

DUNELM MEDICAL PRACTICE
Minutes of Patient Forum Meeting
Wednesday 5th October 2016 at 1.30pm-3.30pm



Attendance: Dr G Welsh (chair), Scott Greenwood, Rachel Shakir (business manager),
Helen Collier (part), Carol Greenwood (minutes)
Patient forum members: RC, NM, MS, DB, GG
Apologies: CW, JB

- 1 **The Patient Survey - creating own questions to gather opinions on a local level**
- 1.1 Scott informed the forum that following the CQC inspection one of the experts from the panel suggested that the Patient Survey be created by the Patient Forum, and that it would be useful for patient forum members to visit their surgery for feedback from patients. A list of questions was emailed to the members for guidance; feedback has been collated and tabled for discussion.
- 1.2 Scott said that one member suggested a counter balance to Q8 by adding another question ie is there a particular GP you prefer NOT to see or speak to? Scott had taken this on board but the questionnaire needs to be impersonal.
- 1.3 The questions that were raised about health fits in well with a new service being provided – 'Well Being for Life'.
- 1.4 One member asked what the intention was of asking Q34 - regarding state of health today. Dr Welsh said that there were some questions he would not answer; the questionnaire is to be patient directed and tailored to what we want.
- 1.5 Rachel commented that the outcome of the questionnaire is about shaping the practice eg a question about mobility - is there good access to the practice? etc.
- 1.6 Scott said that the logistics of gathering the feedback is something the Patient Forum need to agree eg online, in doctor's rooms, etc.
- 1.7 It was questioned how the survey has been done previously. Dr Welsh said that from memory patients were handed a questionnaire before going to see their doctor - 100 questionnaires per doctor and probably about 80% were completed. Scott commented that it was good for a snapshot but the practice needs something meatier to get a clear idea of some of the issues.
- 1.8 In answer to a question from a member on whether we have a fax machine - the fax number is on the website but is mainly used for referrals and pharmacists.
- 1.9 A member suggested that a question about the Nurse Practitioner would be useful to be included in the questionnaire.
- 1.10 Scott said there could be a quarterly questionnaire to focus on an aspect to get the best use of questions to improve services rather than focus on an issue.
- 1.11 Scott gave an example of a question that had been raised by the patient forum that is now in operation ie the appointment slip system whereby a GP hands an appointment slip to a patient whom he/she wishes to see in 2 weeks' time to hand to reception. This gives the receptionist the authority to override an embargoed appointment. RC said he would like to use this as an example of best practice at the next PRG meeting.

All

RC

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| 1.12 | A member asked if a patient could travel to another site to see a doctor. Dr Welsh said that we encourage patients to go to their practice but it is possible. | |
| 1.13 | Q) A member asked why appointments could not be booked 4 weeks' in advance like they did at her previous practice.
A) The rotas at Dunelm Medical Practice are quite complex mainly because GPs are working across 3 sites. It is also a training practice with two intakes of registrars each year with little information received until near their start date. One change in the rota because of eg sickness impacts across all the sites and often involves changes to at least one day. | |
| 1.14 | A member asked if an appointment slip could be given for a long term appointment say 4 weeks' in advance. Scott said this could be trialled - the receptionists could be given either a slip of paper or a scheduled electronic task asking to book in a patient. The patient could be telephoned or sent an SMS. | Scott |
| 1.15 | Patients that Do Not Attend (DNA) appointments is a significant issue. Dr Welsh said that approximately 2 hours of GPs'/nurses' time have been wasted today. The patients are sent warning letters and removed from the practice if they continue to DNA. Dr Welsh pointed out that some of the DNAs are safeguarding children issues or have mental health problems and cannot be removed from the practice. Carol will send the forum members a copy of the DNA letter for comment. | Carol |
| 1.16 | The Staff Survey Questionnaire will be emailed to the forum members with the additional questions that were requested. Forum members can then decide what questions are relevant and can be contained on a double sided page. | All |
| 2 | Virtual Forum - feedback/action tabled | |
| 2.1 | Carers:
A 'Carers Service' link will be added to the Practice website and information on the Patient information screens will be made available. | Scott |
| 2.2 | Website:
The locations of the surgeries are incorrect and the external webmaster has been notified to make the changes.
Scott will speak to the NECS rep to chase up TPP on the suggestion that they should seek feedback from users. | Scott |
| 2.3 | Travel vaccines - Scott tabled a list (NHS Choices) of vaccines that are free and those that have to be paid for. The nearest travel centre is Boots in Durham. Notices will be displayed in waiting rooms. Nurses can advise on what vaccines are recommended for travellers but patients can find this information on the National Travel Health Network and Centre website. | |
| 2.4 | Carol will invite one of the pharmacists to a meeting to answer patient forum members' queries. One member said they have difficulty ordering repeat prescriptions online; she and Scott will look at the online system. | Carol |
| 3 | Rapid Specialist Opinion (RSO) - Helen Collier | |
| 3.1 | Helen informed the group that there is a £10m funding deficit and NDCCG need to work with its practices to manage the number of referrals and ensure that they are all appropriate to current guidelines. A new service 'Rapid Specialist Opinion' (RSO) is being delivered by a third party 'About Health' which is a completely independent body outside of the Trust. The service is being piloted and will be reviewed on a monthly basis. Once a patient has been referred to Secondary Care (hospital) they can wait up to 6 weeks for their appointment. With the implementation of the service all referrals will be reviewed by a consultant within 48 hours through the Rapid | |

Specialist Opinion (RSO). There has been some ambiguity with NICE guidance on gastroenterology where patients have been sent for unnecessary endoscopies and 2/3rds of patients should not have been referred. The RSO should eliminate the incorrect referrals.

- 3.2 The service will cost £70k over six months and £10 per referral that is reviewed. It has been running in North Tyneside for over a year and no risk to patients has been identified. The referrals to RSO are looked at by a specialist. If the referral is rejected a management plan is sent back to the referring doctor. There is a potential saving of more than £500k during the first 6 months.
- 3.3 Dr Welsh gave an example of 'knees' where he found referring to a musculoskeletal clinic useful for knees, in particular, as they could assess and organise any scans needed and refer on if required ie a one-stop shop for patient and GP.
- 3.4 RC spoke of the concerns that were raised at the Patient Reference Group whereby all forum members were extremely sceptical of the procedures instituted by the NDCCG: These concerns are outlined below ie 3.5, 3.6, 3.7, 3.8, 3.9
- 3.5 (a) £70k payable each month; if RSO does not make a profit it won't operate.
- 3.6 (b) that the GP has to fill in a long form (approx 20 pages) on patient details and not given any more time or money to complete. Helen clarified that this is not the case, RSO will receive detailed referrals in the same way that the hospital does now. There will be no more work for the GP.
- 3.7 (c) that if a minimum consultant fee is £100; RSO receive £10 for each reply which equates to about 3 minutes of someone's time.
- 3.8 (d) the belief that this is simply a cost savings exercise. The decision will be made purely on what has been written down. Helen explained that is again the same process that happens now.
- 3.9 (e) Dr Nichols gave an example of what happened in the past but cannot do it now.
- 3.10 Helen said that if any concerns were raised which indicated a patient safety issue the pilot would be stopped.
- 3.11 The NHS cannot continue to work in the same way it has for so many years. The money which is available is finite; demand is growing and resources reducing. The developments in medicine have seen life expectancy increase and people survive illnesses such as cancer at a rate like never before. These are the services that the CCG would like to ensure continued investment in and by implementing RSO they are hoping to start to address the funding gap.
- 3.12 RC said that there is never any criticism about GPs - the consensus is that they are overstretched, under-funded and do a really good job. Very much appreciated by everyone on the panel. It is because of being a member of the panel that he realises what the work of a GP entails.
- 3.13 The question was asked how do we tell/share with patients what we are doing. One member suggested a video on the website to explain. Helen will discuss this idea at the Working Group she is attending on 6th October.

Helen

4 **Any Other Business**

- 4.1 A forum member said that Whitfield Chemists have put up a notice to the effect that 'although we will do our best, if prescriptions do not arrive from the surgery, please do not abuse our staff'. The delay in issuing is happening regularly. Personal experience from a member was that there was a 50% chance of getting the prescription within 3 days.

Scott said that it is one of the reasons he was going to invite a pharmacist. It is mainly a problem with the pharmacy software and is a nationally recognised problem. The process is that the GP electronically signs and sends the prescription which goes to the 'Spine'. The pharmacist pulls it down from the spine. There is a tracker which shows exactly where it goes. Sometimes there is a delay because of the pharmacy software not recognising the prescription. Feedback on the electronic prescriptions has gone to NECS and the PRG.

5 **Date of Next Meeting**

Wednesday 14th December 2016 at 12.45pm – 2.00pm – Bearpark Surgery.