

HORSEFAIR SURGERY
PATIENT PARTICIPATION GROUP MEETING
MONDAY 29th OCTOBER 2012 7.00 PM

Present: Donald Mobbs, Karen Russell, Marie Buzzard, Anthony Newman, Kelly Cornish, Mark Rhys Thomas, Eric Woodhouse (Chair), Dr. Hugh Gillies, Andrew McHugh and Karen Ford.

Apologies: Elaine Cantwell, Annie Phillips, Dr. Tim Cherry

Action

EW opened the meeting by welcoming new members Kelly Cornish and Mark Thomas to the group.	
MATTERS ARISING	
Correction to minutes of last meeting – Karen Russell was in attendance and this was not reflected in the minutes.	
AGENDA	
<p>Information Sharing – AM explained to the group the concept behind the Summary Care Record. This will create a medical information gateway available to NHS clinicians throughout England. Patients wishing not to take part have the opportunity to opt out. Information from medical records of those to be included will be uploaded onto the spine in November. AM explained that this is a robust system and this information will be secure. Any breaches of confidentiality will be dealt with by the laws of the land. On the whole it was felt that this would be beneficial to patients. AM explained that locally there was also the Oxfordshire Summary Care Record.</p>	
<p>Commissioning Update – AM is the Practice Manager representative for the North and county (Banbury, Chipping Norton and Deddington) and HG is on the Executive Committee. HG reported that the Executive Committee has three or four GPs. Dr. Paul Park from Banbury Health Centre is the GP Lead and Dr. Judith Wright from Cropredy Surgery is the Deputy. The executive and locality committees meet monthly and also meets every 6 weeks with the OUH Trust (Oxford University Hospital Trust – formerly Oxford Radcliffe Trust incorporating the John Radcliffe, Churchill, Nuffield and Horton Hospitals). The OUH Trust is working towards foundation status and is working closely with the Executive Committee. There are shared ‘visions’ of high quality health care that is sustainable reducing inequalities with partners and putting patients first.</p> <p>The reality is more will have to be done with the same amount of money. One example is that the group is currently exploring innovative ways of working for physiotherapy. Waiting times stand at 16 weeks and they are looking at reducing this, initially to 8 – 10 weeks and ultimately to 2 weeks. To achieve this not all patients will have a physiotherapy appointment, some will receive a telephone triage from a highly trained physiotherapist who will recommend a course of self exercises with supporting leaflets. It is hoped that this will ensure that only the patients who really require appointments will get these in a timely fashion. Other patients will receive the appropriate (less costly) advice that helps them to get better without an appointment.</p> <p>At Horsefair we already host exercise classes for the disabled run by Cherwell District Council. We also have MSK triage, paediatric clinics and an endocrine clinic run by the hospitals within the surgery.</p>	

Recent Renovations at Middleton Cheney Surgery – The Partners had been looking at the possibility of building a new surgery at Middleton Cheney, however a suitable site was not found. As the current surgery was looking rather shabby and to ensure that the new Care Quality Commission regulations will be met, renovations have recently been carried out. This is now a much improved surgery with capacity for ten sessions a week. At the present time it is utilised for six sessions a week so there is room for expansion here should the list size grow. There are however difficulties with boundary issues in that a significant number of Horsefair patients are in Northamptonshire and as such are not eligible for Oxfordshire Social Services. The practice is trying to get OCC (Oxfordshire County Council) to extend services to patients registered with Oxfordshire practices.

The next five items are based on recent newspaper articles which the group felt may be of concern to patients, clarification on the view of Horsefair Surgery was sought:

Free Treatment for Foreigners – HG explained that all GP practices have a duty to provide immediately necessary treatment to anyone who requires this. However GPs do not have to register these patients, but if they do then the patients are entitled to hospital investigation – MRI, CT scans, Chest X-rays and blood tests but would have to pay for out patient appointments and operations. It was not felt that we had a particular problem with this in Oxfordshire.

Cash for Referral Cuts – it is not true that GPs are being paid to cut referrals. They were asked to look and see if referrals were appropriate – we had participated in this exercise and initially there was a flurry of referral cuts, due to information sharing, for example we are able to do joint injections in house and not everyone realised this. However after this initial flurry nearly all referrals were felt to be appropriate.

Out of Hours Cover – there had been reports that so many thousand patients were left in the care of just one GP (Devon and Cornwall area). We are very lucky with our OOH cover in this area. There is a GP and a paramedic and they are based at the Horton overnight (22.00 – 08.00) offering appointments and visits as appropriate. It is hoped that OOH District Nursing cover can be improved. A discussion around Banbury Health Centre then ensued. It was felt that we had been rather misled by this being a drop in centre, when in fact you now require an appointment. It was pointed out that Banbury Health Centre had been successful in providing cover for 5000 patients which the existing practices would have struggled to cope with.

Banning Patients who Complain – At Horsefair Surgery we take complaints very seriously. If we have done something wrong we will apologise and use the complaint as a learning point to improve our systems. The level of complaints received here is low. We would not remove patients from our list for complaining.

Patients on Death List – this follows the Liverpool Care Pathway. It is not true that terminally ill patients would not be treated for infections etc. There is a DNACPR (Do not attempt Cardiopulmonary Resuscitation) form which clinicians involved in treating palliative care patients will discuss with patients and their relatives. This formalises the decision not to carry out CPR should the patient's heart fail.

Ambulance crews have to carry out CPR unless there is a DNACPR form (usually kept as a message in a bottle in the fridge). It is extremely distressing for all concerned if CPR has to be administered to frail patients who are naturally slipping away. The group were unaware of this system but did feel it was appropriate.

<p>GP's Prepare to Tackle Spending Decisions – we had already touched on part of this item under the commissioning update. There was further discussion around the deficit in the Oxfordshire budget. Some areas being looked at are routine hospital follow up appointments and acute admissions. It was felt that if each average practice (average based on 8000 patients) could save four acute admissions each year this would result in vast savings nationally. Hospital at Home is a service set up to provide nursing care within the home environment for a specified period of time to prevent hospital admission. Patients must be safe to leave overnight and highly qualified nurses will visit up to four times a day to provide care within the home. They have an office here at Horsefair Surgery. The group felt that the majority of patients would prefer to be at home rather than in hospital.</p>	
<p>Closure of Hospital Pharmacy – it was felt that this was a rumour – the Horton Pharmacy is not closing – they may be looking at restructuring some of their services.</p>	
<p>AOB</p> <ul style="list-style-type: none"> • Drugs available on the internet – these may not be from safe sources much better to get drugs on prescription from reputable clinicians. Generic drugs are usually cheaper than the original formulation, however changes can occur both ways which can sometimes cause problems in supply when the switch is from generic back to original formulation. • Health Checks – we are inviting patients from the age of 40 – 74 for health checks. This is a five year rolling programme inviting patients who are not currently on any of our chronic disease registers (these patients are already receiving the appropriate care). The check involves a fasting blood test (the blood tests results are supervised by a GP) followed by an appointment with our Health Trainer who goes through the results with the patient and advises on any lifestyle changes that may be required to help prevent onset of heart disease, stroke, diabetes and kidney disease. These are proving popular with our patients. • Patient Survey – we are currently conducting a patient survey. This time we are using a slightly different questionnaire GPAC Version 3. This includes the ability to comment on nursing care within the practice. • 111 – this is a service for patients who urgently require medical help or advice but where it is not a life threatening situation. This service is accessible by dialling the 111 service free from both landlines and mobile phones – available 24 hours a day. • Electronic Prescribing – we will eventually be moving to electronic prescribing. • QR Codes – the group discussed the use of a QR code to enable these to be scanned by mobile phones to take the user directly to the Horsefair Surgery website. 	
<p>Date of next meeting: 15th April 2013 date to be arranged</p>	