

St Paul's PRG Meeting
19th February 2015

PRESENT

Dr C Scott, (CWS), Mrs A P Bagot-Moore (APB), Mrs T Swift (TS)
Mrs E Bramwell (EB), Mrs B Rigby (BR), Mr M Entwistle (ME), Mr D Parsons (DP), Mr P Vivian (PV), Mr C Norton (CN), Ms C Adams (CA)

APOLOGIES

Mr J Waters (JW)

Item	Minute	Action
15/SPG/01	<p>Minutes and matters arising</p> <p>a) <u>PPG Network</u> – APB met with Helen Kay from the Forum (Network) to get a better understanding of how the group works. Helen confirmed that the CCG Lay Member currently chairs the meeting, along with a member of Healthwatch. This was agreed by the group, none of whom wished to stand as chairperson. Although the chairs set the agenda, members are very welcome to ask for items to be added to the agenda or to raise issues through Any Other Business. The main stumbling block for patient representatives from the north is the lack of a local venue. The group is willing to alternate between north and south if a suitable venue can be found. Venues must be free of charge and accommodate around 20 people. The following suggestions were put forward: APB – large meeting room at Moor Park (need to check capacity) CN – Town Hall; Sainsburys CT – Claremont First Step Community Centre APB will put these ideas to Helen to investigate further.</p> <p>b) <u>Dementia</u> – APB reported that another Enhanced Service has been added to the 3 projects already running. This will provide the practice with a payment to fund the work involved in screening and diagnosing dementia at an early stage. CA enquired about the screening service at Faraday Way. CWS replied that this is related to a research centre and therefore does not provide the care and treatment available on the NHS. APB advised that anyone who has a memory concern can see a nurse at the surgery for screening.</p>	APB
15/SPG/02	<p>Secret Shopper – Healthwatch has agreed to supply a secret shopper to evaluate the experience of a new patient to the surgery. They will come in, make an enquiry at the reception desk and spend a small amount of time sitting in the waiting room. The types of criteria they will be assessing include:</p> <ul style="list-style-type: none"> - Cleanliness - Welcoming atmosphere - Noticeboards and patient information - Receptionist attitude 	

	<p>The group did not add to these criteria but EB noted that the new magazine holders have made the waiting room tidier.</p> <p>CA suggested that it would be helpful for the secret shopper to report on the pharmacy, but unfortunately the practice has no jurisdiction over the pharmacy. It was agreed however that a representative from the pharmacy should be invited to the next meeting to hear directly from patients.</p>	APB
15/SPG/03	<p>Friends & Family Test – APB presented the results from the first 2 months’ questionnaires, both of which demonstrated a very high level of satisfaction with the practice and in particular with respect to GPs, nurses and receptionists. There were many positive comments and a small number of negative comments, all of which have been reported in full.</p> <p>The FFT reports are available for patients to view on the website.</p>	
15/SPG/04	<p>Appointments – CWS and APB explained the new system, which was introduced to increase the number of appointments available and to increase time efficiency.</p> <p>CWS explained that where telephone consultations are used, if a face-to-face appointment is then needed, this is squeezed in to the GP’s surgery, but is quicker because of the discussion that has already taken place with the patient on the ‘phone.</p> <p>Patients are given a ‘window’ of time within which the GP will contact them and receptionists should ask at the time of booking if there is any time when the patient will not be available to take the call e.g. if they are likely to be driving the children to school.</p> <p>ME commented that it is helpful for people who work to be able to have telephone consultations instead of having to come in.</p> <p>CWS stated that a number of telephone slots are reserved for the same day, and those in the afternoon are often still available to be booked towards lunchtime. This has helped to resolve the problem of patients not being able to get an urgent appointment.</p> <p>ME enquired about Skype consultations. This is not currently being offered, but may be something for the future.</p> <p>The difficulty in recruiting GPs and Nurse Practitioners was noted. The practice has been advertising vacancies for a number of months without attracting applicants. Dr Evans is due to retire at the end of March and we do not yet have a replacement for him.</p>	
15/SPG/05	<p>Patient Suggestions – APB presented the suggestions that have recently been submitted to the practice either by using the suggestions forms available in the surgery or by using the online suggestions form.</p> <p>Responses to suggestions are put on the practice website and directly to the patient if he/she has left contact details on the suggestions</p>	

	<p>form.</p> <p>CA suggested displaying a notice showing the suggestions and responses adjacent to the suggestions box so that people would know why a suggestion has not been acted upon. This was agreed.</p> <p>The following were also agreed by the group:</p> <ul style="list-style-type: none"> - Play area – toys etc should not be provided due to infection control concerns etc - Door slamming – some kind of silencing strip or other method of reducing the noise from the entrance door slamming should be researched. 	<p>TS</p> <p>APB</p>
<p>15/SPG/06</p>	<p>Items from members</p> <p><u>Text reminders</u> – CS commented that this is very helpful</p> <p><u>Out of Hours</u> – BR enquired about the number for patients to ring when the surgery is closed. APB confirmed patients should ring 111. ME enquired if this is also given on a recorded message on the surgery number. TS confirmed that it is.</p> <p><u>Patient Access</u> – CA has had a problem with re-registering for patient access. APB will ask the IT lead to contact her directly.</p> <p>CWS explained that patients can register to have access to aspects of their medical record online via secure password. This is currently limited to medications and allergies, but in time will be extended to include vaccinations, possibly test results and eventually the complete medical record. Patients in any case have the right to view medical records including the paper ‘Lloyd George’ historic record in surgery.</p> <p>APB explained that if a patient wishes to view his/her records they need to apply in writing. A £10 fee can be charged. A member of staff must be present while the record is being viewed so that records can be deciphered and explained where necessary and also to protect the record, which remains the property of the Department of Health.</p> <p>CWS explained the GP2GP system which allows the computerised records from one practice to be transferred electronically to another when the patient moves practices. Attached documents such as hospital letters do not map across and have to be printed and put in the Lloyd George envelope, which is also sent to the new practice.</p> <p>As GP2GP is not available to every system, practices often have to print out the complete medical record and enclose this with the Lloyd George record. This has dramatically increased the size of the paper records, even though most practices do not use them.</p> <p>With regard to historic information contained in the paper records, it is not necessary to transcribe this onto the computer system. Only key pieces of information such as vaccinations or diagnoses of long-term conditions are summarised on.</p>	<p>APB</p>

	<p><u>Data-sharing</u> – EB commented that it is much better now that hospital staff have access to the GP medical records. APB explained that we have data-sharing agreements with key healthcare providers who can access certain elements of the record such as medical conditions, allergies and medications, although they cannot view the whole medical record.</p>	
15/SPG/07	<p>Practice News</p> <p><u>Staffing</u> – CGE retires at the end of March. Kate Newman retires a few months later. No replacement for either has been recruited yet.</p> <p><u>CQC</u> – CWS explained that an inspection will take one day and will take place before April 2016. The practice will have 2 weeks' notice. The format will include:</p> <ul style="list-style-type: none"> - Presentation by the practice to the inspectors (CWS is currently working on this) - Tour of the premises - Interviews with patients attending the surgery on the day - Interviews with GPs and staff - Interviews with members of the PRG - Inspection of policies and other documents <p>CN enquired about the membership of the inspecting team. CWS confirmed there will be 3 inspectors, one of whom will be a retired GP. The other members should have some experience in healthcare.</p> <p>CN asked how the practice work continues while the inspection goes on. APB advised that the inspection team will try to work around the practice. She will need to spend some time with the inspectors, as will the GPs, but this will work around surgeries and other commitments.</p> <p>Provided the inspection has not taken place before the next PRG meeting, CWS will give the CQC presentation at that meeting for members to see. It will also be helpful if members would be willing to speak to the CQC inspectors on the day. We will let everyone know when we have a date for the inspection.</p>	CWS
15/SPG/08	<p>Ashfield Medical Centre – Members agreed to allow APB to invite patients from Ashfield to attend this group rather than have a separate group.</p> <p>CWS explained that the Ashfield contract has to be run separately from St Paul's and therefore has separate IT systems and payroll etc, which is why it is not currently possible for patients to choose which site they would prefer to be seen at. The contract is due for renewal in April 2016 and the Local Area Team is currently considering the mechanism it will use. We are hoping to be able to merge the practices provided this is possible within the legal constraints applying to the type of contract we have.</p>	APB

Next meeting

May 2015 – date to be agreed

I confirm that these minutes give a true record of the meeting

Dr C W Scott
GP Principal