



**PRACTICE PATIENT GROUP
ACTION POINTS OF MEETING HELD ON 05 FEBRUARY 2008
at Upton Surgery**

PRESENT

Dr A Havercroft	Upton Surgery (AH)
Dr C Evans	Upton Surgery (CE)
Philippa White	Upton Surgery (PW)
Jo Daniell	(JD)
Ruth Wain	(RW)
Glen Green	(GG)
Chris Milne	(CM)
Jenny McGowran	(JM)

RW agreed to chair the meeting.

1 Apologies : Dr S Everitt

2 Minutes from meeting 7 August 2007 were deemed to be an accurate record of the meeting.

3 Matters arising

CM referred to page 2 item regarding Parish magazines. CM reported another local practice regularly used the parish magazine for information on campaigns, opening times, etc. The group recommended that the practice should use Parish magazines for such purposes. CM agreed to lead on it with PW.

Action CM/PW

The group further agreed a synopsis of the minutes to go into the patient newsletter and the minutes to be posted on the website and a dedicated section will be created.

JD forwarded information about a local Upton directory and wondered if the patient group should be registered in there with contact details. She agreed to investigate further.

Action JD

4-5 Contract Issues and Communication to Patients, Extended Opening.

AH and the group covered these topics together in their discussions. AH described the background to the introduction in 2004 of the new GMS contract, a key part of the new contract was the Quality and Outcomes Framework. Changes were made to the QOF in April 2006 and were being planned again for April 2008. The renegotiations on this contract were undertaken by the General Practitioners Committee and the allocated Department of Health negotiating team, the NHS Employers. Part of the negotiations this year were about extended opening which is where much of the press coverage has focused. An agreement had been made but then higher Governmental

interventions have presented 2 options both of which give very little flexibility on the extended hours options and are funded by reallocating some of the quality points from the contract which result in around £36k being removed from the contract. The detail has not yet been given. JM asked about the letter sent by the Minister with responsibility for health for all GPs that had been announced in the press and PW informed the group that this had not been received yet by the practice. AH felt the expectation would be 5/6 hours additional time for our surgery and this would have to be pre-booked appointments. 50% of practices within a PCT area are expected to offer the new arrangements. Various leaflets and posters from the British Medical Association were reviewed and the group agreed that a concise synopsis should be put in the patient newsletter.

The group discussed what patient needs and preferences might be. RW proposed that Saturday morning might not be the best solution and that earlier and later surgeries in the week may best meet the needs of working groups. The problems of Saturday opening only for routine appointments in a rural area and the suggested department guidance that only one doctor is allowed to be on in the extended times posed a problem in relation to emergencies who would inadvertently turn up at the surgery and suggesting they should be treated elsewhere would not be workable. PW confirmed that the practice was open from a reception point of view already five days a week 0800-1830 which is much greater accessibility than some practices currently offer. Additional support surgery staff would also be required for the extended opening hours.

On balance the patient group felt they would recommend later evening and/or earlier appointment availability, they suggested a number of ways of seeking the views of patients by having an options form available in reception and on the website. The form should make it clear that the appointments are for routine bookings only.

Information was also shared regarding Lord Darzi's review and the national program to deliver extended and improved access to GP services. There will be at least 100 new GP practices in PCTs with the worst GP provision (this does not apply to Worcestershire) and at least one new GP led health centre in each PCT. Worcestershire PCT planned to open one of these health centres in the county in one of the main towns which would be open 12 hours a day 365 days of the year and offer a walk-in service and would have the ability to register patients. The feeling of local GPs was that this was clearly destabilising traditional family practice. The information we had received was that this would be open by 1 January 2009.

CM raised an issue over the quality of Out Of Hours cover. AH informed the group the contract currently is owned by the PCT but is out to tender and 3 new providers are bidding. The new service is thought to be in place by July this year.

6 Practice Based Commissioning

AH is the cluster chair for the Malvern/Upton cluster. This is a group comprising of ourselves, all the Malvern practices and Knightwick. Recently this group has joined with the Worcester and Droitwich practices who are currently organised into 2 clusters to make a super cluster. This accounts for 200,000 patients in South Worcestershire and makes the commissioning group more powerful and able to tackle bigger initiatives. Patient and public involvement was discussed as the cluster chairs were keen to have involvement. The ideal would be that practices with patient involvement groups

might get together and then representation could be agreed at cluster and super cluster level. The group agreed this was a very positive way forward and PW would propose to the Cluster Manager that perhaps a stake holder event for patient groups could be organised when some of the pathways of the identified clinical priorities were more advanced. **Action PW**

7 Update on LINK - PALS

Information was shared via leaflets on these service user groups and patient liaison. Post meeting note: the PALS at the acute trust has been replaced with Patient Services on 01527 512177

8 Review of Complaints / Suggestions since the move

The many positive and few negative comments were all reviewed. Many of the suggestions had already been implemented eg: hearing aid batteries are now available from the community reception, additional notice boards had been installed for patient information. The auto-check-in and envisage call system were discussed and the benefits greatly outweighed the 6 negative comments received. Two requests for a clock in the waiting room had been received and the group felt this would be a good thing **Action PW**

A notice that water was available on request would be displayed.

Action PW

Other topics discussed were availability of practice nurse evening appointments, continuity of care and seeing the same GP. It was agreed that when people phone for appointments, reception staff should ask if they prefer any particular doctor. AH said it was impossible to see the same GP for emergencies as that was on a rotation system, but there were merits from a GP's perspective as well to have some continuity and patients should be encouraged to see the same GP and it did not have to be the same GP on whose list they were allocated. He confirmed the letter sent to Dr Wilson's patients stated that.

CM raised an issue regarding confusion over whether doctors looked after diabetics as not all had dedicated clinics. AH confirmed that all the GP partners undertake diabetic care and the issue of clinics was currently being looked at by the practice.

Parking on the days of the flu jabs was raised as having been chaotic. The practice agreed they had to learn from this for next year. Other problems that have been past onto the patient group representatives were discussed individually and solutions were already in place or had system changes that would alleviate the problem were being implemented over the next few months. The group congratulated all the surgery staff on a job well done to have so few complaints after such a major upheaval was a great achievement.

9 Expert Patient Groups

GG gave an update on the initiative. PW to contact Sian Finn, the manager of the Project, to investigate whether a course could be run at the surgery and also to get information to write up on the website. **Action PW**

10 AOB

GG reported that she had attended the End of Life pathway under the Lord Darzi review. Observations were that in the paper that was presented to them, there was little support for relatives and the key role GPs play had not been

identified. Her group had felt it had been very surgically written and it had been sent back to incorporate changes to the government team. GG said many GP practices provided excellent End of Life care and this should be standard. CE queried whether "Gold Standards" had been mentioned. GG said it was but in a minor way. PW informed the group that there was local action on End of Life as a PBC priority. CE had attended the Worcestershire Palliative Care conference recently.

The group agreed a schedule of quarterly meetings

Dates proposed:

Tuesday 15 April 2008

Tuesday 12 August 2008

Tuesday 9 December 2008