

DUNELM MEDICAL PRACTICE
Patient Forum Minutes
Wednesday 14th December 2016 at 12.45-3pm

Present: Patient Forum members, MS, RC, CW, RM, NM, GG
Dr Geoff Welsh (p/t), Helen Collier, Scott Greenwood (chair)
Carol Greenwood (minutes)

Apologies: AS, DB, SM

	Action
1 Minutes of Patient Forum meeting - 5th October 2016 The minutes were agreed.	
2 Matters arising from Patient Forum meeting - 5th October 2016	
2.1 <i>Appointment slips</i> - Advance appointment slips are available in all clinical rooms for GPs to hand to patients who need appointments weeks in advance. The appointment slips are then handed to the receptionists that gives them the authority to book patients in advance. It would appear that not all GPs are using the slips in the trial run and a reminder will be sent to GPs about the appointment slips being available to hand to patients where appropriate.	Scott
2.2 A 'Carers Service' link has been added to the Practice website and on the patient information screens.	
2.3 The locations of the surgeries have been amended on the website so they show the exact location.	
2.4 GG asked if the forenames of the GPs could be added to the website and stated whether male or female. Carol will update the website.	Carol
2.4 <i>DNA letter</i> - Some patient forum members thought the DNA letter should be harsher eg after 2 DNAs or 3 missed and struck off. One member commented that there might be a valid reason why the patient has missed appointments. Carol said that when a patient DNAs three times it is flagged up by a designated partner who carefully goes through the medical history for mitigating circumstances eg loss of loved one, mental health problems, before a warning letter is sent. When the patient has received a warning letter and missed appointments the GP goes through the process of reviewing the medical history before giving the go-ahead with the removal. A question was raised whether we can charge patients for missing appointments - one member had received a text message from his dentist informing him that if he missed his appointment he would be charged £40. Helen said the dentists are mostly private and it is within their rights; although the GPs would like to make a small charge, it is not within the constitution of the NHS to charge.	
2.5 Helen informed the group that it is Scott's last patient forum meeting and he is leaving the practice on 23rd December. Scott will be taking everything he has learned from his experience at the practice to his new job at NECS to improve systems. He has been an integral part of the practice over the last two years. RC said on behalf of the patient forum he would like to thank Scott for his valuable contribution.	
3 Review of CQC Report - Scott Greenwood	
3.1 Scott tabled a brief outline of the CQC inspection which took place at Bearpark Surgery on 14th September. There were 3 inspectors - a GP, lead nurse and CQC inspector who is also in charge of 111 inspections and well experienced. It was a very intense day which involved checking clinical rooms, expiry dates of products, members of the team being interviewed	

- and producing evidence, observation in the reception area and speaking to patients and patient forum members.
- 3.2 There are four ratings, 1) Outstanding, 2) Good, 3) Requires Improvement, 4) Inadequate. There were 5 CQC Lines of Enquiry which the practice was rated on - 1) Safe, 2) Effective, 3) Caring, 4) Responsive, 5) Well-led. The lines of enquiry were rated 'Good' across all patient groups with the exception of Vulnerable People which was rated as outstanding in every area. GG asked for an example of something that was rated outstanding. Helen said that at Gilesgate there is a Women's Refuge and the women have often fled their homes with only the clothes they stand up in and no means of ID. The practice set up a bespoke registration process for this vulnerable group whereby they are handed a letter from the Refuge to register with the practice and can bring in their ID when available. The practice is also registered as a Safe Place for vulnerable people eg people with dementia, learning disabilities etc. They are given a card which they can hand over to a Safe Place knowing that they will be taken care of until their carer arrives.
- 3.3 Helen said that it was suggested by one of the inspectors who was impressed with Scott's involvement that the practice apply for the Health and Social Care Award using technology to maximise everything for the benefit of patients. This will probably be put on hold now that Scott is leaving.
- 3.4 It was suggested by the inspectors that the forum members own the forum meetings, be self regulating, invite people to attend including staff; the team would act as facilitators.
- 3.5 RM said that at one time the practice had a pharmacist and patients benefited from having medication reviews. Helen said that we had funding from the CCG which we could decide how to use to benefit patients and we chose a pharmacist. When the funding ran out the practice had to make a decision whether to bring in another GP or a pharmacist. We brought in a female partner because there is more demand for appointments. We now have a pharmacist, Sotirios, who is with us one day a week but is steering towards medicine optimisation. If we were in a position to invest in another member of staff we would bring in a pharmacist. Helen will bring forward this comment to the partners' meeting. Helen
- 3.6 A question was raised whether the practice can improve on 'good'. Helen commented that we did not receive any remedial recommendations. We do not have the space for extra services - some of the outstanding ratings have been practices who have eg coffee mornings. However, this year we asked staff to donate to the local food bank rather than buy Christmas cards for each other. It was voluntary and the donations from the 3 sites filled a car. It is a shift towards putting something into the community. At Framwellgate the staff put the cost they would have spent on a box of cards into a kitty and one member of staff purchased a long list of food items from the supermarket.
- 4 Patient Survey update**
- 4.1 The receptionists will be encouraging patients to complete the patient survey which will go to the forum to decide on the priorities. It is an opportunity for members to shape the development of the practice. All
- 4.2 NM said that Healthwatch will visit a practice if they receive a CQC report stating there is a need for improvement. Scott said that Healthwatch came to a practice training session which was very useful and could be invited to one of the patient forum meetings.

5 **Herbert Protocol - Safe and Sound**

As a practice we would like to support the Herbert Protocol for the safeguarding of vulnerable adults and Helen asked for the group's views. Patients contact 101 to register and are given a form to complete on where their loved one might visit eg cafes, shops so if the person goes missing they may be quickly found. The group was supportive and queried if there was anything for children. Helen is not sure but would make enquiries. RM said that as a trustee of the Carers Group he would make enquiries. It was commented that children who run away from home do not want to be found and will generally turn up in their own time. There was a discussion on vulnerable people being portrayed as elderly people bent over with walking sticks when vulnerable could be anyone around the table. One of the members commented that as a driver the image has more impact.

6 **North Durham Primary Care Strategy**

6.1 It is proposed that from 1st April 2017 extended hours 7 days per week will be available to patients throughout the whole of Durham. The NDCCG have commissioned the 3 federations on a hub and spoke model. It is not possible for some practices to provide extended hours where there is only one or two partners. Our practice and some others are part of the federation who are able to provide additional hours from a location to be announced in due course. As soon as Helen has more details she will inform the patient forum members.

Helen

6.2 RC said that it was difficult for shift workers to make appointments. Helen said that if there was a large group of patients eg 500 then there could be a need for change but it would be difficult to meet the demand for a few when currently our appointments are meeting the demands of patients. NM asked if patients could be given a code so that it was known by receptionists that they were shift workers and needed a late appointment. Was it possible to have a wide screen showing two views - one being the doctors' appointments and the other the patient records where the code was visible. Scott said it is possible but there is lots of information to view. Helen will discuss at the head receptionists meeting for their view point.

Helen

7 **Any Other Business**

7.1 A question was raised whether there is a policy on Norovirus. Helen said Public Health England issue guidance on the management of infections to help keep patients away from the surgeries. The practice also receives a number of safety alerts which are published on our intranet to alert staff on such things as severe weather warnings, potential risk from a dangerous person, product recalls etc.

7.2 Framwellgate Moor Medical Centre will be open as usual on Saturday 24th and Saturday 31st December.

7.3 NM said he had been collected by hospital transport and the driver went through a red light and a No Entry sign. When he complained the driver told him that if he was not happy to get out and walk. Helen said that only ambulance drivers are able to go through red lights and would definitely complain not only about his dangerous driving but his disgraceful attitude.

7.4 The NDCCG Diabetes Service is being decommissioned and everything from Secondary Care is being discharged into Primary Care apart from complicated cases. A diabetologist will be coming into our surgery every six weeks.

7.5 Well Being for Lie sessions are being held at Bearpark and Gilesgate - patients from any practice can have a one hour appointment every week for six weeks for lifestyle changes. There are also group sessions. It has

proved to be a popular service. Leaflets are available at each site and on the website.

- 7.6 Rapid Specialist Opinion (RSO). RC voiced the concerns of the members of the NDPRG. Helen commented that notice of the new service, which is happening across a number CCGs throughout the country, should have been given information earlier and the service had not been explained in a way that patients can understand. Helen stressed that the RSO service is not for anything urgent or a risk of cancer (2WW). The GP writes a summary of the medical history of the patient, in the same way which they always have, which is sent to the RSO team who decide on the most appropriate course of treatment. Whether to refer to secondary care or to return to Primary Care with a treatment plan. There is a Patient Reference Group open meeting at North Road Methodist Church Hall at 5.30pm on Tuesday 10th January 2017 which Helen suggested the patient members attend.

All

8 **Date of next meeting**

Thursday 16th February 2017 - to be confirmed. Carol will email the forum members with the suggested change of day.