

HARVEY GROUP PRACTICE

PATIENT PARTICIPATION GROUP

MEETING NUMBER 4 – THURSDAY NOVEMBER 20TH 2014 – 14:30 TO 16:00

JERSEY FARM COMMUNITY HALL, ST.BRELADES PLACE (NEXT TO JERSEY FARM SURGERY).

NOTES OF THE FOURTH MEETING OF THE PPG

- 1.1 Philip Eaton, Practice Manager, welcomed the participants and explained the emergency escape procedure.
- 1.2 7 patients attended.
- 1.3 The last (third) meeting of the PPG was on 17th July 2013. The Practice manager apologised for the long gap between the meetings but he had kept the PPG informed of developments by email and the Harvey Group Practice website had been regularly updated.
2. Herts Valleys Clinical Commissioning Group (HVCCG). The terms of reference and structure were discussed. With reference to the impact of the HVCCG, specifically on our Practice, additional points made were:
 - Dr. Mike Walton is one of two GPs (the other being Dr. Richard Pyle of Parkbury House Surgery, St Albans) who were voted on to the HVCCG (by other GPs) to represent the locality.
 - The Public Engagement Officer of the HVCCG is Heather Aylward. Heather is always happy to answer queries about the HVCCG from patients.
 - Currently three of the main issues (with specific relevance to our Practice):
 - (i) Determining the scope for home treatment rather than hospitalisation,
 - (ii) Patients in care homes having a care plan,
 - (iii) Funding possibilities for alternative phlebotomy providers apart from St. Albans City Hospital.
3. Data Sharing.
 - 3.1 Dr. Walton has posted an excellent summary on the Harvey Group Practice webpages, of the Government's plan to allow third party access to medical records. His summary also included an "opt out" form for patients to download if required.
 - 3.2 An initial mailshot in 2013 was accepted as ineffective amid much concern particularly over confidentiality issues. Latest period for implementation was given as "Winter 2014". A trial is in progress in Somerset.

3.3 There was a discussion over the pros and cons of opting out. It appeared that the main advantage (from a patients perspective) of remaining in the scheme was that medical staff treating patients who were elsewhere in the UK could have instant access to key information about the patient to assist their treatment. It was noted that patients who opted out would not benefit from the new Electronic Prescription Service. (see 9.3).

3.4 The Summary Care Record is an attempt to record basic clinical and other data about all patients (demographics, medication, allergies etc.). An enhanced level of information is available on the patient records section of Patient Access (EMIS). This will enable patients to keep a check on their ongoing (and historical) treatment and medication.

3.5 Local Care Record. There is currently no agreed standard way to record the local care being offered to patients. The two CCGs in Herts (West Herts and East and North Herts) are currently discussing ways of achieving a uniform record but nothing has yet been decided. A standardised system is in place in Oxfordshire.

Changes at Harvey Group

- Dr Wendy Molefi – resigned
- Dr Sonia Elstow - retired
- Dr Rachel Spendlove & Dr Ajeet Bagga appointed
- Dr Mike Walton – continues as board member of HVCCG
- Currently looking to recruit additional nurse

4. Changes at Harvey Group (see above table). Additional points of interest were:

(i) Dr. Rachel Spendlove had spent her final year training at our Practice (as well as 4 months training earlier). Dr. Spendlove will undertake 6 sessions a week.

(ii) Dr. Ajeet Bagga had trained at a Harpenden Practice so he is familiar with the area. Dr. Bagga will undertake 9 sessions a week. This will relieve pressure due to Dr. Mike Walton's substantial involvement in the HVCCG.

(iii) A nurse has left as well as a health care assistant, (who was about to be trained to provide phlebotomy services at the Practice). It is proving difficult to recruit a suitable nurse due to the short hours offered. However it may be possible for one nurse to share time across other surgeries in the area and this is being investigated.

Practice Opening Hours

- Harvey House 8am – 6.30pm
- Jersey Farm 8am-12pm; 3.30pm-6pm (except Wed 2.15-4.45pm)
- Telephone availability 8am – 6.30pm

5. Practice Opening Hours (see above)

5.1 The refurbishments at Jersey Farm (JF) were discussed (in the context of opening hours - see section 8 for main discussion). These will restrict the available appointments at the JF surgery and will probably overrun the original completion period of 8 weeks, so completion will now probably be after Christmas. Some consulting rooms will remain open during the refurbishment as some patients will have difficulty attending the HH surgery. Extra surgeries will be provided at HH.

5.2 It was generally agreed that the new times are good. Practices were ranked by Care Quality Commission (CQC) from 1 (worst) to 6 (best). Our Practice received a “6” but the main adverse comment was related to the surgery opening times. We received 67% when 80% was needed for a “pass”. This information was obtained from a NHS England nationwide postal survey of patients. This is in spite of the fact that the opening times are currently much better than in the past.

After a suggestion, the Practice manager agreed to look at some of the local results to see if this was a common feature.

5.3 It was also noted that when JF was closed, phone calls are now automatically routed to Harvey House surgery.

5.4 The telephone advice line facility remains very popular and recently occupied one GP from 9:00 to 14:00 on a single day with over 40 calls.

Appointments

GP

- approximately half bookable ahead
- remainder available between 3 days ahead & on the day.
- Varies between the two sites

Nurse

- All bookable ahead though some gaps at present

6. Appointments (see above)

- 6.1 The current arrangements were the result of a number of “tweaking” exercises over the years and appeared reasonably satisfactory to both patients and clinical staff. (but see 5.2).
- 6.2 There was a difference between HH and JF in that a larger proportion of patients at JF asked for “on-the-day” appointments.
- 6.3 A member raised the issue of “Did Not Attend” (“DNA”) patients and late arrivals for appointments.

While there will always be a few of these, due to unavoidable circumstances, it was felt that the numbers were quite high (5%?) and not improving. If patients who are late are “slotted in” they cause delays for on-time patients. Ideally they should wait until all patients who have been on time have been seen, but this is rarely the case as it could mean a long wait for them. As a suggestion the Practice manager agreed to look at the figures to see if there was an upward trend but his feeling was that this was on the increase. An important finding was that mobile phone text reminders did not seem to have improved the situation. [Suggestion after the meeting: It might be that the timing of the reminder was important – could be 2 hours before the appointment rather than 24 hours.]

Online Services

www.harveygrouppractice.co.uk

- Generally the first place to display news
- New hosting company so a different display

www.patient.co.uk

- Book appointment
- Order repeat prescription
- View medical record summary
- Send message

www.nhs.uk

- NHS Choices

7. Online services (see above)
- 7.1 These were discussed. Dr. Walton was the main driving force behind these implementations for our Practice. Judging by the relatively small proportion of patients who had provided their e-mail addresses it could be possible that some patients are not sufficiently IT equipped or literate to utilise the on-line facilities. These patients will continue to use the traditional routes for making appointments etc.
- 7.2 The information available to patients using www.patient.co.uk (“EMIS”) was now extensive as shown but it was noted that the Practice had little direct control over the content/access/layout etc. apart from being able to “switch on or off” some features. There was a comments/suggestion facility and features had been added/improved through this.

- 7.3 Mobile phone access to patient records was operational with the iOS operating system (Apple I phones) but not yet with Android operating system phones. This latter was being actively pursued.

Improvements at Jersey Farm

- Expected to take 8 weeks
- New sinks, storage, flooring, & lighting in 5 clinical rooms
- New reception desk
- Electric front door

8. Improvements at Jersey Farm see above)

These were summarised as above and are being implemented due to current healthcare regulations. The new lower reception desk would enable wheelchair users to use the counter and staff to sit in a “normal height” chair. The reduced facilities at JF while the refurb. was in progress (only two rooms instead of 5) would have a knock-on effect at HH where space was already restricted but additional surgeries were in place at HH. A new touch screen would be introduced at JF to replace the defunct one.

Recent Developments

- Named GPs for Over 75s
- Care Plans
- Electronic Prescription Service (EPS)
- In house blood sampling (phlebotomy)
- Friends & Family Test

9. Recent developments (see above)

9.1 Named GP's was now a NHS requirement for patients aged over 75. However our Practice essentially already subscribes to this principle for all.

9.2 Care plans – part of another NHS service. From health record data, those (judged by a range of criteria) likely to have a high risk of unplanned hospitalisation were required to have a written detailed care plan prepared by the Practice. This was seen by some present as not necessary over and above the excellent and carefully targeted routine treatment delivered by our Practice. The HVCCG had paid for software to generate the ‘at risk’ figures.

9.3 Electronic Prescription Service. This is for repeat prescriptions (not including controlled drugs) and the GP or pharmacy could record the patient's request to collect medication from a suitable participating dispensary with no paper prescription required. There were some anecdotes of this not working 100% but it was generally felt to be an excellent feature. It was noted that Boots in St. Albans had some problems and the Springfield Pharmacy at Jersey Farm had stopped taking new applicants (patients) whilst a change of ownership was proceeding. (They have since been reinstated.)

9.4 In-house blood sampling (phlebotomy). Several points emerged:

(i) A health care assistant had been about to be trained to facilitate this service at the Practice, but had left before this could be achieved.

(ii) The HVCCG was actively considering providing funds to facilitate another phlebotomy centre in St. Albans as an alternative to the service from St. Albans City Hospital. (SACH). SACH had not set up an appointment system as requested, resulting in long waiting times during busy periods – in the mornings particularly. At a suggestion several members agreed to pass on to Practice manager their experiences at the SACH unit, particularly with regard to the slack periods. This information could then be passed onto patients via the GP when setting up a blood test.

9.5 Friends and Family Test. (FFT). This is a feedback tool from the NHS launched in April 2013 initially to cover A and E services. It simply asks people if they would recommend the services they have used and offers a range of responses with supplementary questions. From December 1st 2014, the survey will be widened to include all GP Practices.

10. Research Practice.

Patient involvement. Our Practice is one of only two locally involved in this project (the other is the Davenport House surgery) which seeks to involve patients (on a voluntary basis), who have an existing medical condition and would be willing to participate in research projects into their condition. If eligible, patients will be informed by their GP of any relevant studies recruiting participants and if they are interested they will be given further details so they can decide if they wish to take part. Patients remain anonymous but have the option to be informed of the progress and results of the studies if they wish.

11. Future for PPG

11.1 There was no patient survey this year due the Friends and Family Test (FFT) survey which will be available in the Practice from 1st December 2014.

11.2 Due to the dwindling numbers attending there was a discussion over how to conduct future meetings. Several comments, observations and suggestions were made:

(i) If such a low turnout proved to be the norm. a virtual meeting by exchanging emails could be used.

(ii) It was pointed out that there had been no "promotion" of this meeting apart from targeting those with email addresses registered with the Practice-which who had volunteered to join the patient group – this represented only a small fraction of the patients

on roll. It was suggested that at least one more “physical” meeting be arranged with prior notice via flyers and posters in waiting rooms, a notice on the Practice website and an email shot to those so registered.

(iii) It was agreed that it would not normally be necessary for a GP to be present – any queries that could not be answered by the Practice manager would be referred to a GP – but these were likely to be very rare.

(iv) Membership of the PPG could be for all patients by default.

(v) There is a National Association of Patient Participation (NAPP) which recommends PPG’s to be organised by the patients themselves and consist of a Chair and Secretary with calls for attendance by Practice managers and/or GPs depending on the agenda. However it was felt that the current format of meetings has been productive and useful.

(vi) Despite the low attendance, the Practice manager re-affirmed that he found the meetings and especially the feedback very valuable.

11.3 There was a discussion over the best way to present important and up-to date health information in the Practice. It had been noticed that the notice boards, although improved of late, could be better organised to give more impact and emphasis on important matters. It may even be better to leave off some less important notices to give the more important ones more prominence (i.e. “less is more”). (N.B. the PPG has always sought a volunteer to improve the notice boards without success).

12. Action points.

Practice manager to:

12.1 Check CQC survey results with respect to the marker for surgery opening hours. Where does our surgery stand with respect to other local Practices?

12.2 Check DNA and late arrivals figures and determine the trend. (With a view to seeking suggestions to improve them if necessary).

12.3 Decide on format for next PPG (and fix date/venue if a physical meeting).

12.4 Explore the feasibility of recruiting a nurse on a shared basis with other Practices.

Membership to:

12.5 Pass on experiences to Practice manager at SACH blood sampling with a view to finding out the best times to visit for a blood test.

13. Questions – these had effectively been covered during the presentation and no further questions were forthcoming. The Practice manager thanked the attendees and closed the meeting at 16:00.

P.J. Fardell

11th December 2014.