**ST ALBAN’S MEDICAL CENTRES**

Patient participation group meeting – Monday 20th November 2017

Patients met with Dr Adams, Dr Tomlinson, and Denise Lavey. Denise welcomed everyone to the meeting and thanked them for giving their time. The aim of the meeting is to review the Action Plan, and discuss other aspects of interest.

Introductions

* Dr Tomlinson was introduced to the group as the new GP representation for Patient Participation. Dr Adams will be Senior Partner of the practice when Dr Heatley retires in early February, and so we have reallocated some of the partner responsibilities.

Review of action plan

The three areas of the action plan were discussed.

The website has been promoted, and we are always keen for patient feedback to ensure that the information is correct and is useful to patients. An example was recent feedback from someone who tried to phone the surgery at 7.30 PM because they’d checked the website and read that we were open until 7.45 PM on that evening. Our phones are switched over to the Out of Hours service from 6.30 PM, even if we are open late. We have revised the Opening Hours page to include this information and apologised to the patient for confusion.

We are building a list of emails for newsletter circulation. The benefits are more patients being aware of changes in the practice, getting forward notice of flu clinics, and also having to do less printing in house.

We have not yet done a display about getting help when the surgery is closed. This may be appropriate for the lobby of the practice, although this has been taken over slightly by “adverts” for weight loss, exercise and so on. [Out of hours access to services is likely to change soon, see update on IAGPS.]

General discussion

* GP numbers – this was discussed in relation to the practice having recruited a salaried GP to take on first Dr Mistry’s maternity leave, and then Dr Heatley’s patients on her retirement. The situation of GP availability in Dorset has eased slightly compared to 12 – 18 months ago when it was very challenging. We are also fortunate that the practice has the reputation of being a good place to work, which helps with attracting local applicants. Nationally, there is a GP shortage, and this shows no signs of improvement at the current time with GP training schemes not filled to capacity and many female trainees who may wish to have families / maternity leave / work part time.
* Mergers – the Clinical Commissioning Group have been clear in public meetings that they would like to reduce the overall numbers of GP surgeries across the county, with the main benefit being the resilience that an organisation of greater size can bring. An example of the closure of a single-hander practice in Boscombe was given to emphasise the difficulty of recruitment and the impact that can have on a small organisation. That said, the practice is comfortable that it is sizeable enough to be able to have a multi-disciplinary team and offer a wide range of services, but small enough to deliver a personalised service for the 10300 patients registered. We do work closely with two other local practices, employing a small team to focus on frail elderly housebound patients, and there are plans to expand this to the Central Bournemouth locality (see update).
* IAGPS – the practices of North, East and Central Bournemouth localities are working with Christchurch locality to offer Improved Access to General Practice Services. This is the delivery of David Cameron’s vision of GP services from 8 – 8 on weekdays, and appropriate weekend opening for the local area need. More detail is given in the attached update. This service will initially be an urgent service, accessed by practices, the emergency department, and NHS111, running evenings and weekends.
* Sharing data – patients were reassured that data is strictly controlled. It is shared with clinical colleagues for clinical care, but not for third party use which then might be sold on for commercial gain to interested parties. Every single access to a patient record is visible on audit trail, regardless of whether that is booking an appointment or recording a consultation. All staff members have access via NHS smartcards which are password controlled and with access levels appropriate to their role. We talked about the Summary Care Record, which is at its simplest a database of demographics, medications and allergies, but can be enhanced to include more of the GP patient record. This can help hospital doctors in their treatment of patients, especially where the patient is unable to communicate their medical history, but should only be accessed with consent of the patient. The security of data is always a concern; the practice do all they can to keep their part of that data secure.
* Changes to the use of hospitals in the area were discussed, following the announcement that Bournemouth would become the local Major Acute centre and Poole the site for planned care. All major hospitals will retain 24 hour access for emergencies, though there is no detail as to whether this will be an Accident and Emergency department or a Minor Injuries unit.
* Wider issues – we discussed issues such as NHS funding in general, and whether there might be consideration in the future to having a form of healthcare which requires payment from the patient. One discussion point was to have a credit-card deposit to secure an appointment, refundable on attendance. Politically, any change to the NHS that takes it away from the premise of “free at the point of access” would require all-party agreement, which is notoriously difficult to get.
* A patient gave feedback on a CCG information meeting he had attended last month. This was quite informative, with the clear message that Dorset health services and care initiatives were highly regarded across the country.
* A suggestion was made to try to recruit more and especially younger people onto the patient group, which involved a patient information leaflet about the group and a personal approach from their usual GP. The practice will try this approach.

Dr Adams thanked everyone for their attendance and contribution. A vote of thanks was also given to the practice, which is held in high regard.