

Minutes from Patient Participation Meeting – Monday 10th October 2011.

Present: Dr Patrick White, Senior Partner; Gael Ogunyemi, Partner/Practice Manager; Teresa Goddard, Assistant Practice Manager. Donna Waltraute, Stanley Jones, Peter Round, Christine Bright, Jean Vallotton, Josephine Kevis, Rosa Latham, Kate and Chris Liffen and Norma Prior.

Introductions

We began by introducing the group and welcoming new members to the Patient Participation Group.

Role of Patient Group

To give feedback on current issues facing the practice and to work together with the practice to improve the services that it offers.

We have written to 2000 patients in addition to asking patients who regularly access the surgery to see who would like to join our new group. We particularly targeted younger people and people from ethnic minorities.

In addition to a face to face group we have also set up a virtual group. We will email people in this group for feedback on issues and they can email us with suggestions for ways in which we can improve the service we offer.

NHS changes

The NHS is changing quite drastically. Clinical commissioning groups will lead the way and take over much of the role from the previous Primary Care Trusts. GP's will have more of a say in what services are commissioned.

As a practice the first stage of this is to ensure that we do all we can to take the pressure of secondary care. When a patient is referred to hospital a tariff is charged by the hospital for that patient's treatment. Where possible general practice has to now ensure that all of its referrals to hospital are appropriate. There will be occasions when a referral can be avoided and treatment dealt with within primary care. This will be beneficial to the patient but will also reduce the financial burden on the NHS.

We will also be looking at ways in which we can cut A&E attendances. Many people access A&E even when the practice is open. Some of this is about educating people about when and why they should use A&E and about ensuring they make full use of the practice's services instead.

Primary Care Contracts

All practices in Lambeth will soon undergo a contract review. This could mean a cut in the funding the practice receives. The practice will do everything it can to preserve current services and only as a last resort will services be cut. The practice has and will continue to look at how it can make efficiency savings before considering any cuts to services that have a direct impact to the patient.

Specialist Nurse for the elderly

Unfortunately we lost funding for this post during the last financial year. The nurse worked with patients (predominantly over the age of 75) and their carers to enable them to access additional support and resources.

Feedback on Patient Survey results and suggestions of how we can make improvements

Following on from the last patient Group Meeting we determined questions for a patient satisfaction survey which was carried out in July this year. The results are in and we discussed these as part of the meeting. Please see attached survey results.

Comments made by the group were that access via the telephone system could still be problematic. We discussed using technology more to alleviate this. In particular, email contact and the use of texts to remind people about appointments.

Although some of the survey results showed that people had not always been happy with the way they were treated by receptionists, the group did not feel this was the case. Many felt that the receptionists were always extremely helpful.

Repeat Prescriptions – why do we have to contact our GP to renew our prescription?

The GP will want to review someone's medication periodically to ensure all is well. This can be done over the phone but sometimes the GP will want to meet with the patient again. This is purely for patient safety and clinical governance. Several members of the group had discussed prescriptions over the phone with the GP and found this totally satisfactory.

Changes to medication – why change a medication, is this because of cost?

Sometimes GP's get guidance from NICE or from the local Primary Care Trust which stipulates that patients should no longer be prescribed certain medication. This could be because there is a better clinical alternative or because there is a cheaper alternative. The patient should be communicated with and informed why they can no longer take that particular medication. If this has not happened then we apologise and will address this going forward.

Website and use of technology

Generally make website more user friendly and include more information.

Suggestions made: Drop down menu listing all of the services the practice provides. Not all patients were aware of the wide range of services we provide.

Online booking of appointments – we are looking into this and may trial this in the New Year.

Use of emails to consult with GP's

Texts to remind people about appointments patients to remind them of their appointment.

Concern was also raised about patient confidentiality and that not all people would be happy to use emails or want to receive texts. In addition would this escalate the cost to the practice given the likely hood of a cut in funding? Point also made that if a general consultation costs around £20 per patient and we reduce the number of patients that do not attend, this could save us money in terms of clinical resource.

Peer support service for patients and carers of patients with dementia

It was pointed out that Crown Dale has not referred any patients to this service. The service is thought to be extremely useful. In particular in helps the carers of patients to not feel so alone and considers their emotional journey in addition to that of the patient.

Actions:

1. An action plan will be drawn up to show how we can make changes to support some of these suggestions. A draft of the plan will be circulated to all members of the Patient Group for approval prior to it being published and acted upon.
2. GP's will be reminded of the Peer support service and asked to refer patients where they can.
3. Next patient group meeting will be held in December (weather permitting!).

Thank you for all your input. We value and appreciate it greatly and hope that our Patient Group will make a big difference to the way in which we operate. If you have any suggestions or comments that you would like to add please contact myself, Gael.Ogunyemi@nhs.net or Teresa Goddard, Teresa.Goddard@nhs.net