

**Heathgate Medical Practice**  
**Patient Reference Group (PRG)**  
**Minutes of a meeting held on Wednesday 14<sup>th</sup> May 2014**

**Attendance**

An attendance list was created with 12 patients present. Doctors Palframan and Wallace and Mr Whiting were in attendance from the Practice.

An agenda was circulated before hand.

Mr Whiting acted as facilitator and thanked everyone for coming.

**The 2013/2014 Patient Survey**

The group were reminded of the action plan following the 2013/2014 Practice Survey, which they had helped design. There were 7 agreed actions:

1. Handovers to alternative doctors continue following changes in the number of clinical sessions of other clinicians. This is helping reduce waiting times for routine appointments for some doctors.
2. Wednesday evening appointments have started and are proving popular with patients.
3. We have been declined as a hearing aid battery centre for the Norfolk and Norwich University Hospital. The Old Mill & Millgates Surgery in Poringland already offers this service for the hospital.
4. We are continuing to promote services that we already provide which patients suggested they were unaware of; particularly minor injury services. An increase in the number of patients we see for minor injuries will help reduce pressure at A&E. The latest data from the Norfolk and Norwich University Hospital suggests our A&E attendance numbers are lower than the previous year.
5. The Commissioners of physiotherapy services are continuing to assess the provision of services locally and Heathgate along with other local Practices are encouraging them to look at other local providers to address some of the current waiting times.
6. We are still working with the Commissioners and other local Practices regarding the provision of family planning services locally rather than patients having to travel to the hospital. The Practice is seeing increasing numbers of patients attending for contraception implants following this additional service we are already offering.
7. The Practice has not yet been able to secure training for staff to measure for hosiery services.

PRG members were pleased with the progress being made.

## **2014/2015 survey**

Mr Whiting explained the national changes around patient surveys this year; which the PRG has played a key role in helping design in the past.

He explained the introduction of the Friends and Family Test (FFT) from December 2014, which the group will look at in more detail next time, as the final details have not yet been released. This replaces the main Practice patient survey.

However, the Practice still has a contractual obligation to work with the PRG to create an action plan associated with the introduction of three areas of service improvement. The guidance associated with this suggests that the PRG uses various sources of information available to the Practice to identify the areas to work on – such as the complaints register.

Rather than this, the group helped develop the principle of a 'postcard' campaign to run during the summer months, where patients would be asked their views and opinions on the services we provide. Each post card would contain a general question about the level of service we offer and carry a second question based on one of the following four areas:

1. The earliest and latest appointment times
2. How to access services when we are not open
3. What additional services patients would like us to provide
4. Our opening hours

The view was that by asking two simple questions, patients would feel more inclined to complete the post cards rather than the longer questionnaire we have used in the past. The group hopes this creates a higher response rate. Mr Whiting agreed that the 'Send us a postcard' campaign would be promoted on the Practice web site, by Practice staff and in the next Practice newsletter.

Much of the wording of the questions was suggested by group members and Mr Whiting agreed to create the art work for the postcards and share this with the PRG members.

It was agreed that the responses of the campaign would be used for the basis of the action plan.

## **Extended hours**

Mr Whiting outlined the need for an opinion from the PRG as to the revised specification from NHS England and our proposal for the continuation of our Extended Hours Service.

He explained the background to the additional clinics and how we had met patient preferences with these over the past 5 years. Historically we offered Extended Hours Services on Friday mornings and some Saturdays but have recently 'transferred' some of our provision to Wednesday evenings as a direct result of patient feedback from the 2013/2014 survey.

Our proposed plan for 2014/2015 Extended Hours Services includes the continuation of the early Friday morning clinics (from 7am), Wednesday evenings (from 6.30pm) and some Saturday morning clinics.

Mr Whiting, Dr Wallace and Dr Palframan all answered questions around the demand for appointments during these times and how we promoted and allocated appointments to patients that used the Extended Hours Service. The PRG was reassured that these appointments were not rationed and that patients were offered these slots as 'next available' routine slots when they asked for appointments.

One member passed particular comments as to the value of the early morning phlebotomy appointments on Fridays for patients on their way to work.

There was unanimous support from the PRG for the continuation of the service that we currently offer, based on the schedule shared with them for 4 ½ hours of Extended Services per week, over Wednesday evenings, Friday mornings and a selection of Saturdays. Friday morning provision would continue to including a selection of phlebotomy appointments.

### **Named GP for over 75's**

The group was made aware of the new Practice contractual requirement to advise all patients over 75 years of age of a named GP.

We discussed how such a letter could confuse patients about which GP they could see and what they would do if their named GP was not available for any reason.

One member asked the difference between the current registered GP and the new named GP. Mr Whiting explained the historic background to registered GPs and how since April 2004, patients have been registered with the Practice and not a specific GP.

The proposed letter to send to patients was shared with the group, who agreed with its content, advising patients of our contractual requirement to share the name of a named GP but that this will not and should not affect who they choose to see in the Practice. The group recognised the bureaucracy associated with this but Mr Whiting explained our contractual requirement to send the letters.

### **Patients living outside the Practice area**

The group was made aware of the proposed plans from October 2014 of patients being able to remain registered with the Practice despite living outside the Practice boundary area.

The scheme is still being piloted and there are issues around home visits and care from District and Community Nurses that need finalising.

Mr Whiting explained the Practice will, in October, have the option to offer this effective 'boundary extension' or opt out of the scheme.

There were concerns raised about how offering this may add pressure on the services offered by the surgery. Members were honest and felt that not all Practices offered the same quality and range of services as Heathgate and that those patients that move out of the area may wish to remain registered with us because of their concerns over the level of Primary Care offered in other parts of the County.

Doctor Palframan thanked members for their openness, recognising their concerns and agreed that these would be considered before the Practice took a decision on whether the Practice joins this scheme.

### **Heathgate PRG at wider patient forms**

One of the members attended the recent South Norfolk wider patient forum. He fed back to the group on his learning around how other groups worked.

Some PRG groups run themselves, with a patient as a Chair, arranging their own meetings with Practice representatives as invited guests.

At this stage there was no offer of a Chair from our current membership and again it was agreed that this is something that we should look to work towards over the next 12 months. In the meantime, the members were happy with Mr Whiting arranging the meetings with Doctors Palframan and Wallace acting as clinical representatives to the group.

Some PRGs produce their own Patient newsletter and arrange external meetings with speakers for patients to attend. It was agreed that this is also something we could focus on in the future.

When known, the date of the next South Norfolk PRG patient forum will be circulated in good time for the meeting.

## **AOB**

There was no formal AOB other than a member asking if our current group had representation from each parish in the Practice boundary. Mr Whiting confirmed that we do have a wide spread of attendees from parishes surrounding both the Poringland and Rockland St Mary surgeries but that we would welcome any support the current membership could offer in spreading the word about the group and help us attract a wider age range of members.

The PRG is promoted on the Practice web site and it was agreed that it would feature as an article in the Practice newsletter in the Autumn.

Members were thanked for their honest views and excellent contributions to the meeting.

## **Date of next meeting**

This would be agreed once the 'Send us a postcard' campaign was completed and the analysis of the results was available for discussion.

END

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