

Ashville Medical Practice Patient Reference Group Meeting Minutes
27th April 2017

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Karen Betchetti (Receptionist))
Patient Reference Group Members (12)

AGENDA ITEMS:

1. Actions Update:

There are no actions to report from the last meeting.

2. New Members:

There were no new members in attendance at the meeting.

Mel reported that a regular and long time member of the group, (Greta) was no longer in a position to attend the meetings. Mel wished to acknowledge the valuable contribution that Greta had made over the years, and all in attendance conveyed their best wishes to her.

3. Practice News:

- Dr Allen has completed his training and left the practice on April 19th, and successfully passed his examinations.
- G. P. Registrar, Dr Bessant, has also passed his examinations and will remain at the practice until August.
- Two new trainee registrars – Dr Leary and Dr Okpe – will join the practice in August.
- A new member – Andrea - has been appointed to the administrative team, bringing it up to full complement.
- The end of the financial year and the start of a new one has meant a very busy period. The appointments line is always busy, although it has become evident that a lot of situations could be self managed at home. Each call is dealt with on an individual basis according to need.

4. Contractual Information:

Mel outlined the structure in that GP practices contract to NHS England and also to Barnsley CCG. All practices have to take new patients within their catchment area, including temporary residents, and at the present time there are no practices in Barnsley with “closed lists”. Reasons to refuse/exclude a patient include abuse and violence, but apart from this any new patient fulfilling the criteria of residence will/should be accepted.

In response to a query, Mel explained that those on respite care in residential homes in the area would remain with the practice if the establishment was within the catchment area. Those on respite care from outside the area would become temporary residents if necessary, and this agreement has a 16 day expiry time.

A member queried if a prospective patient had a right to know why they had been refused acceptance as a patient, and Mel confirmed that this was the case. Sharing of medical information was also raised, and Mel referred members to the chart previously issued on this matter.

Mel outlined new requirements for the coming year:

- The avoidance of unplanned admissions will cease.
- From July 2017, there will be a requirement to identify those patients over 65 years of age living with moderate or severe frailty. Further guidance will be issued in due course.
- The quality and outcomes framework for long term conditions will continue.
- The second Thursday afternoon of each month has been agreed with the CCG for Ashville practice to close for training purposes. There is to be a stipulation for extended hours from October 2017, but it is not expected to be a problem to this practice. It is thought to be an attempt to close a loophole for out of hours payments.
- Currently pregnant women may have a whooping cough injection at 20 weeks; this will change to 16 weeks.
- Meningitis vaccinations will be available to identified groups such as university freshers.
- From April 2017, any patient over 70 years of age is eligible for a shingles vaccination until the age of 80 is reached.
- The criteria for ex prisoners will change as currently information is not available until release. From July 2017 registration will be allowed pre-release so that any ongoing medical treatment will not be interrupted.
- The GMS1 form for the registration of new patients will be revised and re-issued to determine eligibility and identify any cost issues.
- **Practice Delivery Agreement:** this has been in operation for three years and has enabled investment in primary care by the CCG. It is extremely beneficial to Ashville Medical Practice. Additional requirements will be introduced regarding medical management optimisation schemes, health inequalities and demand management with targets in each area to benefit patients and the CCG.
 - (a) **Medical Management Optimisation Scheme:** Prescribers now have to follow stricter guidelines as it is evident that different providers of medications charge differently, and cheaper alternatives which carry out the same function will be of economic benefit. Leaflets are available explaining these changes, and patients may notice different packaging, colours of tablets etc. but will be notified of alterations.
 - (b) **Health Inequalities:** Currently health checks for diabetics on a regular basis are carried out, but additional areas will be introduced to include COPD, cardiovascular risks, smoking etc. Further information will become available in due course.
 - (c) **Demand Management:** This area is to ensure that the patients receives the best outcome for their specific condition, and that a consistent approach is maintained. (This links in to Item 5 on the agenda.)

5. Clinical Thresholds:

A paper was circulated identifying several conditions where alternative solutions before surgery may be appropriate. A software tool is available to assist GPs in this procedure, and some conditions may necessitate a clinician to apply through an Individual Funding Request; this will be considered and approved/rejected by an independent panel. Limited resources require professional and appropriate decisions. Rigorous ratification has produced the document "Getting the best outcome for your condition; this is readily available to patients and copies were circulated at the meeting.

6. Medication:

This item had been covered in Item 4 but queries were as follows:

- (a) A member felt that medication amounts and changes in the issuing should be fed to insurance companies so that any appropriate changes could be reflected in premiums. This was felt to be unlikely to occur.
- (b) A second member asked if checks were made when repeat prescription requests were handled. Mel assured the group that every request was checked individually.

7. “My Best Life”:

This is a new initiative introduced by Barnsley CCG for social prescribing. This is to help people who may be lonely, isolated or have needs which are not medical; their requirements can also block appointments for the more clinically needy. The service is designed to help anyone over the age of 18 years. The practice has an identified “**Social Prescribing Champion**” who is Ruth. Referrals can be made to the service by the practice, and this will help staff to feel able to assist people who do not require their medical help, but have needs. Handouts were circulated.

Mel is to invite a representative from the scheme to a meeting.

8. Patient Council:

Discussion took place regarding NHS health checks, which are currently offered to those between the ages of 40 and 74, every five years. Letters are issued, followed by calls if an appointment is not booked. Additional calls are made the day before as appropriate, but many patients who are not regular attendees, do not feel they require a health check.

9. Any Other Business:

- A query was made about medication abroad, and it was pointed out that it is helpful to take a copy prescription when going away.
- A member referred to a recent visit he had made to a podiatrist, where he did not feel that the treatment or attitude of the person concerned was professional. He informed the group that he had made a formal complaint.
- A member reported that Dr Gibbins had been in contact by telephone as he had not attended the surgery recently. He wished to convey his appreciation for the professional and caring manner in which Dr Gibbins had dealt with the matter.
- A member reported that compliments had been made from a new patient about their experiences at the surgery.
- Compliments were paid to Karen who is one of the receptionists for her helpful attitude to patients.
- Mel reported that a patient from the practice had commented about the good experience at Ashville, during an online and newspaper discussion about the difficulty of obtaining appointments elsewhere. Mel had contacted the lady and thanked her for her comments.

10. Date of Next Meeting:

Thursday, 27th July, 2017 at 1.00 pm in the Conference Room at Ashville Medical Practice.