Mevagissey Surgery PPG: Minutes of Meeting 13th February 2014

<u>Present</u>:
Karen Rowe (Ch)
Nicky Deakin
Tricia Atkins
John Woodbridge
JenniSweet
Ken Sweet
Mark Daymond
Sue Morgan
Jim McDonald

<u>Apologies</u>
David Browne
Julie Windsor

The minutes of the previous meeting were accepted.

<u>Matters Arising</u>

<u>Newsletters</u>
KR reported regarding the process of sending newsletters out by email would useful for those patients who visit surgery infrequently, and therefore do not see the screen display and have little knowledge of what services were available. She had been informed that the bulk email was feasible, but to date details of how to do it were not clear. Not all patients' emails were on computer, but were available where repeat prescriptions were ordered on-line. JS suggested that if not too big, newsletters could be included with repeat prescriptions delivered by post.

<u>Cholesterol Advice</u>
KR has now has a general write-up of cholesterol advice produced by Dr James, which will be transcribed to the display screen. ND suggested that short clinical advice pieces could be included in newsletters, but would have to carefully edited and managed to keep the newsletters to a reasonable size. JM said that according to a Telegraph article a substantial part of the population will be offered statin therapy routinely. JW said that this was not of itself desirable. JM said there were potential downsides as some patients taking statins had suffered undesirable side effects, eg memory impairment. ND said that it might be useful to include a piece on statins in the newsletter.

<u>Suggestions Box</u>
KR reported that following the initial period there have not been many fresh suggestions.

<u>Doorstop</u>
KR reported this to be in place.

<u>Did-Not-Arrive (DNA)</u>
JM asked KR regarding analysis and actions regarding patients who did not arrive for appointments. KR responded that which some reports were put on the display screen. Currently information was kept in gross summed-up form, but analysis down to logging individuals had not been done, and was a major task. JM offered assistance should this prove necessary. JW said that while there appeared to be a lot of time wasted, it was Dr Tiley's view that the lost time was not necessarily a problem, as he could commonly put it to good use. ND agreed but said that it would be good to identify persistent offenders. There was a particular problem with DNAs who did actually arrive late, and this caused problems of disruption. ND reported that most late-arrivers were fitted in.

<u>Dr Keast's replacement</u>
ND reported that a replacement for Dr Keast has been selected. We are waiting for final checks etc, but someone will be starting April 1st(!), and there will be notices in the Newsletter, on prescriptions, and on the waiting room screen.

Care Information Leaflets

ND asked if everyone was aware of the CI process, where it was proposed by Government to have NHS patient information available electronically for access by various parts of the NHS. Opt-out forms were distributed, and included with the latest newsletter. These are needed as the default is to forward patients' data unless they opt out as individuals. There are two opt-out options:

- Patient's information does not leave the surgery
- Patient's information may be forwarded to the Health Authority but not further.

If opt-out is not activated, the information will be used for purposes beyond active healthcare, to research or interested parties such as Insurers. The data passed on will have restricted identification (not names etc) but may have postcodes. Information has been sent to every household.

JS asked what the procedure would be for opted-out patients taken ill away from their home base. ND responded that under normal circumstances the remote surgery would contact the home surgery, but the distribution of the info would be useful for, say, out-of-hours events. There was therefore a balance to be struck between healthcare and commercial interests. MD made the point that where info is passed to commercial concerns private identification is redacted. JS made the point that having contacted a firm for supply of asthma relief she had been bombarded with unwanted contact. SM asked if the home surgery would be affected if opt-out were taken, and ND responded that it would not.

NHS 111

ND reported that this service has now started from February 4th, superseding NHS Direct service. The service is free to call, for non-emergency situations. The calls are handled in Exeter, commissioned by NHS England. The likely setup is that calls are handled by lay people who follow rules ,presented on-screen, and transferred to medically trained staff where necessary. In appropriate circumstances, the home surgery will be notified by eMail so there is knowledge in the surgery of the matter. Previously this feedback was not available under NHS Direct.

PPG awareness

ND said that info re PPG would be included in newsletters and perhaps a revived eMailing such that even if individuals did not want to or could not participate, their queries could be forwarded to PPG. The question was raised regarding older people or people who do not have email facilities. JS suggested that perhaps Health Visitors could suggest PPGduring visits.

Dr Tiley joined the meeting 15:33.

GP Surveys

ND reported the GPs were issuing surveys to assist in improvement to the practise, and handed out example. GPs require re-validation, and so questionnaires were issued, and will be analysed by an outside firm. There was some concern about surveying such as discharge and admission matters, (re GP Commissioning). JW reported that discharges could be a shambles, waiting for perhaps two and a half hours for post-discharge medications to be assembled. Dr Tiley said that this aspect is one that the Commissioning Group is looking at, in making the transition for hospital to surgery aftercare smoother and more viable, and this aspect would be something PPG could examine. ND said that patchy service on planned admissions could be examined, and perhaps PPG could formulate a short questionnaire to assist. Questions should include opinion on non-availability of services that would make a hospital visit unnecessary. If successful PPG questionnaire results could be reported back to the Commissioning Group. Dr Tiley said that often people with problems emerging over the weekend don't know how to proceed, and therefore commonly just sit tight until Monday, which gives concern, as the condition may be worsening. A survey therefore should ask the if the patient is aware of what actual options there are out of hours, so that existing options

can be better used. It should be clear to patients that a call to the surgery out of hours will be diverted to someone who can advise what appropriate action to take. MD said his own family experience is that problems always occur at weekends. At these times, was patient information available to the receiving medical staff? Dr Tiley said it wasn't, and this was one reason for Care Information Sharing, referred to earlier in the meeting. JM reinforced the point that it was important in out-of-hours referred care that certain basic facts are available to the receiving medical staff, for example where there were known allergies or "red sticker" conditions.
Dr Tiley said doctors are taught to get information directly from the patient, and it is commonly overly time consuming trawling through hospital notes which may not be optimally organised. In this, better organised notes [shared from the surgery] would be helpful, but there is always a balanced judgement to be made.

Referral Management Service

KR reported that there could be a visit to the RMS to illustrate how they operate, and how GPs ("Sifters") manage targeting of appropriate departments or specialists. Dr Tiley cited an example of a referral (to a gastro-enterologist) being examined to ensure that pre-requisite information or actions (eg a routine blood test) are in place to avoid delays post referral. The centre is based near RCH Treliske. KR will update when more is known.

Other Business

Carers

JW raised a point regarding Cornwall Carers, asking if anyone had direct experience of what seemed to be a very good and helpful organisation. Dr Tiley said that Careres can help with things like filling in forms. KR said that someone had actually been into surgery and given a talk on Carers, as a result of which there was a notice board in surgery. Dr Tiley asked if there is something PPG could do for/with Carers? ND suggested that a meeting could be set up between PPG and Cornwall Carers representative.

Community Matron

Dr Tiley said that there was a Matron but access to her was restricted to 1 day per week, and as a result it was difficult to establish a routine. There had been problems with access, due to sickness, but this will improve soon. The intention is for the matron to oversee care of chronically ill patients at home.

Dispensary

TA said that three people had mentioned to her that there were delays in picking up items from the dispensary. She asked if one dispenser could be assigned to items coming from the GP, and ND responded that this is in fact the case currently. JM asked regarding the current status of The Waiting Room, as there had earlier been problems. KR said that there had been problems where Hotmail eMails were not been correctly accepted, but that this wasnow supposed to be fixed. KR would like to hear of any problems in this area. JW raised the point that most people have email addresses jointly (eg wife and husband). KR said these cannot be handled as currently email addresses cannot be connected to more than one patient's record.

Ambulance Service

John reported that he had recently had a bad experience with the Ambulance Service (of attitude), which had in the past been first class.

Next meeting : 3rd April, 2014, 3pm

Jim McDonald
Secretary