

HARVEY GROUP PRACTICE PATIENT PARTICIPATION GROUP: HGPPPG N17



NOTES OF THE 6TH MEETING, MARCH 15TH 2017

VENUE: JERSEY FARM SURGERY, 18:45 – 20:30
ATTENDEES: 28
CHAIR: CATHERINE FARMAN, PRACTICE MANAGER (PM)
NOTES: PETER FARDELL

Agenda item 1: Welcome, introductions.

Catherine Farman the Practice Manager (PM) opened the meeting and welcomed the attendees. It was encouraging to see such good support for the meeting. There had been a relatively long period (almost 18 months) since the last meeting. Catherine has been PM since September 2016.

- 1.1 The PM stressed that the meeting would again be for the exchange of information and comments and for discussions of a general nature between the patients and the practice. As always, it was not intended to be for considering individual patient's clinical details or treatment.
- 1.2 Peter Fardell (meeting notes) extended his welcome to this, the 6th meeting of the PPG and handed out document packs. These contained:
 - N11A Agenda for the meeting.
 - N12 Action list from the last meeting.
 - N13 St. Albans and Harpenden Patients Group (SAPG) leaflet
 - Poster advertising the next public meeting of the SAPG.All documents are to be posted on the practice website.
- 1.3 A sign-in sheet (N9) was passed around.

Agenda item 2: Notes and actions from the last meeting.

- 2.1 The PM went through the actions as stated in N12.
 - N12 Item 3.1: Error message with "Firefox" EMIS access cleared.
 - N12 Item 3.2: To be covered in Dr Walton's presentation under item 4.2
 - N12 Item 3.3: Dr. Walton had agreed to attend today's meeting.
 - N12 Item 3.4: "DNA's" -poster has been instigated. Messaging had improved numbers.
 - N12 Item 3.5: To be discussed later at this meeting. (Agenda item 4).
 - N12 Item 3.6: Nurses normally have to defer to a doctor for signing prescriptions, but with a prescribing qualification they can sign some scripts, but this is not relevant to this point.
 - N12 Item 3.7: Phlebotomy (blood sampling) is a commissioned service at St Albans City hospital at the present time but the surgery will continue to consider this where appropriate.
 - N12 Item 3.8: Link to PPG area on website now on opening page.

2.2 Clinical staff changes: Dr. Clegg has retired, Dr. Maton will return from maternity leave in May. Dr. Morgan is covering Dr. Maton's maternity leave commitments-

Agenda Item 3: Local updates since the last meeting.

3.1 Care Quality Commission (CQC) inspection. The PM explained that these inspections are mandatory – the “OFSTED” of the medical world. Our practice was inspected on 30th November 2016 at both sites, by three inspectors who as well as interviewing the clinical and support staff, also checked the rooms, facilities and the buildings themselves. Patients' views were considered with reference to 35 cards filled out by patients on the day with feedback on their experience in the practice. The inspectors were impressed that so many patients wished to give comments. The PM had just heard that the final report will be available during the week beginning 20th March 2017 and it will be posted prominently on the Practice and CQC websites.

3.2 Change of PM. Spart Hamdard, the previous PM, had left the practice after a relatively short time in post and the changes had inevitably caused a few difficulties, particularly for the reception staff but they had responded very well and Millie and the other reception staff were thanked for their efforts to smooth over the problems.

3.3 A patient raised the issue of waiting time for booking appointments on-line. He had checked on the day of the meeting and found that the first three available appointments were in 6 weeks' time (mid-April). He also noted that nurse appointments could no longer be booked on-line.

The responses from the PM were:

- Long wait for appointments booked on line: It was admitted that there are long waits for on-line appointments and that a practice meeting had been called to consider this. “On the day” appointment slots are still maintained for patients who ring the surgery and the telephone helpline is always available daily. A task group had been set up within the practice and would be meeting later this week to bring about changes that will support patients in this field. Practice were aware of the issue at the current time and reassured patients of their efforts to alter this.
- No facility for booking nurse appointments on-line: This is because the nurses now have specialised roles within the practice which means that when booking on line was available, time was often wasted trying to determine which nurse would be best for the (often unspecified on-line) problem. The solution is to ring reception for nurse appointments and the most appropriate nurse will then be booked. Dr. Walton added that he had switched off the facility to book nurse appointments on-line about two years ago, so it is not a new feature. However he did state that he wanted to get the on-line appointments re-instated as soon as possible if a system could be developed for choosing the correct nurse on-line.

3.4 Another patient made the point that she (and she thought many others) had always assumed that nurses were trained to cover a range of more minor problems.

- In response the PM stated that the nurses each have specialisms in addition to their general skills and it benefits the patient to have the correct nurse selected for the particular problem. Chronic Obstructive Pulmonary Disease (COPD) and Asthma were cited as such specialisms.

3.5 The remaining items under agenda Item 3 were deferred to agenda item 4, where they would be covered by the two invited speakers.

Agenda item 4: Patient matters (invited speakers).

4.1 John Wigley (Chair, St. Albans and Harpenden Patients Group, “SAPG”).

In a well-received presentation, John went through his detailed handout (see N13). In addition he made the following points:

- (i) Without strong and organised patient input into the plans for future healthcare the response from the healthcare administrators was likely to be analogous to glancing at a wristwatch – a quick look and move on. He invited all patients to become members of the SAPG.
- (ii) The SAPG can and has put forward carefully considered and sensible views on all the issues which are currently being considered. As an example he cited organised patient visits to hospitals where down-to-earth matters such as cleanliness and patient privacy were observed. In one case, the patient visitors found baited rat traps in a hospital corridor and got them removed with the suggestion that the rats were eliminated at source.
- (iii) Strong support to the SAPG had been afforded by our MP Anne Main and other district council representatives, with frequent meetings and key speakers organised. One such meeting is to take place on Wednesday March 29th, where the topics of “Care in the Home” and the proposed closure of 39 beds in St. Albans city hospital would be discussed, with two key protagonists giving presentations. John admitted though that with the bed closure issue, this was probably going to go ahead. The money saved from not having to service the beds (£3m) would be put to improving “Care in the Home”, additional beds at Langley house “inpatient unit” and Hemel Hempstead hospital facilities.
- (iv) Weak spots in the “Care in the Home” principle were cited e.g. where a patient may be returned to home under the “Discharge to Access” scheme (F.I.R.S.T.) with up to 4 team members visiting at the patient’s home for half an hour, 4 times a day. This sounds comprehensive but if the patient was to suffer a set - back (e.g. a fall) between visits, the outcome could be much more serious than if that patient was in a hospital environment.

4.1.1 A plea was made from a patient to ensure that GP’s are aware of “Herts Help” – a network of community organisations-and will pass on contact details (<https://www.hertshelp.net/>) where appropriate. The PM responded that the clinical staff of the practice were aware of Herts Help and would refer when appropriate. Leaflets were in clinical rooms and waiting areas

4.1.2 Another comment from a patient referred to the planned closure of beds at St. Albans City Hospital (SACH). With the national shortage of beds for patients and the widely reported bed blocking problems in hospitals it seemed strange that SACH’s solution was to close 39 beds used for rehabilitation. He looked forward to the meeting arranged by SAPG to discuss this on 29th March.

4.1.3 It was noted by another patient that although the Minor Injuries Unit at St. Albans City Hospital is open until 8pm, the X-ray department closes at 4pm. This means that patients needing an X-ray after 4pm would need to travel to and from Hemel Hempstead (by their own transport) for an X-ray and bring it back to the minor injuries unit. John Wigley cited this as a good example of where the SAPG might be able to achieve a better service.

4.2 “IT services at HGP – present and future”. Presentation by Dr. Mike Walton.

Dr. Walton gave an excellent PowerPoint presentation (posted on the Practice website) which was well received.

4.2.1 Key themes and points from the discussions were:

- (i) The improvement of quality of care with modern IT facilities, were contrasted with the historical paper-based “Lloyd George” records systems; in particular with regard to accuracy and ease of use.
- (ii) Details of modern IT facilities available in healthcare were provided with specific examples, in many cases as available to patients in our Practice. In fact the practice is well ahead of the current NHS requirements for IT services.
- (iii) “Choose and book” for a hospital appointment has been changed to “e-referral”.
- (iv) A show of hands revealed that about 20 patients present were fully aware of the IT facilities at the practice and uses them, with about 5 not fully aware. Dr Walton noted that overall about a quarter of patients are using on-line “ Patient Access” with approximately 100 more patients per month registering. About 1 in 6 of daily requests for repeat prescriptions are now made via Patient Access and 1 in 20 of doctors’ appointments made online while 15 per cent of cancellations are made online which helps reduce DNA’s. The “Secure Messaging” system for non-urgent matters, available online, has proved to be very useful, and is normally responded to within a day or so. Our practice was among the pioneers of use of several of the IT systems now regularly available including the “Egton Medical Information System (EMIS) booking and patient record system (2003).
- (v) Summary Care Record (SCR). We are all automatically “opted-in” to this scheme but can “opt-out” if we wish. It was cited as particularly valuable for patients who may require medical treatment while away from home where some key details of the patient’s medical history can be made available for the practitioner.
- (vi) Summary Care Record – Additional Information (SCR- AI). We are not automatically “opted-in” to this scheme and must tell the surgery if we do wish to “opt-in”. It provides more valuable details of a patient’s medical record above that in the standard SCR, to assist further in the case of medical treatment required away from home.

4.2.2 Some anecdotes were provided, both from Dr. Walton and patients, demonstrating the value of the new IT systems now in place at the Practice:

- A patient had been away from home on holiday but had forgotten their medication. Using the EPS system it was a simple matter to get the prescription to a local pharmacy at the patient’s holiday address without the need for Fax exchanges and delay.

- A patient at the Spire hospital Harpenden was discussing his case with a consultant – the latter had no clinical history of the patient. The patient then showed his EMIS Care record on his mobile phone to give immediate access to the consultant.
- A patient at the meeting pointed out that medicines from a different manufacturer to her usual one had been supplied which were dissimilar in certain ways and proved not suitable for her. This needed the surgery and patient input to correct. It was noted that a specific proprietary named drug would need to be specified by the prescribing doctor, because all GP's are encouraged to prescribe by generic name, giving a choice of manufacturers, which can be more cost effective but this is at the control of the pharmacist and not the practice.
- Following a query from a patient regarding the possibility of a blood pressure machine for use by patients in the waiting room, Dr Walton agreed that some surgeries do have this but with our surgery there was a problem (particularly at the Harvey House surgery), with space. However this would be kept under review.

Agenda item 5. Future meetings and feedback

It was agreed that meetings should be held more frequently and regularly in future, at least twice a year or perhaps quarterly, depending on attendances.

The PM sought ideas from the PPG patients on any issues which might be covered in future meetings. Already three health organisations had expressed interest in attending and possibly giving a presentation at our meetings. These groups covered:

- Carers
- Bereavement
- Dementia awareness

She invited those present to consider these offers and their own contacts and to contact her for future ideas for such meetings. She also asked those present to consider whether educational meetings, such as on “women’s/men’s health” might be beneficial.

Agenda item 6. Any other business.

There were no other further matters to discuss.

The PM thanked everyone for attending, thanked the two invited speakers for the excellent presentations and thanked Millie for assisting with the meeting preparations and refreshments. The meeting closed at 20:45.

P.J. Fardell, 25/03/2017