

Heathgate Medical Practice
Patient Reference Group Meeting
Tuesday 13th December 2016
Minutes from the meeting

The meeting was pre-arranged, open to existing members and advertised on the Practice website, noticeboard and waiting room electronic information screen for those who may have wished to join the session.

Mr Whiting met with the Chair, Mr Gowman ahead of the meeting to discuss the agenda and content.

AOB questions were collected ahead of the meeting.

A list of attendees was created and this confirms that there were representatives from most of the Parish areas the Practice covers.

With Practice representatives (Dr Daniel Wallace and Mr Garry Whiting), there were 21 attendees.

Welcome

Mr Gowman welcomed those attending the meeting and asked for their participation in the evening's discussion.

Patient consultation – ordering repeat prescriptions by telephone

The Chair outlined the basis of the consultation that had taken place in October and Mr Whiting ran through the results and analysis from the 301 responses received. Most of the questionnaires were passed out to patients at our main Flu clinic this year and the returns represent a 31% response rate.

The full analysis is within the PowerPoint presentation accompanying these minutes.

In terms of the proposal on the way forward, the Practice proposed:

- To continue to accept telephone requests but only to an answerphone/voicemail so that if there is doubt around a request made, colleagues can help clarify the message.
- Whilst continuing, this is not the preferred option and the Practice will be promoting other ways (specifically on-line ordering) of ordering repeat medication, ahead of the telephone.
- The answerphone (like now), will be available 24 hours a day via the specific number 01508 494344.
- A new welcome message will be recorded, asking patients to leave a very clear message including their name, a daytime contact number and specific instructions on the medication they require.
- It will not accept requests to 'order everything' on repeat – this will also help manage wastage.
- It will promote other ways of ordering.

The PRG accepted this proposal and it will be introduced into Practice after the Christmas and New Year period. Members who use the current telephone ordering service were delighted.

The group raised a number of comments and issues and these were addressed by Mr Whiting. They included:

- Offering automatic on-line access at new patient registration.
- Whilst acknowledging a new clear message at the beginning of the answerphone, they asked if there was an 'opt out' option available for regular callers who knew the system so they did not have to hear it each time.
- Asked that we offer the ability to spell medication requests as some patients feel intimidated by having to try and pronounce some of the drug names.

Mr Whiting agreed to look at all of these issues.

The Practice will continue to monitor the situation, including utilisation of the answerphone service (the Practice collected the number of callers one week during the consultation) and reviewing any safety issues that arise over the next 6 months.

As a side note, Mr Whiting was asked to look at the screen flows and instructions within the On-line ordering screens. Members felt some are repetitive. Mr Whiting explained that we use national software but will take a look to either amend this or feedback to the software provider the member views.

Managing winter pressures and patient expectations

Mr Whiting and Dr Wallace referred to the expected increase in demands on healthcare over the winter period. Whilst there are national messages outlining the range of options for patients, the Practice has also shared a message via its own newsletter. This has been circulated to 400 patients who have registered online for the newsletter and another 400 printed copies are distributed via the Practice reception desks.

The main article refers to how patients can help play their part in using the full range of NHS services available and help our Reception team with details of their same day need.

Specifically the discussion was around how patients requesting a same day need urgent appointment may feel about being asked by our Receptionists for a little more information about their need that day so we can direct them to the most appropriate option, service or clinician in the Practice.

Mr Whiting explained the language that the Reception team would be using when patients approach us for an urgent appointment with a GP. The line of enquiry is:

'Please tell me a little more about your urgent need today so that we can find the appropriate way to help you.'

Mr Whiting used examples of urgent dressings with the Nurse (rather than the GP), suspected urine infections to the Nurse, electronic messages to the GP for requests for continuation of sick notes and telephone consultations as options that the Reception team can use to meet a patients need.

There was a wide discussion about this. Some members could see that patients may feel this as the Receptionist knowing too much, or prying. Others recognised the need to ask the question so that the appropriate services were offered.

Mr Whiting explained that a Practice training session (staff meeting) had taken place three weeks ago on this subject, using different examples of patient's requests and expectations and how these could be met in different ways.

Mr Whiting reminded the group that all staff, as part of their contract of employment, sign a confidentiality statement and our Practice confidentiality policy makes reference to only using patient information to deliver their day to day role. Mr Whiting agreed to consider changing the general 'welcome message' when calling the Practice to include reference to confidentiality. This was a welcome suggestion from a PRG member.

Members were in agreement on the basis that if a patient really had an issue with raising a personal matter (whatever its nature), this would not be pursued by the front line team and respected.

One member (an Ambulance Trust Community Responder) asked if we could support the Ambulance Trust 'Wise up for Winter Campaign' which directs the public to the most appropriate health care service depending on their need. Mr Whiting agreed to this and Mr Hodgson will provide the link to the posters and leaflets.

CCG message on prescribing paracetamol and ibuprofen

Members were made aware of the new CCG campaign in the press and Practices about patients not asking clinicians for short term courses of these pain relief medications.

Mr Whiting shared the poster prepared by the CCG about the cost of prescribing these items and what other healthcare this could 'buy'.

There were some questions around more frequent users (long term pain relief), which Dr Wallace confirmed is not really affected by this campaign as patients would encounter difficulty buying larger quantities from other outlets without a prescription.

Cost and price comparisons were used to illustrate the difference in the cost to the NHS and price to the patient of these items.

Members supported the Practice supporting this campaign and the debate was a good rehearsal for answering questions with patients.

Waste medicines

We discussed this last time and have encouraged patients to 'open the bag' when collecting their medication to make sure we are not providing something they do not need.

At the last meeting, Mr Whiting agreed to explain a little more about why returned medicines cannot be re-used. As well as citing safety, Mr Whiting, with aid of a flip chart illustration explained NHS funding of dispensed drugs and why reusing them would be seen in the NHS as fraud. Notwithstanding the safety issue associated with the storage of medications once they have been issued, there is currently no mechanism to re-use medication returned to Pharmacies and Dispensaries. There was a strong PRG view that this was an NHS system failure at a time when other restrictions and limitations are being placed on medications.

Members encouraged our dispensing staff to use the 'open the bag' message with all patients collecting medication.

DNA update

The group has discussed this several times and Mr Whiting shared the latest six month figures of patients that do not arrive for their appointments.

Month	Number of appointments	Hours of clinical time
June 2016	157	26
July 2016	133	22
August 2016	119	19
September 2016	109	18
October 2016	147	25
November 2016	125	21

Members are aware of the campaigns we have run and the focus the Practice has placed on this.

All patients, for whom the Practice has a mobile number, now receive a SMS text reminder 24 hours before their appointment, giving them an opportunity to cancel it if it is not needed. This was introduced in May this year.

Members are aware of the large pull up banner we created 12 months ago in the waiting room, which includes the monthly 'lost clinical time' figure for patients to see. The Practice is delighted that this idea is now being supported by Norwich and South CCGs with the CCG funding the art work and design for similar banners for other Practices.

Mr Whiting explained that this continuing problem is regularly discussed at his peer group Manager meetings.

Members asked that the waiting room signage includes the number of missed appointments and not just the 'time equivalent' as patients were more likely to relate to this.

Dementia meeting – CCG and decommissioning of Admiral Nurses

Mr Malcom Dixon attended this meeting on behalf of the PRG. It was arranged by the CCG to look at options and solutions following the CCG decision to decommission the Admiral Nurse Service.

Time limitations meant that we were unable to discuss this in full at the meeting and so Mr Dixon agreed to forward his notes from the meeting to Mr Whiting to send with these minutes and a discussion will feature at the head of the next meeting.

CCG consultation with PRGs

The Chair has received an invitation to the next CCG wide PRG meeting. The CCG Communications Manager is seeking feedback on the work individual Practice groups has been involved with, to share with others. Mr Gowman has prepared a response covering:

1. The dementia awareness patient meeting arranged by the PRG
2. Work around supporting the Practice with its DNA problem
3. Support and encouragement around medication waste campaigns

Members were supportive of him attending the meeting.

CQC inspection

Mr Whiting advised that the Practice had still not had its first inspection. It was likely this was imminent as the majority of South Norfolk Practices had now been inspected.

Members were happy to speak with the Inspectors during their visit about the Practice generally, the workings of the PRG and how the Practice consults and liaises with the group members over various matters.

Several members offered to be involved.

AOB

There was just one AOB question submitted by a patient. This was linked to patient awareness of the increasing number of services being commissioned by the CCG that are provided out of area. The example used was foot surgery, with the CCG commissioning BMI in Bury St Edmunds and Sandringham.

The member expressed concerns of patients having to travel to these locations, both in terms of actual time taken and lack of public transport.

Mr Whiting explained the background to the specific service in question and the reasons for the cessation of the previous local Provider of this service.

The conversation widened regarding the commissioning of services with Private Providers funded by the NHS. Mr Whiting reminded members of the previous discussions on this matter such as the hearing aid assessments now being provided in South Norfolk for new referrals by Scrivens and Specsavers Opticians and ultrasound by Global Diagnostics.

We agreed to have a wider conversation on this next time, perhaps with a CCG Commissioning Manager in attendance.

Minutes prepared by Garry Whiting.
Approved by Mr Henry Gowman, PRG Chair.

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