**ELLISON VIEW SURGERY**

**PATIENT REFERENCE GROUP**

**NOTES OF MEETING HELD MONDAY 4TH FEBRUARY 2013**

**HEBBURN HEALTH CENTRE**

Present:

Dr Martin Brady

Mrs Ros Whitehead

Mrs Brenda Crook

Mrs Lynda Sewell

Mrs Enid Robison

Mrs Alice Stock

Mrs Barbara Stocker

Mr Mike Falcus

Mrs Terry Brady

Mrs Carole Gallaugher

Mrs Joan Keegan

Mrs Ann Rodgers

Miss Lynn McClelland

**Apologies:** Mrs Liz Johnston, Mrs Deborah Bowman, Mrs Lorraine Houston, Mrs Amy Ash

 Mr W McElwee

MATTERS ARISING FROM PREVIOUS MINUTES

Mrs Whitehead explained that A & E attendances on South Tyneside continued to rise and were of growing concern to the Hospital Trust and the South Tyneside Primary Care Trust. Information posters have been prepared to put up in GP surgeries explaining the cost of an A & E attendance

(£85) and asking people to think twice before attending for non urgent/accidents. The use of the Jarrow Walk In Centre was discussed. One member of the Forum was unaware of the Walk In Centre. There was concern expressed about the queues at the Walk In Centre, although it did depend upon the time one attended.

Nursing Home Project – this Practice is now attached to Bedewell Grange and any new patients admitted to the home will be encouraged to register with the Practice. Any existing patients who are in Bedewell Grange will be free to move GPs to the Practice if they wish but need not do so.

The Practice have a weekly telephone call to the Home and a fortnightly ‘ward round’. Relationships are being built with the Home Managers.

NEW BUSINESS

Practice Changes:

Dr Staples is now on maternity leave and is being covered by Dr Helen Johns, who will be with us until July.

Judith Baird, previous Practice Manager, will retire at the end of March and a new Deputy Manager will be appointed.

**Demand Management Project**

Working well; this project is about the appropriateness of referrals to hospital for patients with Trauma and Orthopaedic, General Surgery and Gynaecology problems.

GPs are following new guidelines and pathways of treatment in General Practice, before referral to hospital and this is saving, at the moment, half a million pounds in unnecessary referrals into the hospital outpatient system.

GPs are also being asked to do more work in primary care now, for example ECG recording and another example is DEXA scanning for Osteoporosis, which is done at the hospital, but reported on by a Consultant at almost £300 per time. This interpretation of the Scan is now being done

By General Practitioners, following additional training. Dr Brady commented that these decisions have not always been that popular with the General Practitioners, who are having to undergo additional training and find the additional time in order to perform these tests. Mrs Sewell commented on the new Bariatric Surgery pathway which she followed and felt was very good. This involved group counselling rather than 1-1, which she felt was more helpful and obviously saved money in counselling a group of patients, rather than individual appointments.

**Shared Decision Making**

This scheme is about GPs making joint decisions with their patients around their treatment. All GPs on South Tyneside have attended training in Shared Decision Making and leaflets and posters have been put up in the surgery, and in our practice leaflet, explaining what it is and encouraging patients to ask questions when their doctor suggests a certain treatment, or referral for hospital treatment. There is evidence that a high percentage of patients who attend an outpatient appointment do not wish to have surgery, and when their Consultant suggests it, they refuse. The feeling is that if that discussion had been had within the GP surgery, then the patient could have been offered alternative treatment, eg physio perhaps, medication, etc, rather than a wasted hospital appointment.

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**111 Service**

Although has been operational via GP out of hours service, soon to come into operation for patients. This is a telephone line manned all day and night, 365 days a week. It is a direct number, like 999, and patients can telephone when they have an illness. Patients telephoning will be asked a number of questions regarding their illness, and then signposted to the correct service, eg GP, out of hours GP, pharmacy etc. Has been operational in Durham area for several months and it is being piloted across South of Tyne and Wear, before being rolled out across country. The Practice would welcome feedback from forum members who use the service.

**Computer System Developments**

The Practice has now moved to EMIS WEB, which is an internet based patient computer system, far superior to our previous system. Soon we will be able to offer a texting service to patients, as well as on-line Access to appointments, prescription requests and we are busy updating our Website.

**Patient Survey**

As discussed at our previous meeting, a survey had been prepared around the subjects the Forum had felt a survey would be useful, eg appointments, telephones and reception staff attitudes.

Mrs Whitehead then went through the results of the survey.

145 surveys had been given to patients randomly across a three week period. The GPs had no part in giving out surveys – Mrs Whitehead herself gave out most of them, in a spirit of fairness, and tried to capture a range of views from younger people to our older patients. Not every question was answered by every patient invited to join the survey.

Telephone: obviously a problem for patients being unable to get through, although the survey was done at a time of extreme staff shortage when we only had one member of staff manning the phone. It will be interesting to see the results of a further survey this year as to whether having two members of staff manning the phones until 10.30am each morning will make a difference.

Appointments were obviously another area with 58 people being unable to get an appointment of their choice; 75 people said they were dissatisfied with the alternative appointment given to them, the majority would have preferred a sooner appointment. However, 99 people did know about our Nurse Triage system.

Mrs Whitehead and Dr Brady said that appointments and the results of the survey would be discussed at a Partnership meeting to see how we could improve.

There was praise for the Nurse Triage system, although one forum member was unaware of this.

Mrs Whitehead also explained about the ability to book a telephone consultation with a GP. Some forum members were aware of this, others were not.

Reception staff, surprisingly, came out reasonably well with 55 people finding the staff helpful and 67 finding them fairly helpful. Only 8 said not at all. Customer Care training will be on the agenda for practice staff this year and Mrs Whitehead asked forum members to continue to let her know where they felt let down by the staff, or system, so the surgery can improve.

These results will be posted onto our Website and available for patients in the surgery. A re-survey will be done in the summer this year for comparison.

**Action Plan**

As a result of our survey, our action plan, as agreed with Forum members is:

Two members of staff man the telephones until 10.30am every morning, with cover for holidays and sickness. This will hopefully improve access to the telephone

GPs and Practice Manager to look at appointment system to try and bring the waiting time for routine appointments down.

Customer Care training will be given to the reception/admin staff to try and encourage more helpful attitudes.

**Any other business**

One forum member asked why prescriptions were only given for 28 days rather than say, a couple of months. Dr Brady explained this was guidance from our Medicines Management Department of the Primary Care Trust, to try to avoid wasted medicine as patients meds often change and if they get two months then there could potentially be a lot of waste across South Tyneside. Chemists are unable to re-use any medicines once dispensed, so even if the medicine or tablet boxes have not been opened, they have to be destroyed.

Another member asked if it would be possible to book an appointment 4-6 weeks ahead, rather than two, as presently. Mrs Whitehead explained that there is the ability to book 4 weeks ahead now, but would speak to the Deputy Manager about extending that to 6 weeks.

Practice Leaflet – almost completed. Mrs Whitehead had incorporated into it some suggestions from forum members at last meeting. A copy would be enclosed to the forum members with their copy of the minutes.

Patient Reference Group – there is a South Tyneside-wide patient reference group, comprising members of other practice forums. This is a more strategic group, looking at hospital issues and new government issues, rather than practice specific issues. Any member of our forum was welcome to volunteer to sit on this group and Mrs Whitehead would let members have details of the meetings and who to contact

Mr Falcus asked if more advance notice could be given of the Forum meetings and Mrs Whitehead agreed to try and give a date for the next meeting with the minutes.]

 There being no further business the meeting was closed.