

Heathgate Medical Practice
Patient Reference Group
Tuesday 20th November 2018
Minutes from the meeting

A pre-arranged meeting with PRG members, advertised beforehand on the Practice website, the patient information screens and signage in Practice.

The meeting was chaired by Mr Henry Gowman (patient), with Mr Whiting and Dr Wallace in attendance from the Practice.

Updates from last meeting

Mr Whiting provided updates on various matters:

- The new Poringland Pharmacy – since the last meeting, NHS Resolution has responded to the appeal by the applicant, upholding the decision made in declining a licence for a second pharmacy in Poringland. The decline was on the basis that the current Pharmaceutical Need Assessment for the area suggests full provision already. Members have noticed an improved service from the WELL Pharmacy since the period of the application.
- DNA appointments – numbers have risen again. Frustrating for the Practice. Mr Whiting confirmed that we send SMS Text message reminders to patients that have a mobile number recorded and telephone patients who DNA for same day need appointments.
- Prescribing Opiates – the Practice Pharmacist continues to monitor our use of opiates in Practice.
- Medication limitations – Mr Whiting provided feedback on patient's responses to the new CCG policy on not routinely prescribing items such as an antihistamines and paracetamol. On the whole patients have accepted the reasoning for this and Practice staff have been able to use the CCG leaflet provided to help with the implementation of this policy.
- Minor eye conditions – this service is working well since its launch and Dr Wallace confirmed that patients have responded well to being re-directed to the opticians participating in the scheme for specialist eye care for the range of conditions covered.
- List size changes – as a regular agenda item, Mr Whiting updated members with the list size increase over the past 12 months – a net increase of 280 patients. Brief discussion on how the Practice is managing and monitoring the new patients registering with us.
- Pharmacy2U - Mr Whiting clarified with members the mailshot that this Internet Pharmacy has completed to patients in South Norfolk, referring to digital prescriptions 'being live'. The marketing has confused patients as the names of Practices and the NHS logo is used in the letters encouraging patients to sign up to the online service. Members understand why patients have become muddled over this. Mr Whiting confirmed that a number of patients had not fully understood what they had signed up to and we had helped undo some

of the registrations, returning them to either collecting their medication from us or another nominated Pharmacy.

Preparing for Winter 2018

Practice representatives outlined the current position with NHS Winter planning in South Norfolk. Mr Whiting referred to the following threads:

- The creation of Winter Pressure Rooms.
- The Winter Pressure newsletter for Practices.
- Additional funding streams for health and social care.
- NNUH and Community Services – additional beds.

In terms of Winter planning in Practice, Mr Whiting confirmed:

- The Practice has reviewed its same day need and routine appointment schedules from January 2019 onwards.
- The Practice has agreed additional GP sessions with our salaried GP from January 2019 onwards.
- Our receptionists are still developing their signposting skills in terms of making sure patients are seen/supported by the appropriate service/clinician.
- Our business continuity plan has been updated with learning from the challenging periods last year.

Self-care

Members discussed the importance of Self-care with Mr Whiting flagging the place this has in the healthcare arena. The NHS 'feeling unwell, choose the right service' banner was reviewed which has a spectrum of services from Self-care to A&E attendance with examples of when to use which service.

Last week was NHS Self-care week and to coincide with this, the Practice launched its own set of Self-care leaflets on its website for the ten most common types of self-limiting condition.

The Heathgate leaflets have been prepared by the Practice clinical team. They have been reviewed externally so they do not contain clinical jargon. Members were shown an example of one of the Self-care leaflets for constipation.

Mr Whiting confirmed these were not to be seen as an obstacle to seeing a clinician but would be used to compliment the range of support available from the Practice in different ways.

One member sought clarification on whether we would pass copies to patients for future reference if they were seen and the information sheet could have been of use. Mr Whiting confirmed this was the case.

2018 – 2019 Flu Campaign

Mr Whiting updated members on the 2018 campaign, which with the staggered supplies of vaccines for patients over 65 years of age this year, (imposed by Public Health England) had been a challenge for them.

Mr Whiting confirmed the Practice is still administering vaccines at this time. He reported that most patients had been understanding and supportive of the challenging circumstances all Practices and Pharmacies were facing this year.

Improved Access

This was an interesting discussion.

Mr Whiting and Dr Wallace outlined the current model that has been agreed by the CCG with each Practice in the locality providing evening, weekend and Bank Holiday provision on a rotational basis. This sees registered patients at each Practice being seen by known clinicians with access to their full medical record.

Mr Whiting shared both feedback from users of the service to date (which is very positive) and statistics for the number of patients using the service. The evening and weekend provision is very popular, with Sunday pre-booked telephone contacts less so.

Mr Whiting went on to explain the desire for the CCG to extend the service so patients across the area (8 Practices) have the ability to book appointments in each other's clinics on different days, in different locations. He outlined on a flipchart how such a model would work, flagging the need for an IT resolve and the creation of processes and protocols to allow actions from the appointments in other locations to be completed.

Members immediately flagged their views about being seen by a clinician, for a routine appointment, who they did not know.

There was a strong view from the groups Parish Council representative of the geographical challenges that such a model would bring. Many of our patients would have to use public transport to reach other Practices in say Long Stratton, Diss or Pulham Market, which after 6.30pm, would be impossible. His view was that the shared model would work in an urban area but not in rural South Norfolk.

Another member suggested that the appointments would not be taken up in other locations and so it was likely that those clinics in say location A would only be filled by patients registered in Practice A, which is effectively the model on offer now.

Another member had concerns about continuity of care being broken and part of a consultation lost in recapping much of a clinical background to the patient and their condition.

Our Trowse member recalled the data shared in the May PRG meeting where patients had indicated they were keen to see early morning appointments offered under the Improved Access service and asked if these had been introduced. Mr Whiting confirmed the member's recollection of the survey was correct and many of the locality Practices offered early morning clinics, which were valued by patients. It is not clear at this stage whether the CCG and NHS England will agree to these morning appointments continuing as they fall outside the headline of '8am to 8pm' services.

In summary, members of the PRG unanimously agreed that the model in place now with each individual Practice offering additional appointments at least once a week between 6.30pm and 8pm for their registered patients was the preferred option, with the continuation of the weekend rotational clinics and early morning appointments where there is patient demand. The new proposed shared model was not supported in its proposed form.

Mr Whiting made members aware that NHS England were visiting the area on Thursday to audit the current provision in place which has been agreed by the CCG and locality Practices had offered evidence of the value of the service in its current form.

Members agreed that an extract of these minutes would also be provided to the CCG to illustrate first-hand their thoughts on this matter.

Mr Whiting thanked members for their contribution to this part of the meeting.

Family and Friends Test (FFT)

Mr Whiting shared the latest FFT responses with attendees. The Practice had the highest number of responses seen (102) in a month in October after questionnaires were handed at our Community Flu clinics.

- 78% of patients suggested they were extremely likely to recommend our services to friends and family.
- 21% were likely to recommend our services to friends and family.
- 1% was extremely unlikely to recommend our services to friends and family.

Mr Whiting confirmed that the one patient (1%) who ticked extremely unlikely then went on to give a glowing view of the service we provide!

Weight and obesity

At the last meeting, the Practice was challenged on the work it is doing on weight and obesity. This followed various TV references to the 'time bomb' that is obesity.

Mr Whiting was delighted to confirm that using a patient donation of £300, new digital scales had been purchased and set aside in a quiet private area of the Practice with a height measure for patients to use at their convenience. There are weight management materials and a chart to plot their BMI.

One member challenged the increase in our prevalence in diabetes with our strategy for weight management in Practice. Using an analogy of warnings around smoking and pictures of 'dirty lungs' on the side of cigarette boxes, he asked about the materials we use to 'frighten' patients (his words) into understanding the seriousness of their condition. Dr Wallace spoke about the tools used and the focus on diabetes in Practice this year after our performance in QOF last year for this LTC dipped.

Patient awareness event

Mr Whiting confirmed details of the patient awareness event being held on 4th December around Prostate Cancer and PSA testing. Dr Palframan is leading on this.

This has been arranged for patients of both local GP Practices who are members of Poringland Men's Shed. An invitation to the event was extended to PRG members.

Next meeting

The next meeting of the PRG will be in the Spring and the date circulated nearer the time.

These notes will be published on the Practice website under the PRG pages.

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