

Minutes of the Patient Reference Group Meeting Thursday 20th October 2016 at Bennfield Surgery

Present

Michael Adamson (Chair)	
Dr C. Warburton	
Kayley Delaney (Practice Manager)	
Jane Gardner (Office Manager)	
George Baxter	Anne Jones
Yvonne Bodman	Les Strong
Eva Bridges	Susan Tysall

Apologies: Madeleine O'Connor, Danuta Freeman, Carole Jarman, and Nicholas Johnson.

This was the seventh meeting of the Patient Reference Group (PRG) and the Chair welcomed everyone - especially the new members of the Practice management team. He reminded everyone of the CCG advice: the PRG is a friend of the Practice, but with a duty to present patients' views.

2. PRG Minute Secretary

The Chair recalled that the Patient Services Manager used to take the minutes at these meetings, but he had been informed that would no longer be possible – so he would have to take on that role for this meeting.

After unsuccessfully seeking a volunteer to serve as Minute Secretary from the members present, he produced a poster and asked if it could be put up in the waiting room, to seek a volunteer from patients in general.

3. New Issues Raised by the PRG

3.1 Practice Website – Improvements

Welcome improvements to the website have been noted. The new Practice management team are there, complete with photographs, although the Nurse Practitioner has no photo. Directions to the Surgery, complete with street scenes, were noted too. The Chair congratulated the person responsible for the updates. It was noted that Trish Thomas is still the named contact for complaints.

There was a request to include on the website a roster of doctors' working days, like the one in the waiting room.

3.2 Nurse Appointments – Scope?

Mr Strong said he had been refused a nurse appointment for an insect bite on the grounds that he might need a prescription. He was surprised to be asked by the receptionist what the problem was. Mrs Gardner circulated extremely useful information listing nurses' capabilities and appointment length for 39 treatments.

She emphasised that receptionists ask the nature of a patient's problem so that they can direct the patient to an appropriate nurse and book a long enough appointment. There was no obligation to give information, but it could save a wasted journey and a wasted

appointment. Ms Jones asked if information could be put on the website about the nurses' individual specialisms; the Practice will look into it.

3.3 Getting an Appointment Two Weeks Ahead

Mrs Bodman said she had experienced problems in this respect using the internet booking system. The Practice team pointed out that appointments are available upto 6 weeks ahead, but not all bookable appointments are shown on the internet. Moreover, extra appointments for the coming week are released on the Monday of that week.

4. NHS England Practice Survey

The Chair reported that IPSOS Mori surveys the views of patients of GP practices on behalf of NHS England ('NHSE'). He circulated the results from their latest survey for this practice and also, for comparison, Westside and Central Surgery, as well as the average figures for Coventry & Rugby CCG area, and national averages.

NHSE had highlighted the best and worst aspects of Bennfield's results. Best aspects were patient's satisfaction with the Practice and especially, doctors' consultations. The worst scores were for patients' views on how easy it was to contact the Surgery by phone to make an appointment, and their experience of making an appointment; satisfaction was significantly below the other benchmarks.

Further investigation of telephone-access results for a wider range of GP practices in Rugby revealed extremely high satisfaction in the villages, with Dunchurch next best. Bennfield was in the bottom three in Rugby. The Practice Manager said she would talk to the PM at Dunchurch, to explore this further

On the positive side, it was noted that, apart from telephone access and the process of making an appointment, all the other satisfaction figures – especially for doctors, nurses and receptionists - were either on a par with or exceeded their benchmarks. Accordingly the Chair congratulated the Practice team and asked them to pass on the PRG's congratulations to their colleagues.

5. Practice Report (Kayley Delaney)

Ms Delaney said she had worked in the NHS for 13 years and came to us in February from a GP practice in Birmingham.

The surgery is half way through the flu' vaccination campaign and that is going well, with excellent turn-outs (183, 244) for drop-in sessions on two Saturdays – due in no small part to her sending out 2000 messages.

The Surgery has two new male Registrars (GPs in training): Dr Olumide Fakulujo and Dr Sandip Gurung. This means more doctors' appointments are available, even though Registrar appointments are longer – 30 minutes initially, reducing to 20 minutes later in training. They join our third Registrar, Dr Nayomi Perera, who will be leaving at the same time as Dr Fakulujo, at the end of February next year.

The Chair sought more information on Registrar appointments. Dr Warburton said Registrars have a series of 6 month spells, alternating between hospitals and GP practices, finishing with a full year in a GP practice before qualifying as a GP.

Dr Behura continues to supervise a research programme, with new trials coming.

Car park maintenance was carried out in September. New markings were painted, with new ONE WAY and GIVE WAY signs to make the one-way system clearer. The Surgery's messaging service has been upgraded and was used for the flu' campaign.

6. CCG (Clinical Commissioning Group) Information

6.1 Financial Situation

The Chair presented a summary of information gleaned mainly from CCG Governing Body meeting documents and NHSE bulletins, as follows.

He reminded members that there are 209 CCGs in England, each representing and managed by local GPs. Their task is to buy ('commission') secondary care services – mainly hospital, mental health and community services, as well as funding primary care prescribing and Continuing Care – for their GP practices using funds provided by NHSE. In July NHSE announced the results of an assessment of CCGs, and gave Coventry & Rugby CCG ('CRCCG') the bottom rating ("Inadequate"), largely because its leadership and financial performance were rated as "Inadequate" and CRCCG planned to have an £8.3m deficit this year. As a result NHSE put CRCCG into 'special measures' and put an Officer from North Warwickshire CCG in charge. CRCCG anticipated this outcome and started to tighten up on expenditure on many of its main spend areas, including urgent and elective hospitals services, earlier this year.

6.2 Revised Treatment Criteria

CRCCG has issued revised criteria for surgery for a number of conditions including gallstones, hip- and knee-joint replacement, hernias (draft at present), and cataracts. There was discussion on the hip and knee replacement policies, which limit surgery to patients with a BMI under 35 (previously 40) unless there are overriding considerations. Otherwise, overweight patients have to engage in a weight-loss programme for upto two years, to reduce their BMI. Dr Warburton said disquiet had been expressed at a local GPs' meeting about this change. The Chair mentioned that in Birmingham the BMI limit for these procedures was 30 a year ago.

6.3 Miscellaneous News

This item covered:

- Prescription-ordering direct - which would mean patients requiring repeat prescriptions would phone a central number and agree their requirements with a trained call handler [Dr Warburton said there were problems, and this was unlikely be introduced in the near future].
- Integrated Neighbourhood Teams that GPs can call on, to care for over-65s with multiple conditions in their own homes
- GP Alliance: gained funding for extra appointments at Coventry Health Centre
- GP Alliance: gained funding for a GP in A&E at UHCW/Walsgrave for two years
- New Audiology service in Rugby that needs no prior GP referral
- Ambulance Service met its call-out target times this summer
- UHCW did not meet its 18 week or A&E 4hr wait targets this summer
- UHCW has obligations if operations are cancelled 'on the day'

6.4 Macmillan Cancer Presentation

The Chair gave figures that were included in a presentation at a CCG liaison meeting for PRG representatives, covering

- The four most common cancers for men and for women
- The 10 year survival rates according to the organ affected (issued by Public Health England)

7. Healthwatch Annual Conference, Leamington Spa, June

The Chair highlighted the most important points:

- Healthwatch has been investigating the experiences of patients with mental health conditions, and their carers. Most gave negative feedback on their experience of NHS services, the only positive comments came from three patients who had turned to private care providers
- Paul Devlin (National Association for Patient Participation)
NAPP is effectively a trade union for PRGs – but NAPP advice was largely geared to much larger, more active PRGs.
- Neil Churchill (NHSE Director, Patient Experience)
Neil extolled the benefits of positive interactions between patients and health professionals. Patients with better care experiences demonstrate greater self-management skills, better adherence to medical advice and treatment plans, and often have better health outcomes.

8. Next PRG Meeting – Date; time; content

The Chair suggested the next meeting should be held in April next year.

The Chair said members had previously agreed to hold alternate morning and evening meetings, particularly to suit members who had complained they could not attend morning meetings (neither of whom were present) and those who work. None of the members who tendered apologies for this meeting had blamed the start-time; so that could suggest continuing with evening meetings. That prompted several present to express a strong preference for morning meetings. The Chair said a morning meeting probably meant that Dr Warburton would be unable to attend, since it would mean losing patient appointments. The Practice management team pointed out it would cut into their working hours too. The Chair said he would negotiate a date and start-time for a meeting in April, with Mrs Gardner [with a view to a morning meeting].

9. Any Other Business

Mr Baxter sought clarification about controlling the dispensing of repeat prescriptions. Dr Warburton explained the prescription process, and emphasised that patients should not allow a pharmacy to dispense drugs of which they already had enough. Pharmacies should always ask if all the items on a prescription were required. Moreover the Surgery was quite strict when patients ask for an item to be prescribed early, unless a sensible reason was provided with the request.

The meeting closed at 7.30pm