

Ashville Medical Practice Patient Reference Group Meeting Minutes 16th July 2015

16th of July 2015

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (16)

Update on Action Points from last meeting 23rd of April 2015

- The CQC report has arrived and we have published the report on the practice website and our practice rating is displayed on noticeboards at the practice
- Mel thanked all members for their input into completing the patient reference group report. The report was submitted and we have achieved 100%.
- New Chair & Vice Chair – at the last meeting Mel asked for members to nominate themselves if they wished to take up the role of Chair or Vice Chair of the patient reference group. Nominations have not been received for either role since the last meeting, therefore after a discussion it was decided to leave meetings as they are for the time being.

Agenda Items Patient Reference Group Meeting 16th of July 2015

Practice News

- A CCG member was to attend the patient reference group meeting however has taken another job opportunity in Manchester
- New GP Partner Dr G Cooke starts at the practice on the 5th of August 2015, Dr Cooke worked at the practice as a GP registrar in 2012.
- Dr Pringle will become a GP Partner on the 1st of August 2015.
- Dr Campbell will be leaving us at the beginning of September. Dr Campbell has really enjoyed working at the practice and said it has been a very difficult decision to leave. We wish her good luck for the future. The patient reference group members wanted to send Dr Campbell their best wishes.
- New GP Registrars start at the practice on the 5th of August, Dr C Kukstas for 6 months, Dr A Gibbins for 12 months and Dr M Sheikh until June 2016. Our current GP Registrars Dr Mahmood, Dr Magadza and Dr D'Cruz will leave at the beginning of August.
- PM one of our patient reference group members has decided that she will no longer be attending our quarterly meetings, PM wanted to thank all the group members for their support. PM will remain a member of the patient reference group as a virtual member.
- I HEART Barnsley – Mel thanked GP, PW, JH, AH and JH for attending this meeting in June. Mel said how proud she was of our patient reference group. The new service will be based at Woodland Drive Surgery (Dodworth Road) and Chapelfield Medical Centre (Wombwell). This is a new service that is being piloted over a 12 month period to give better access to health care for patients. It will run from 6pm-10pm. The logistics of the service are to be confirmed. A discussion over access to medical

records took place and Mel informed the group that no patient information is shared by the practice without patient consent.

The members who attended the I Heart meeting informed the group that a member from another patient group asked if they could attend our next patient reference group meeting to see how we conduct our meetings. All group members were in agreement for them to attend and group member GP was nominated to contact them.

A point was also raised after this that it might be an idea to video our sessions so that other members of staff for example the doctors or nurses could watch the video as they do not have time to attend the meetings due to them being during surgery times.

- Pharmacy requiring Identification – Pharmacies now require identification when a patient collects a controlled drug.

- **Contractual Obligations:**

Patient Participation Directed Enhanced Service - The patient participation DES is no longer an enhanced service and will be business as usual as part of the contract we have with NHS England.

Named GP - All patients have to be allocated a named GP.

Friends and Family Test – This has been in place since the beginning of the year for patients to complete when they attend surgery and can be completed on the practice website. The surgery has to report to NHS England the amount of replies that are received on a monthly basis.

Avoiding Unplanned Hospital Admissions – This will continue for a further year and targets high risk groups of patients to avoid unplanned hospital admissions. The practice has to identify and contact patients who are at risk of admissions and carry out work and give recommendations to prevent any future admissions.

Barnsley Clinical Commissioning Group – Practice Delivery Agreement, this agreement contains 14 elements of work for the practice to complete on various areas such as Coeliac Disease, Palliative Care, and Warfarin Initiation. The practice is currently working on all of the areas to complete this agreement and in turn this gives a better standard of care for patients. Last year the practice achieved 117.25 points out of a possible 121.

Quality Outcomes Framework (QOF) – QOF has many elements and requires work to be carried out all year round. The main aim is to give a good quality of care to patients. The practice is high Qof achievers.

Patient Survey

We need to conduct a patient survey again this year. Mel asked the group for their feedback on whether they thought it would be a good idea to conduct the same survey as last year, but make some adjustments to one question which caused some confusion previously. If we use the same survey we can compare the results from the previous year. All members were in agreement with this and agreed to start the survey in September and collect 250 responses so that we have a representative number of our list size.

Terms of Reference

The current terms of reference were reviewed by all members; no changes were required therefore updated to version 4 July 2015.

Year of Care

This is a new way of working for our Nursing Team and Administration Staff, and is to be implemented throughout Barnsley. Our practice Nurses have been on training for the year of care and we are due to start the new way of working in August/September this year, and it will be commencing with diabetic patients. When a patient is due for their annual diabetic review they will see the health care assistant first who will take their annual blood tests, blood pressure check, height and weight checks, foot checks, smoking status and alcohol status. When the blood tests are back from the laboratory the admin team will send the patient a copy of their blood test results and other numeric information i.e. blood pressure. The patient will then see the practice nurse for their review. The nurse will have more time to spend with patients discussing their condition and giving more advice on management as they do not have to spend the time taking numeric readings, as this will already have been completed by the health care assistant. It is envisaged that in time the Year of Care will be introduced to other chronic conditions e.g. hypertension however for now will be for diabetic patients only. This new way of working should give better outcomes thus encouraging better management of conditions for patients. A patient group member volunteered to trial the new process.

Patient Council

The next meeting is on the 22nd of July. AH group member gave an update on the patient council and informed the group that Chris Ruddlesdin who was the chair of the patient council has retired and Chris Millington has been appointed.

Complaints, Compliments and Suggestions

Complaints - Mel informed the group that with regards to complaints she was not able to share a lot due to confidentiality. Mel stated that some complaints are due to lack of patient understanding and sometimes the complaint does not always reflect what has occurred.

Verbal abuse to practice staff seems to be increasing and this will not be tolerated.

Compliments – Compliments were received from members of the group for Emily, Karen (Reception), Andrea, Jeanette and Heather saying that these members of staff had been very helpful and had a lovely manner.

A.O.B

Mel informed the members that we have been having some issues with regards to not receiving letters, discharge notes etc from the hospital in a timely manner. This causes extra work for staff when chasing up information. The practice also kept being informed of patients who had not attended their hospital appointments, and when the patients were contacted they had never received an appointment in the first place. Mel invited a member of the CCG to come into practice so that examples of these issues could be shared. Karen from the CCG attended the practice this week and has taken away issues to be raised with the hospital. Working together with the CCG will identify areas for improvement and hopefully resolve issues. Patient group members also highlighted not receiving appointment letters.

Action Points

- Patient Survey to commence in September.
- Update on Year of Care at Next meeting.

**Next Patient Participation Group Meeting to be held on Thursday
15th October at 13.00pm**