

Ashville Medical Practice Patient Reference Group Meeting Minutes 28th January 2016

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
 Ruth Nowodny (Practice Administrator)
 Patient Reference Group Members (9)

Mel opened the meeting by apologising for the delayed distribution of the minutes of the last meeting, explaining that the administrative system was under pressure, and that the needs of patients must be a priority. The group agreed with this, and Mel asked if any member would be willing to undertake recording the minutes of meetings, and typing them up for distribution. One member volunteered to try to do this task, provided a practice staff member was willing to check the minutes were to their understanding, before being distributed. Ruth agreed to do this.

Update on A.O.B Item raised at meeting on 15th October 2015.

- Electronic Prescribing – A member of the group had been in discussion with Mel regarding problems with this system. It appeared that many of the issues lay with the chosen pharmacy, who may not have the required stock at the time the patient collects the items; in response to questions regarding notification to patients prior to collection to avoid wasted journeys, it was pointed out that this was the responsibility of the pharmacy and should be raised there. Another patient had made Mel aware of a problem, and was put in contact with the Pharmacy Manager to resolve the issue. Any new system involves learning, but it was further pointed out that prescriptions for controlled drugs cannot be issued using the EPS.

Agenda Items – Patient Reference Group Meeting – 28th January 2016.

Practice News:

- Flu clinics had been held in October with those attending less than the previous year. The first carried out 612 appointments and the second 486.
- Dr. Kukstas leaves the practice at the beginning of February having completed her six months. She will be replaced by Dr. Tom Strickland.
- A member of the group who has attended meetings in the past is now unable to do so, but wishes to retain virtual membership.
- I Heart – This new service is now live, providing additional access to medical services in the evenings and at weekends. There has been little feedback to date from patients, though a member of the group had been made aware of one complimentary comment via a third party.

Achievements of Practice in the last year:

- The practice website has been updated and is a continuous process.
- In September 2015 Dr. Clement joined the practice until the end of March 2016, as a “GP Returner”. This scheme enables medically qualified persons who have been working in other fields to receive supervision within a practice to train to be a GP. This is the first time that the scheme has been used in Barnsley.
- Dr. Cooke and Dr Pringle became GP partners in September 2015. Due to the departure of Dr. Campbell, this did not provide extra doctors hours since Dr Pringle was already working in the practice.
- The practice received good results from the “Friends and Family” survey.
- In June 2015 the CQC report rated the practice as “Good”.

Mel stressed the need for continuous improvement and this is always the aim, and it must be acknowledged that there is frequently the need for change in order to progress.

Feedback from the last year.

- Positive feedback concerning Dr Gibbins was received; Mel will convey this to him.
- Positive feedback from a patient regarding the help received from Dr. Mahmood.
- A suggestion that the reception should remain open during training afternoons cannot be implemented as it is not practical to do so.
- The new website had been reported to be user friendly.
- There had been an acknowledgement that the CQC report was positive.
- A patient acknowledged a quick appointment with a doctor, and treatment.
- A patient had telephoned asking for help and advice, and an immediate home visit was actioned.
- Antibiotics had been prescribed at a “flu clinic” for a patient seen to be needing treatment for an unconnected problem, demonstrating flexibility and care.
- The poster advertising the Royal Voluntary Service had been moved to a more prominent position.
- The forms on reception were now in a holder and clearly labelled.

Other Issues:

- Mel stressed that the practice must continually move forward and be positive.
- A member of the group asked if the “Choose and Book” system was still operational. Mel explained that where appointments were available, patients were able to use this system, but if none were showing, the hospital would make the arrangements by mail. This was not an issue for the practice to deal with, as it is the system by which the hospital appointment system operates.
- Mel is involved in a CCG pilot scheme regarding software for acute appointments. Ashville is one of five practices selected, and capacity and demand will be evaluated, thereby helping to assess and review resources.

- In line with continuous review, it has been noted that there is very little uptake on reception between 6.00pm and the closing time of 6.30pm. Additionally, as the adjacent pharmacy closes at 6.00pm, prescriptions cannot be filled there, even if they are collected between 6.00pm and 6.30pm. It is therefore proposed that the surgery will close at 6.00pm from Tuesday until Friday inclusive, and Care UK will be asked to cover the telephone calls from 6.00pm on those days, and also on Mondays when the surgery closes at 8.45pm. This will allow staff to be moved forward on their rotas, and will provide additional valuable hours for debriefing of GP registrars, thereby using time more effectively.
The surgery will therefore close at 8.45pm on Mondays, and at 6.00pm from Tuesday until Friday inclusive, at a date to be confirmed.

Sharing Medical Records.

Mel presented a comprehensive chart outlining the implications of sharing personal medical records with other medical agencies. With a minor amendment, the group thought this to be a very clear explanation of to whom, and how the personal medical information of a patient could be shared, subject to the agreement of the individual. The members congratulated Mel on compiling the chart from a wordy and confusing document, which would be difficult to easily understand when patients were being given the choice of sharing, or not sharing their medical information. (Note: The relevant document for patients to complete and sign to declare their choice has been circulated to members of the groups since the meeting.)

Patient Survey Results.

Due to time constraints, this item was deferred until the next meeting, but it was agreed that the results be posted on the website.

Patient Council

A meeting has been arranged on Friday February 5th at “The Core” in Barnsley by the CCG to explore ideas for the forthcoming year. All PRG members have been invited to attend.

27 GP practices have signed up to participate in the Barnsley Healthcare Federation. This is to be an item on the agenda for the next meeting of the PRG.

Any Other Business

A member asked about screening for aortic aneurysm; Mel informed the group that this was organised by NHS England, with no practice involvement. However, she asked that the member raising the issue explore the possibility of obtaining posters which could be put up in the surgery to advertise the screening. The practice would also look into the availability of advertising material.

Date of Next Meeting

This will take place on Thursday, April 14th 2016 at 1.00pm, at Ashville Medical Practice.