

DUNELM MEDICAL PRACTICE
PATIENT FORUM MINUTES
Wednesday 23rd March 2016 at 1.30pm



In attendance: Dr G Welsh (chair), Scott Greenwood, Carol Greenwood – minutes
Sister Shaleen Christie, Rachel Shakir (Practice Development Manager) p/t
Andrew Dowson – North of England Commissioning Support Unit
Patient Forum members: NM, RC, BG, CW, JB

Apologies: AS, JW, GG, TC, RC

1 Information Governance

Action

1.1 Rachel Shakir, Practice Development Manager and IG Lead was introduced to the forum members. One of her main roles is that of Information Governance which is a huge area of work on data collection, data sharing and affects all staff. The Practice takes Information Governance seriously and all members of staff must undergo Information Governance (IG) training using the NHS IG Toolkit; modules which include: NHS Code of Practice, Access to Health Records, Patient Confidentiality, Information Security Guidelines, Password management, Secure Transfer of Personal Data. The training is done annually.

Staff have different levels of access to the data; Scott Greenwood is the Serious Incident Officer.

1.2 A question was raised about patients opting out of sharing information. It was explained by Scott that the Summary Care Record is only on view at NHS organisations eg A&E departments who have no access to the medical records. The only information on the Summary Care Record is any allergies the patient has and a list of medication. Rachel said there was a lot of fear about sharing of information and patients had been confused because HSCIC (who we are governed by) had sent out information at the same time. The information they were interested in was for example the prevalence of disease, diabetics stage 1 and 2 etc and was not patient identifiable.

1.3 All information relating to data sharing is available on the Practice website.

1.4 One patient member commented that the system was down a few weeks ago and enquired what back-up the practice has. It was clarified by Scott that SystmOne was not down but the Practice had experienced a power cut along with many residents at Bearpark. All paper records of every patient are kept on site and every evening the receptionists print out a list of patients who have appointments the following day. Dr Welsh confirmed that the paper records are from long ago and anything new, eg hospital letters etc are scanned onto the patient record.

1.5 Rachel referred to the Terms of Reference which were due for review and have been amended. The Practice took advice from the North Durham CCG ad NECS.

1.6 A patient forum member referred to the Patient Reference Group forum; that as patients we only have experience of our own and by bringing this to the forum it can be decided whether it is an individual or shared experience. Rachel said she used to run a Patient Forum where everyone wanted to share their experiences which is not what the Patient Forum is about. The practice has processes in place to deal with individual concerns – eg a process for dealing with complaints and patient feedback is collated via Elekiosk. The Forum was set up for the development of services and systems.

2 **Minutes of previous meeting** –16th December 2015
The minutes were agreed.

3 **Matters arising from minutes** – 16th December 2015
Update on action points – Scott Greenwood

3.1 A forum member referred to a practice brochure 'Choose Well ' which refers to another website. Scott thanked the member for drawing to his attention and will replace the brochure with the correct information.

Scott

3.2 Unfortunately we are currently unable to change the answer machine message without investing in the extra technology required – any change would lengthen the message and prolong the amount of time taken to connect to the various sites. Scott is still in talks with Russell Telecom to produce a solution.

3.3 The practice is now offering access to the Online Detailed Coded Record. This is advertised within each practice as well as being on the Patient Noticeboard Screens. Patients must fill in an application form and sign to say that they are responsible for the safe keeping of any information they have access to – a GP will then check the record to ensure that it does not contain any information which may adversely affect the patient before access is granted. Patients may be disappointed with the level of detail they are able to see, but they can still apply to see the entire record if they apply via the Access to Medical Records policy.

3.4 Pressing the Home icon on the SystmOnline pages will take the user back to the SystmOnline home page, not the Dunelm Medical Practice website homepage.

3.5 A patient with proxy access may access the account without having to log out and back in.

3.6 The practice website is ongoing but we hope to have it up and running within the next two weeks.

3.7 Scott has spoken to the lead secretary who has confirmed that referrals are made to the service rather than the individual consultant, and therefore there should be no issue with Rheumatology referrals. Any referrals that have already been made to the retiring consultant will be passed over to another member of the team.

3.8 Andrew Dowson from North of England Commissioning Support Unit will be in attendance at the next meeting (23rd March) to hear any concerns regarding SystmOnline and feed these back to TPP.

3.9	Scott has spoken to the practice pharmacist regarding the synchronisation of repeats.	
4	Development Plan Scott will email the reviewed Action Plan with the topics that were agreed at the previous meeting, for comment before finalising.	Scott
5	Gilesgate Building Programme Scott informed the forum members that building work is ongoing to improving Gilesgate Medical Centre. There has always been access problems to Gilesgate and the door is being widened so that there is better access for those in wheelchairs and buggies. The reception area is being refurbished and sterile paint will be used on all clinical rooms. Any comments to be emailed to Carol.	All
6	Patient Registration Pack - tabled	
6.1	Scott tabled the patient registration pack and informed the members that the GMS1 registration form is demographic. The Patient Registration Form is about specific needs eg disability. Scott would like feedback on anything that would be helpful to include in the registration pack or whether it should be paired down. To be discussed at next meeting.	All Agenda
6.2	A request was made that the pack is printed double sided which will be actioned.	
7	Practice Pharmacist/Extended hours funding	
7.1	Funding for the Practice Pharmacist has now ended and we will be losing the services of the pharmacist. Many patients have benefitted from Marie's input and has been helpful in many areas eg 28 day supply, medication reviews, synchronising medication. It was agreed by the forum members that Marie will be a huge loss. RC will raise the issue at the next PRG.	RC
7.2	Extended hours funding for Monday and Tuesday evening hours has ceased and the last evening surgery will be at Bearpark on 12 th April. Saturday surgeries will continue but there will be only one GP each Saturday and a Practice Nurse who will be replacing the HCA clinical sessions. The practice will be working with the NDCCG on ways to get around the extended hours.	
7.3	One member commented that there was only one SystmOnline booking at Bearpark the previous evening. Carol said she will investigate.	Carol
7.4	Did Not Attend (DNAs) – some weeks there are 60 patients who have not turned up for their appointments. Some of these patients have booked on the day but not turned up and DNAs have huge repercussions for the practice. Text reminder messages are sent to all patients who have appointments unless they have dissented from receiving texts. Dr Welsh in answer to a query said that the practice is not empowered to levy a charge for patients failing to attend. Patients who do not turn up for their appointment on 3 occasions over a 12 month period are sent a warning letter notifying them that they will be removed from the practice if they continue to DNA. Before a warning	

	letter or a removal letter is sent, the patient's record is reviewed by a GP in the event that there are mitigating circumstances. Scott will display the number of DNAs on the patient noticeboard.	Scott
7.5	One patient forum member said that he was not receiving text messages. This will be looked into and can be easily remedied.	Scott
8	Andrew Dowson – NECS.	
8.1	NECS IT supports the clinical systems; SystmOne Online is incorporated in the system for every practice in the North East. There have been a lot of problems with SystmOne online eg passwords, ordering medication line and they are looking into it. NECSU with the help of Scott have put together a guide for ordering repeat medication and there has been a series of updates to SystmOne.	Scott
8.2	One member said that when booking advance appointments on line he does not receive a confirmation so does not know if his appointment has been accepted or whether it has been taken by another patient. Andrew said the appointment should be listed in 'future appointments'; prescriptions ordered should be listed in 'prescriptions ordered'. Andrew believes there is a double confirmation screen but will look into it.	Andrew
8.3	SystmOne does not take patient feedback; Andrew will see if there is a group that can take patient feedback and refer to TPP.	Andrew
9	Friends and Family Results December, January, February	
9.1	The comments were reviewed. One patient had commented that he was unable to have a joint appointment with wife. It was not clear what is meant by a joint appointment eg whether the patient has dementia. If the patient has a carer it would be expected that the carer would be in the consultation. Scott said that we are trying to get carers to make us aware that they are carers so that we can update the records.	
9.2	One forum member said that it could be the dialogue with the receptionists – he has been told for example "It is not on my screen". "The results have gone to file". None of these statements make sense. This will be added as an agenda item for the head receptionists' meeting and discussed at the partners meeting so that trainers go through statements with their registrars.	Meeting Agenda
10	North Durham Patient Reference Group – R Chapman	
10.1	There was a talk given by the Patient Experience team formerly known as PALS who only deal with hospital patients. The team interview about 600 patients per year and feed back to hospital management. Seems to be a good and effective service.	
10.2	Head lice – the members were asked to find out whether their practice has a policy. Scott said it was covered by CCG and an infection control issue and is for all NDCCG membership practices. The Practice Nurses are working on having a practice specific policy. Shaleen said that in her 11 years she has never had someone come in with head lice but has had a concerned mother on the phone whom she redirected to the pharmacy. Head Lice is usually dealt with by pharmacists.	Scott

10.3 A meeting had been held with the director of operations and a cardiologist with regard to Cardiology Lab Services. Current equipment is outdated and there is pressure for new equipment to be made available in three areas; NDCCG, DDES, TEWSK.

10.4 The chair of the group has resigned from NDCCG. The funding for admin support has also ceased.

11 **Any Other Business**

11.1 A forum member passed Scott some patient leaflets that had been posted through his door from outside agencies that had some useful information. Framwellgate Medical Centre was not included in any of the literature. Scott will go through the leaflets and incorporate any information that is relevant eg where does a person go for non-urgent treatment, NHS symptom checker.

Scott

11.2 A forum member said he as a representative for Healthwatch ad some patients from other practices were waiting for 3 weeks for an appointment.

11.3 A forum member said that Belmont are going through a crisis. Some doctors are leaving suddenly; the practice manager had left and patients have been advised to look for another practice. The question was raised was there any danger of Dunelm collapsing through lack of funding. About 300 practices in the UK have collapsed. Dr Welsh said that practices are doing a lot of secondary care work. GP recruitment is at an all time low. Durham City is not too bad but Sunderland is facing big challenges. Dunelm Medical Practice is very stable at the moment.

11.4 A forum member said that doctors are not wanting equity and concerned that the quality of doctors would be less. Dr Welsh said he could understand the concern but assured the members that doctors are still being failed.

12 **Date of next meeting**

Wednesday 22nd June 2016 at 1.30pm – 2.30pm. Bearpark Surgery

Meeting ended 2.30pm