

PATIENT REFERENCE GROUP (PRG) MEETING MINUTES

Wednesday 4th November 2015

Present

Margaret D'arcy, Elisabeth Dewhurst, Andrew Hogg, Maureen Joy, Steve Lunniss, Philip Rawlings, Michael Simms, Val Tompkins, Kathleen Warnes

Staff

Linda Marquis:	Practice Manager
Lynsey Wayte:	Assistant Practice Manager
Helen High:	Medical Secretary (minutes)
Amy Reynolds:	Admin Assistant
Stuart Kenrick	Guest Speaker

Apologies: Paul Farmer, Sean Hall, Carol Palfrey, Roy Seeman

Presentation by Stuart Kenrick from the Royal Voluntary Service

The group were given a very informative presentation by Stuart, who is the Home and Well Service Manager for the Royal Voluntary Service (RVS). A copy of his PowerPoint presentation is appended to the minutes.

The RVS were formerly known as the Women's Royal Voluntary Service (WRVS) but changed their name in line with their 75th anniversary as it was felt important to show that the organisation helps older people generally and the new name reflects this.

Home & Well is a pilot scheme being funded by the Department of Health to enable older people to return home safe and well, following inpatient hospital treatment. The scheme in North Norfolk, is one of only 3 pilot schemes throughout the country; with the other 2 being in Southend and Birmingham.

The Home & Well service plans to help older people prepare for a stay in hospital so that they feel confident, ready for their treatment and able to return home sooner. Volunteers meet with patients to find out what practical support they can help to provide, eg even simple things like turning on the heating for their return. Enabling an older person to access and understand the services they need means they enter hospital feeling confident and are more likely to be discharged on time. Volunteers have expert knowledge of local services and how to access them and can discuss in depth with the patient the options available to them and provide a tailor made package for them.

Stuart explained to the group that quite often older people are not aware how immobile they will be for a period after an operation and the reality can be very difficult for them.

Presentation by Stuart Kenrick from the Royal Voluntary Service (contd)

He also went on to explain that although there are lots of local services which can help, patients are not always aware of them and the Home & Well scheme will fully integrate with these other services.

Mrs Warnes asked where the volunteers come from. Stuart explained that the RVS recruits volunteers in a number of ways, including their website, Facebook and word of mouth. He explained that volunteers undergo vigorous training and are thoroughly vetted.

The RVS will complete a baseline assessment with the patient and then repeat the assessment a month later. This will help to provide evidence of how beneficial the scheme is.

Once the patient has been discharged from hospital, they will be followed up a month later and then with a phone call 3 months later and then 6 months later, to check how they are managing.

It is hoped that once the trial has finished, the evidence will show clinical commissioning groups that the scheme saves money and assists older patients enormously. This will hopefully then ensure the scheme is rolled out nationwide.

Linda asked at what point a patient should be referred to the scheme and Stuart advised the more time they had the better and in most cases the referral would be made by the GP. However patients can self-refer to the RVS if they wish.

Stuart confirmed that the age range for this service was over 55 but the RVS are flexible with regards to this.

Linda said that we are often asked by patients about pet sitting services when they go into hospital and could the RVS help with this? Stuart advised that this was the sort of thing that the RVS could help with.

Mr Simms raised the issue of patients remaining in hospital, although they were medically fit to be discharged, but were unable to return home as the necessary services had not been put in place. Stuart advised that hopefully this scheme will reduce these cases significantly, which will in turn save money and also free up hospital beds.

Previous minutes

The previous minutes were agreed.

Disabled parking and car park signage: Linda advised that the problems with the patient car park sinking have not been resolved and the landlord and insurance company are both refusing to accept liability. Next year, when it is hoped additional funding will become available, Linda will apply for this. It is hoped that the sinking can be addressed and then extra disabled parking created.

Font size on callboard: We have been trying to resolve the issue of making the font size on the callboard larger to assist patients to read it more clearly. As discussed previously this is a nationwide software issue that we are unable to modify. We have however reported this as a problem to make the provider aware.

Out of Hours Service: Linda advised the group that IC24 took over the out of hours service on 01.09.15. There will be no change to the number that patients call for this service, it will continue to be 111.

Newsletter article re magazines, toys and drinks in the waiting room: Linda advised the group that as requested by the PRG, an article had been written for the August newsletter about why the practice does not provide magazines, toys and a drinks machine.

Larger chairs with arms in waiting room: Linda advised that providing these has proved very difficult to source. They can be custom made but would be very expensive. Linda will continue to try and find an alternative.

Fold down chair for use at reception desk: Linda advised that again it has been very difficult to find something suitable to meet the criteria but she is hopeful we are close to a solution.

Open evening: Linda advised that the open evening had gone very well and thanked the PRG members who had helped at the event. Mrs Warnes felt it was very good PR for the practice and gives the public the chance to meet face to face with all of the doctors, who were happy to answer their questions.

Linda felt the event gave practice staff the opportunity to show how well they worked together as a team.

A discussion took place regarding what the attendees found most interesting at the event. Many seemed to be interested in the history of the practice and looking at old photographs, etc, rather than visiting rooms relating to specific health issues. However some members disagreed and said the lung lounge and heart room had been particularly interesting.

Previous minutes (contd)

Linda proposed that the next open evening should be held in 2017 and the group concurred.

Bollard for car park: At the previous PRG meeting, it was suggested that a large round bollard should be placed at the entrance to the car park. Linda has investigated this and the cost of £500 for a bollard has proved prohibitive.

Staff Update

Linda advised that we have 3 new members of staff. Sharon Game and Emma Blyth have been recruited as receptionists and Charlotte Hall is our apprentice receptionist.

Amy Reynolds has now returned from maternity leave part of her role is to organise the patient newsletter and help with the PRG.

Patient Feedback

Complaints

Linda advised that the practice had received 2 complaints regarding general matters.

The first related to a patient contacting the practice to obtain tests results for tests that were requested by the hospital and being told to contact the surgery for them. As previously discussed at previous meetings, the clinician who requests a test is responsible for following up the results and relaying the result to the patient. This is in line with GMC guidance to ensure safety and good practice.

The other complaint related to a patient who was concerned that their details had been passed on, as they had been contacted to take part in a research study.

Linda explained that the practice is asked to participate in NHS studies and are occasionally asked for a list of patients who fulfil the specific criteria. The practice will run a search for patients with the specific medical condition being researched. Software will generate a letter to the patient asking if they would like to participate in the research. Patients can decline this or if they prefer, opt out of being contacted in the first place.

Patient Feedback (contd)

Patient Suggestion Box

Linda advised that we have received more suggestions from the suggestion box regarding providing magazines, toys, and drinks. These issues have been previously discussed at PRG meetings and as previously stated, we cannot accommodate these requests due to health and safety issues and the risk of contamination. We have added a slide to the slideshow in the waiting room highlighting how germs can be spread and the danger of toys being left on the floor for people to slip on.

Other suggestions included (as they were written):

“More parking spaces needed as never anywhere to park and only ONE disabled space. Makes life difficult for disabled patients. Would it be a possibility to make road out front of surgery disabled parking (for surgery)”

The issue of additional disabled parking spaces has been addressed earlier in the minutes. Linda advised that we had recently had some complaints from patients with regards to double parking on Munhaven Close and the difficulties this causes. Although she has tried to investigate this, as it is a public road, there is nothing that the practice can do. The Highways Agency have advised to restrict the parking to one side of the road only would cost £6,000 and they do not have the funds for this. They have however agreed to visit the road and investigate.

“The music played in the waiting area, whilst fairly ‘easy’ is rather depressing and is always the same. Please consider playing a neutral radio station or some basic classical music”.

It was agreed that we will look at the music played.

Outstanding Action: Lynsey to look at providing alternative CDs to play in waiting room.

There were 2 suggestions relating to problems opening the main doors for wheelchair users and their carers. Linda advised that there is a button by the door to alert staff that assistance is required and staff are happy to provide assistance to anyone who is having difficulty opening the doors.

“Put the rolling BBC news (and subtitles) on the tele please (or even Bargain Hunt!)”

Unfortunately this would not be possible as the television is used for health information and promotion and not entertainment purposes.

Patient Feedback (contd)

Friends & Family Test

Since the last PRG meeting, we have had 3 Friends & Family Test cards completed. From these, 2 patients were extremely likely to recommend the practice and one was likely.

The comments on the cards were also discussed.

Scam Aware Cards

At a previous meeting, Teresa Haxell from Trading Standards had given a talk on how we can all be more aware of scammers. They provide a card and stickers about scams and taking care when opening the doors. At a recent clinical meeting it was agreed that these cards should be placed in our carers packs which are given to all patients who act as a carer.

Patient Involvement in GP Teaching

Linda advised the group that we have received an email from the Director of GP Studies at the University of Cambridge requesting feedback and suggestions from our PRG with regards to student doctors and their teaching.

Linda explained that the practice usually takes final year medical students from Cambridge every autumn and these students are 6 months away from qualifying. We also take medical students in their penultimate year and these come to study specific disease groups. Patients will always be asked if they are happy for a student to be present.

Mrs Warnes asked if the students go to other practices and if so, do they feel Mundesley compares favourably to other practices? Linda advised that they do go to other practices and we have always received positive comments on how the practice compares to other surgeries.

Mr Hogg asked if the students just observe a consultation or actually conduct it. Linda explained that the final year students will see a patient and the consultation is then reviewed by a GP.

A member of the group said he had been seen by a medical student; the GP then joined the consultation and asked the medical student to explain the assessment. The patient was then asked if he felt it was an accurate assessment. Although the patient felt the consultation was slightly longer than normal, he was happy with the process.

Patient Involvement in GP Teaching (contd)

Mrs Warnes felt that it was important that the students are encouraged to become GPs, which was a view backed up by the group. Linda explained that as part of the training, the doctors had been given teaching in relation to how a practice functions and the role of a GP.

Mr Rawlings asked if it would be beneficial for the students at Cambridge to meet with the PRG to obtain their views and the group felt this would be beneficial.

Outstanding Action: Linda was due to be meeting the Director of GP Services and would ask if it would be possible for medical students to attend a PRG meeting.

Mundesley Hospital

Linda advised that her and Lynsey, along with the doctors, recently attended an open evening at Mundesley Hospital. The hospital will reopen next year, providing inpatient treatment for mental health patients aged 18 to 65. Some of the beds will be NHS commissioned.

A discussion took place regarding the issues of evacuating patients in the event of a fire and rumours that had been circulating in Mundesley regarding the hospital.

The group felt that it would be beneficial to invite a representative from the hospital to come and give a talk to the group.

Outstanding Action: Linda to invite a representative from Mundesley Hospital to a future PRG meeting.

New NHS Performance Targets

Mrs Janet Munro, a virtual PRG member, had sent Linda an article from the EDP regarding new NHS performance targets and asked for clarification regarding the section about "pointless referrals". A copy of the article is appended to the minutes.

Helen explained that at present, if a patient sees a hospital consultant for a specific problem but on further investigation it is found that they require treatment from another speciality, the consultant will write to the GP and ask them to make a referral to this speciality, rather than making the referral directly themselves. This causes extra work for the GPs and a delay to patients who require treatment from an alternative speciality.

A discussion then took place regarding the current system where patients are offered 2 hospital appointments. If they cannot attend for either appointment offered (even if there are extenuating circumstances, such as already being in hospital or being on holiday) their referral is cancelled and they will be advised to contact their GP to re-refer them.

Healthwatch Norfolk

Linda advised that Healthwatch Norfolk is an organisation that is looking to study primary care relationships with the community and acute health services. They have written to 50 practices in Norfolk to invite them to participate in the study. They have recognised that there is a local and national shared ambition to create thriving, high quality and sustainable primary care that works to improve health outcomes and support reduction in health inequalities.

Linda explained that they will be visiting the practice on 18.11.15 to carry out an inspection. They will interview the doctors and other staff but will also be speaking to patients in the waiting room.

Newsletter Update

Linda advised that Mrs Bingham who was one of the co-editors of the patient newsletter has now moved away and Mrs Warnes has very kindly volunteered to take over this role.

Linda advised that we would like to have an article from a PRG member for the February edition of the newsletter. If anyone would be willing to do this, please contact Amy Reynolds for further details.

Any Other Business

Mrs Tompkins asked how the practice was progressing with the dementia screening. Linda advised that we are still continuing to do this and that if a patient agrees to be screened but does not book a follow up appointment, we now contact them to follow this up.

Date of Next Meeting

The next meeting will be held at the Church Rooms, Mundesley on Wednesday 10th February 2016 at 10.30am.