MINUTES OF THE PATIENT FORUM MEETING

Wed April 9 2014

All present

1 MINUTES FROM THE LAST MEETING

These had been read and thus were accepted.

2 MATTERS ARISING

CW confirmed with Johan that the letter about Patient Confidentiality had been sorted out on the day after the last meeting.

3 WEB SITE

Johan demonstrated the working of the new web site. Previously the web site had been created and altered by a variety of people but this proved very complicated. Johan has asked a firm to create a new site but with the original heading and colours; he can make alterations when needed. He would like Forum members to look at it and comment.

4 PRG AND PATIENT FORUM

The Patient Representative Group consists of people who consent to being contacted about Practice matters. The system started in 2011 and is different from the Patient Forum.

The PRG was consulted about what should go on the Questionnaire, sent the final version and then reported back to.

The questionnaire has been a success, with an increase in replies both online and on paper from last year. Responses have been mainly very positive.

Johan explained that formerly the PCTs required surgeries to administer questionnaires in order to receive a fee. Each year the questionnaire should develop in scope and be sent to an increasing group with all ages represented properly. This is to ensure that practices regularly move forward and make progress in return for the fee from the administrative body now the CCG.

There was general discussion about the telephone answering system. There has been an analysis of it i.e. abandoned call rate. N.B. When all lines are busy there is no engaged tone. A new system is being investigated as are text messages about blood test results etc in order to maximise efficiency and patient approval. There is a need to understand what the calls are for...appointments, referrals, test results. The questionnaire showed that people prefer to make appointments by phone when the practice would like them made on line when possible. L.G. asked if there could be a system with a menu, as used by business firms, so that calls could be directed efficiently.

In the past, after the 8 30 to 10 30 busy slot, calls reduced but now there is constant high demand all day.

5 FLU JABS Pharmacies have again been given the right to administer flu jabs, possibly partly because some Central Manchester practices offered limited opportunities to their patients. There are difficulties for the Practice over knowing how many vaccines to order and ensuring that records are kept up to date since pharmacies do not always report who has been vaccinated by them. Regrettably, the idea of doctors giving flu jabs in the autumn months and the pharmacies giving them in the new year was rejected.

6 DIRECT ENHANCED SERVICES AND QUALITY OUTCOMES

The Practice receives funds for following correct procedures for treating complaints.

A new initiative is that all over 75 year olds should be notified of their designated GP.

There was general discussion about waiting times to see a preferred GP.

Practices have to construct Care Plans for 2% of the highest risk patients over 18 years old and if this is not done they will forfeit £20 000.

7 CCG MEETINGS FOR THE GENERAL PUBLIC

S.O. reported on the CCG meeting she attended. She found Tim Ryley very good and informative.. She noted that Stockport is demographically like Solihull, Southend and Warrington; however, in Stockport more people are admitted to hospital than elsewhere and Stockport receives £16 million less on health care than others. It is successful with flu vaccinations and cancer treatment; Mental Health provision is an issue; there may have to be specialist services shared between a number of hospitals because of the lack of doctors. There may need to be a two tier system of GPs with some for emergencies and some for whole person treatment. There needs to be a saving of 30% on electivecare. Certain surgical procedures such as knee replacements may have to be dependent on weight loss etc.

C.W. B.T. and M.H were also impressed with the meeting. B.T asked, as Johan had suggested, whether procedures at present administered by practices would be offered for tender. Mr Ryley had said not, but some practices, qualified to offer services, might be asked to help those which could not.

There was then general discussion which needs to be returned to at the next meeting

NEXT MEETING

June 11 6 00 pm

Please could someone..S.O. perhaps...do the minutes since M.H. is away and therefore sends apologies?