

most. Large budgets will be allocated to GP consortia's to enable them to do this. PCTs are to be disbanded by 2013 and Strategic Health Authorities will be replaced by NSH Health Boards.

Forum member, Mrs M W asked why, if the PCT were reducing staff were they now recruiting agency staff. Ros advised she was not aware of this but would make enquires as to whether this was correct.

Several Forum members expressed their concern as to GPs having the time and the ability to carry out this commissioning. There was concern this may compromise patient care and would not be a good use of GP time. Ros advised a local GP led Consortia had already been set up which currently consisted of 3 GPs and 3 Practice Managers who have protected time out of their practice to partake in this work. They are supported by 3 PCT Board Commissioners. A 2 year plan is in place at the moment with the idea that PCT roles will be handed over in that time.

Mrs J R asked if it was known whether any PCT staff would be employed by the Consortia's and Ros advised that decisions would be made at a later date.

Some of the areas the Consortia are currently engaged in reviewing are Casualty attendances, emergency admissions, referrals to hospital, joint GP discussions around over/under referring, end of life care and prescribing.

Mr M K asked how strong the GP resistance to these changes was and Ros advised that the BMA, RCGP, RGN and RCN had already lodged their concerns with the government over some aspects of the Reforms and were calling for more consultation with patients and GPs.

Patient Reference Group

Ros advised that in order to ensure patients have some involvement in decision making on commissioning and changes to services etc, the government wish practices to create patient reference groups. This should consist of up to 25 members and include a cross reference of different groups of patients i.e elderly/ethnicity/age/sex etc. Meetings could be held once or twice a year to discuss relevant issues. Possible ways this could be done could include email or via post. The age group that was proving difficult to recruit was 15 – 35.

Discussion was held as to how to recruit this age group, some suggestions were:

- Local 6th form college. Mrs L L advised she had contacts with St Josephs School and would make enquires if any of the students there would be interested.
- Mrs M W advised she had connections with the Early Pregnancy Advisory Service and Excellence Centre and would make enquiries there.
- Miss K S advised she had links to groups with learning difficulties and would also make enquiries.
- Practice to produce patient information leaflets and posters
- Message could be attached to prescriptions
- Text messages could be sent to those patients with mobile phones
- Information to be displayed on electronic message board in reception area.

Ros advised that a government survey for patients had recently been carried out and she was awaiting the results. Following on from this the practice would need to produce its own patient survey. The government had produced a sample survey for practices to use, however practices

may create their own. Some suggestions from the group for questions to be included in this survey were:

- Access/appointments/times
- Telephone – possibly make changes to answer phone message
- Any problems with advanced booking of appointments
- Parking problems

Any Additional Business

Late evening appointments – The availability of late evening appointments was discussed. Previously the government had required only GPs to work late evenings but this had changed and as a convenience to patients, the practice are now offering both doctor and nurse appointments on a late evening, the thought behind this being that patients with chronic disease may find it easier to make their review appointments outside of work time. Everyone at the forum thought this was a benefit and change for the better. It was also felt that one regular evening per week is preferable to differing evenings of the week.

Did you Know leaflet – Forum members asked if a leaflet could be produced to update patients on services available to them to include:

- Use of email to order prescriptions
- Communications via email
- Booking your appointment on line

Phlebotomy service at The Glen – members asked if it were possible for a phlebotomy service to be held at The Glen Primary Care Centre for Hebburn patients as it was not always convenient for them to travel to Palmer Hospital in Jarrow. Ros advised she would enquire in to this.

Practice website – Mr M S advised that a google search does not directly pick up the practice web site. Ros advised that currently the PCT were responsible for the website but this would be changing and the practice would be able to have more direct input into managing the website.

Blood test results – Miss K S advised a family member had attended the walk in centre at Palmer Hospital where she had some blood tests taken but her GP was unable to access the results which delayed treatment. Ros said this seemed unusual but she would look into this.

Dr Ramachandran asked if forum members would be happy for future correspondence etc to be sent via email. Members agreed and a list was compiled of members email addresses.

Next meeting to be held in approximately 3 months.