# 8th Spring Hall Medical Practice patient Participation group meeting – Tuesday 10th November 2015

## Patients and staff in attendance

Dr S Cleasby – GP

Dr R Manyeula- GP

Tracy Worrall – Deputy Manager

Sara Johnston – Admin team member

KH - Patient

ML – Patient

KR – Patient

PR – Patient

ME – Patient

BE- Patient

ZW-Patient

MA- Patient

RR- Patient

At 6pm Dr C opened the meeting by welcoming everyone and giving a brief explanation of the groups’ aims.

## Family and Friends

TW explained the importance of conducting the simple questionnaire; how the information obtained is collated on a monthly basis and available to be viewed by patients/visitors in the surgery.

The methods of obtaining the information were also explained. These comprised of leaflets, text, SMS, phone and a tablet which is situated in reception.

The questionnaire consists of 2 questions.

1. how likely are you to recommend our surgery to your friends and family

The second question can be determined by the participating practice and changed when necessary it is currently

1. We currently provide a GP specialist service in Diabetes and Dermatology. The funding for this service is being reviewed by NHS England. How would you feel if we were to lose this service?

At this point TW passed a sheet detailing the test findings around the group. This sheet also contained comments gathered relating to the second question.

The general consensus amongst the group was that this was a good way to obtain information to help improve the service we provide.

## Potential loss of Services

Dr Cleasby explained that previously the surgery had opted to do enhanced services due to the way it was funded. But now the NHS are trying to bring all GP’s surgeries funding in line with each other and as a result we may be losing the funding which we have been using to do extra clinics in diabetes, dermatology CHD and COPD among others. The floor was opened for questions.

BE questioned the difference in equality between surgeries which provide services and those that don’t. The difference was explained by Dr C and TW. The reasons for keeping the services in house rather than outsourcing them to the hospital were also explained.

It was also explained that the surgery’s ability to make a good case for keeping the services in house will also be backed up by the comments on the questionnaire detailed above.

BE then proceeded to question whether there was anything that people could do to strengthen the surgery’s case. Dr C explained that people could voice their concerns with MP’s or NHS governing bodies. BE enquired as to whether a letter from the PPG would be beneficial in assisting the practice’s case. It was noted that the surgery itself could not be involved in drafting such a letter. After discussion RR agreed to draft a letter and TW advised that she would pass it between the group members to sign if they so wished.

Other comments included

* Services should be continued as they are (ML)
* Placing the services back with the hospital contradicts the stated aim to keep things local (PR)
* Suggestion that it would be cheaper to maintain the status quo (KR)
* Hospitals are already overstretched(BE)
* Could potentially be detrimental to the patient/GP relationship (RR)

## New Website Comments

TW explained that due to previous request from the PPG re the old website being out dated we had now acquired new website. Dr C demonstrated the website using the overhead projector. TW encouraged those who were interested to view the site. She advised that any suggestions on potential improvements would be welcomed.

Dr Cleasby pointed out that there are several links to Systm online which is our online service for patients. Systm online allows patients to book appointments these at present are limited to nurses and telephone triage appointments. This will be expanded in due course to cover other appointments as more patients register for online access. It is possible to order repeat prescriptions and it will only allow the patient to order prescriptions when they are due. Potential new patients can also register with the practice online. Anyone wanting to use the system to book appointments will find the registration is quick and simple but photographic ID is required as soon patients will be able to access their medical records online. This can be done at reception.

KH commented that this system would be easier than using the phone. ZW asked if there was any age restriction. TW replied that you had to be 18 or over. The general consensus was that nurses should also be named on the website. TW replied that this would be done.

## Online Forum

It was suggested that an online forum may be beneficial whereby the surgery would post a topic upon which people could comment and vice versa. This would open up discussion to a wider audience range and to a variety of ages. It would also allow those who are unable to attend the PPG meetings to comment and have a voice.

The general consensus was that the group liked this option. BE mentioned that this option opened up the danger of losing face to face contact. It was also indicated that not everyone has a computer. TW advised that you could also take part using a smart phone. Requests were made for anyone interested to provide their email addresses. It was made clear that this would be in addition to the existing PPG meetings and would not replace the same.

## Joining PPG group meetings

We have been in discussions with the PRG project worker from the CCG for the surgery to join with other local surgeries i.e. King Cross and Queens Road with a view to having one large patient participation group meetings where we can discuss issues which affect all of the surgeries. If this went ahead we would be required to hold the meetings in a much larger venue. It may also only be possible to hold the meetings once per year.

The group in general considered this to be a good idea.

## Volunteers for Online Access to Medical Records

TW explained that patients are going to be given more access to their medical records. It will not be everything initially, at first it would just comprise of the summary care records. This will include medicines and major illnesses. The amount of information may well increase in the future. In order to ascertain how this system works, the surgery will require volunteers to trial the site. TW asked if anyone in the group would be willing to act as a volunteer. The people that showed an interest in this were BE, ML, KH, PR, MA.

**AOB**

Dr C then opened the floor up for questions.

MA queried who has access to patient’s records. It was explained that if you have agreed to share your information by completing the necessary form; the hospitals and OOH GP’s will have limited access to your records. This will include things like the summary care record, medications, allergies and any major or minor illnesses. The only person who will see everything on the records will be your GP. MA then queried the possibility of unauthorised people accessing clinical records. Dr C explained that confidentiality is taken very seriously and that there is a recorded audit trail in ever record. This will highlight anyone accessing the records that does not have the authority or a clinical reason to do so. It was noted that to access records without the requisite authority is a sackable offence.

BE then asked if one has not signed a form, can authority to look at the full records be overridden. Dr C used the example of someone in a coma and indicated that if it was clinically necessary then confidentiality could be overridden. It would have to be proven to be necessary. TW added that people do worry about hacking and their information getting into the public domain. She indicated that whilst System 1 which the practice uses has safe guards and numerous firewalls to counteract this; the NHS could not be held accountable for personal equipment.

KR raised the question of what happens when a patient sees a specialist at the hospital and is referred back or discharged to the GP. Dr C indicated that the practice would receive a letter and if the patient needed to be followed up a task would be sent to admin to contact the patient in order to make the necessary appointment. As a failsafe the patient could ring after a suitable length of time to allow for a letter to be received to make the necessary appointment themselves.

ZW made the point that she had rung for some blood results and was initially told everything was normal. At a later point she came to collect her medications and found an extra item had been added. TW explained that blood results are broken down into several components and often come back as more than one result. The reception staff are not medically trained and are unable to discuss results in detail. They will normally only pass on any instructions given by the GP when they filed the result. It is possible in this case that not all the results were back and that one was downloaded at a later date.

The surgery have realised that there has been a few results which needed prescription and the prescription and task have been separated resulting in a delay, now any prescriptions attached to a medical test will be passed to a receptionist to ring and inform the patient immediately. If it is a task to repeat bloods or a test, the doctor will send a task to the admin staff to contact the patient and make the necessary appointment. Due to the volume of tests carried out by the surgery, this may be actioned up to a week later by either phone, SMS or other avenues. The task will not be marked as completed until the patient has been contacted. TW pointed out that it is essential that all telephone numbers, mobile or landline, are updated on the records to make this system efficient.

TW informed the meeting that the surgery are currently waiting for a new telephone system to be installed as discussed in previous PPG meetings. The new system will be able to inform a patient of their placement in the queue etc.

The meeting was then brought to a close by Dr C.