient has consented to this sharing. Attaining consent from patients for this form of record sharing is ongoing.

Practice Business Manager advised that the £3.8 million district wide reduction in funding which has recently been announced will not affect the practice due to the contract it holds with NHS England. This is an aPMS contract which is outside the current review.

The Prime Ministers Challenge Fund was discussed, this project awards money to enable brand new initiatives in healthcare to be implemented. A group of GP practices in the south of the Wakefield District was successful in bidding last year. The next phase of the project was announced today, further details will be reviewed at the next meeting.

**AOB**

**Patient Online** – It will be mandatory from 31st March 2015 for practices to allow patients online access to a summary of their medical record which will include the current medication and listed allergies. The practice has already launched this service (although without publicising it as yet) and the group was asked to try it out and report any issues they felt should be raised (see attached for directions). The group reported that they were in general extremely cautious of any online activity and would like to know what they security standard is. It was understood that access was through SystmOnline as is online booking however Practice Business Manager would ascertain what security measures are in place and report back.

**Friends and Family Test** – Practice Business Manager briefed the meeting on the new ‘Friends and Family test’ which is being introduced for all GP surgeries nationally. This two question survey has one mandatory question ‘How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment? With the possible answers ‘Extremely Likely; Likely; Neither likely or unlikely; Unlikely; Extremely unlikely; Don’t know’ along with a second question which can be chosen by the practice. Park View will be asking ‘Please can you give us a reason as to your answer above?’ Responses must be reported to NHS England on a regular basis and this scheme will be widely promoted.

**Patient Survey** – Mr B reported that when visiting his Dentist he had noticed they displayed their survey results as multicoloured pie charts which he felt was an effective way of communicating the data. It was agreed this was something the practice could do in future. Discussion ensued regarding the annual patient survey. The group felt this was a beneficial exercise and they would like to carry out a survey this year. A copy of the previous years survey would be distributed with the minutes and comments and suggestions invited by email or telephone. A draft version of the updated survey would then be brought to the next meeting for any final changes and approval.

**Dementia Screening** – Mr M enquired as to the practice’s viewpoint on the proposed additional payment for Dementia diagnosis as the group felt this was open to fraudulent claims. Practice Business Manager replied that this would be a clinical policy decision to be agreed by the partners. He said he felt that it was unlikely screening would be aggressively pursued, it was anticipated the number of diagnosis would not change significantly.

**Waiting Room** – It was highlighted that there are now a large number of posters and information leaflets in the waiting room. The group acknowledged that many of these contain useful and relevant information, it was felt however that the waiting room looks a little cluttered with posters on the walls as well as the noticeboards. Practice Business Manager and Administration Assistant would remove any out of date information and tidy the remaining.

**Next Meeting**

To be confirmed (before Christmas)