

LONG FURLONG MEDICAL CENTRE

Patient Reference Group Meeting Held on Tuesday 2 June 7:00-8:30 pm

Actions from the meeting were agreed and are listed below. Notes of the meeting follow after.

1. Members to consider whether they agree to sharing email addresses with other members and provide Diana with consent using the form attached to these minutes.
2. Members to consider setting up their own new email address just for this group (this will help ease up inboxes!)
3. Diana to set up email account to send and receive communication about the group to members (again this will separate her inbox from other work related matters). She will also ensure that the Practice Administrator can monitor the inbox on her behalf during periods of annual leave etc.
4. Members to consider ways that the Practice might be able to notify patients of their named GP without incurring huge postage bills.
5. Diana to ensure that a protocol for telephone consultations is put in place as soon as possible.
6. Diana will contact members of the PRG as soon as a date for the Practice CQC inspection is set. (Members to confirm their availability to meet with the inspectors.)
7. Diana to circulate dates of other patient groups that members might like to attend / have interest in joining.
8. Members to consider their availability to attend the South West Locality Patient Group.
9. Diana to circulate dates for future meetings
10. Diana to invite Heather Millard to a future meeting
11. Partners to attend meetings when possible and give an overview of services provided in the Practice.
12. Following feedback from the patient group, Diana was asked to pass on praise to the reception team who are always helpful, friendly and happy. Diana was extremely grateful for this feedback and will ensure it is shared with the team.

NOTES OF THE MEETING

Present: 7 members of the Patient Reference Group (PRG) were able to attend the meeting and apologies were received from 5 others. An attendance register is maintained and held by the Practice Manager.

Diana Donald, the Practice Manager, led the meeting. She confirmed that there are approximately 32 members of the group. All registered patients are welcome to join the PRG and the Practice endeavours to be truly representative by involving patients from all sections of the community where possible. Therefore a census form is attached to the notes of the meeting but will be sent in paper form with a stamped addressed envelope for members to return it.

Members are recognised as having personal skills, interests, knowledge and experience to bring to the group and specialist sub-groups could be formed to discuss specific topics utilising individual skills and interests.

The purpose of the meeting was to:

1. Establish and agree the function of the group and its form
2. make members aware of other patient groups
3. share & discuss current topics at the Practice

Ground Rules - As at any meeting ground rules were set and agreed as:

1. Open & honest communication is encouraged.
2. The group will be flexible, listen, ask for help and support each other.
3. The group will demonstrate a commitment to delivering results.
4. Everyone's contribution and views are valid and will be listened to.
5. Members will not use the meetings as a forum for individual complaints or issues, although constructive personal insight will be welcomed.
6. Confidential matters and discussions are not to be shared outside the meeting
7. No communications about the group will be issued by individual members
8. Use of Acronyms and Abbreviations avoided wherever possible or must be explained

Aims and Objectives of the Group are to:

1. Create and improve two-way communication between the patients and the practice i.e. via email, meetings and newsletters.
2. Provide an avenue for patients' input in the way facilities and services are planned and executed and, where appropriate, influence those services, but recognise the constraints of the Practice in both terms of resources and legislation and work within these boundaries.
3. Provide constructive two-way feedback on patient and community needs, concerns and interests.
4. Collect patient opinions and experiences to help the Practice to evaluate its services. e.g. distributing questionnaires, putting suggestions forward to include in patient surveys and based on the survey results influencing and agreeing the actions for the following year.
5. Support the Practice in good health promotion, preventative medicine and healthy lifestyle e.g. some patient groups help with the organization of flu clinics.
6. Liaise with the South West Locality of the Oxfordshire Clinical Commissioning Group, individually and collectively where necessary to share and develop best practice and/or share resources.

Options for Group Formation were proposed and the advantages and disadvantages were considered:

1. Virtual Group i.e. communication by email instigated by Practice with 1 or 2 meetings per year, or
2. Bi-monthly meetings

Virtual Group - does not require a big time commitment from members and enables personal contributions to be fed back to the Practice at any time. Email addresses of members will be held by the Practice Manager or the Practice Administrator and unless consent is given by members to share contact details, communication on current topics will be circulated using the 'blind copy' method.

It was agreed that using the virtual group method members feel isolated and without agreements in place to share contact details it is not possible to start up discussion with fellow members and / or share information.

Bi Monthly Meetings – An agenda would be published and circulated to all members. Minutes/action points will be recorded, circulated to members and published on the Practice website. This form allows open discussion and involvement but requires a big time commitment from everyone. Some members may have difficulty organizing child care etc.

It was agreed by the members present to meet quarterly and suggested that consent is obtained to share email addresses within the group are put in place by those who would like or would be willing to engage in conversation about relevant topics. This will make the group more meaningful. It was suggested that to avoid inboxes becoming full that individual members set up an email account to receive and send emails that relate to the PRG. Diana will also set up a Practice email account for the PRG that can be accessed and monitored by the Practice Administrator if she is on leave.

Current Topics – at the Practice were discussed:

1. **Refurbishment of the building** – is for the most part complete but the Partners are currently exploring options to eliminate the echo in the waiting room and corridor. Following feedback from patients, clinical staff and receptionists regarding the Tannoy system which is proving difficult to hear and sounds distorted, Diana has obtained a quote for installing a visual display screen for the waiting room. The screen will display the patient's name when the GP / Nurse is calling them to the

consulting room and also make an audible announcement. The quote will be considered by the Partners.

Parking Restrictions, which were part of the planning consent, are to be put in place on Loyd Close. However, this has not been implemented yet due to delays within the Highways Department.

2. **Pharmacy Update** – Following some administrative complications it has been confirmed that a contract for the pharmacy has been awarded to Salman Healthcare. This will be a second pharmacy for Salman who operate from Reynolds Way Pharmacy in South Abingdon. The Practice pharmacy will be open to all members of the public but will only dispense medication and sell products that are related to health care i.e. Class D Planning Permission was granted.
3. **List Closure** – Due to a significant increase in the number of patients registered and, with no additional GPs or nursing staff it was necessary to make a request to NHS England for the Practice to temporarily close its list to new patients. The Partners have every intention of opening its list again at the beginning of September.
4. **Recruitment Team**
Clinical Team The Practice has been advertising for GPs and nurses since last November. This has been necessary due to changes in the Practice i.e. Dr Reynold's retirement last year, Dr Barter's maternity leave from May 2015 – early 2016 and Dr Allan reducing the number of days she works from the end of June.

We were very pleased to be able to book Dr Lee for the duration of Dr Barter's maternity leave. Dr Lee works a Tuesday and Thursday which also meant we had to adjust Dr Moore's working pattern. He now has a Tuesday off and works Wednesday's.

We have appointed an Advanced Nurse Practitioner, Heather Millard, who will be joining us next week. Heather will work alongside the GPs providing same day and pre-bookable appointments for all patients except children under 1 year and mum's with maternity complications. She is able to diagnose, prescribe and treat a whole range of acute conditions e.g. chest infections, ear infections, stomach pain and, like GPs, is also treat patients who have long term conditions. We are looking forward to Heather joining us.

We have received two applications for a part-time practice nurse vacancy and will soon be interviewing those candidates.

Reception Restructure – The Practice has recently restructured the reception team and have appointed Sallie as the Reception Team Leader. Gemma will be taking on the role of patient records ensuring discharge letters, hospital correspondence etc is scanned to patient notes. This work is currently managed within the reception team so by removing it will increase their capacity to deal with telephone calls, queries, prescriptions and registrations etc. By adjusting working patterns we have also been able to increase reception capacity on Monday mornings to help manage phone calls. Debbie will be moving out of reception in to an administrative role which is a new position within the Practice. All the changes have resulted in a reception vacancy of 27 hours. This position has had a very good response – with interviews scheduled for 16 June.

5. **Named GP for all patients** – As a Practice we have always registered patients with a named GP but this does not prevent the patient seeing a GP of their choice. By the end of March **2016** we are required to inform all patients who were registered before 1 April 2015 who their named GP is (we have implemented a system for doing this for patients registered since 1 April 2015). This will be a costly exercise if we opt to write to everyone so we are considering other ways of doing this.
6. **Unplanned Admissions** – This service was introduced to Practices last year i.e. April 2014. The purpose is to identify patients who may be at risk of a hospital admission and formulate a written care plan so that if the patient becomes more unwell, it informs the patient, their carer and other health care professionals their GP's advice, with the patient's agreement, on the management of their condition which hopefully will prevent a hospital admission. Patients who have care plans in

place may also have a care co-ordinator. The care co-ordinator can be anyone that the patient can seek advice or assistance from and doesn't have to be a nurse, GP, health visitor specialist nurse etc. In this Practice we appointed Sallie, one of our reception team as the care co-ordinator for our patients. She makes contact with patients that we haven't seen for a while and make sure they are OK, help them arrange appointments at the surgery if needed and organize repeat prescriptions if necessary. The support that Sallie is able to provide is very much appreciated by our patients who have care plans in place.

7. **Patient survey results and implementation of action plan.** Following our patient survey conducted in March, the action plan has been very much focused on our growing list size, difficulties in recruiting and therefore improving access for our patients. Diana fed back progress to date:

Increasing the number of clinicians had been discussed under item 4.

Appointments Bookable online. We agreed that it would be helpful to increase the number of appointments that can be booked on line. The Partners support this move but wanted reassurance that those without computers or on-line access would not be disadvantaged and / or experience difficulties booking appointments. Diana has now made available all blood test appointments available to be booked on line and increased the number of GP appointments available but reassured members that if necessary the receptionists can override those that can be booked online. As a group we considered whether the extended hours appointments could be offered on line and agreed a plan of action to implement this. (Diana confirmed that the GPs have a rota to offer appointments after 18:30 one evening per week and once a month both nurses and GPs offer Saturday morning appointments.)

Make telephone consultations more mainstream and provide written parameters for patients and receptionists about what conditions / symptoms warrant a telephone consultation. This is work that is to be taken forward as soon as possible particularly with the appointment of our advanced nurse practitioner.

8. **Care Quality Commission (CQC)** – Diana reported that the practice is registered with CQC but has not yet been inspected. She confirmed that inspectors are currently organizing to visit practices in Oxfordshire during July and August. Once a date for our inspection has been arranged Diana will contact members of the PRG as the CQC inspectors do ask to meet with representatives of the group.

The inspection process was discussed and Diana confirmed that all aspects of care provided by the Practice are covered as well as health and safety, infection control, staff training and support, management systems and processes etc. Practices are graded in each area. The grades are: Needs Improvement, Good or Outstanding. Most practices expect to achieve a mix of needs improvement and good. Outstanding is only awarded in exceptional circumstances e.g. when the practice delivers services over and above what is contractually required.

9. **Other Groups that members can become involved with include:**
South West Oxfordshire Locality (SWOL) Patient Group. Diana explained that the Practice works with other practices in Abingdon, Didcot, Clifton Hampden, Berinsfield, Wantage, Gove and Faringdon which is known as the South West Locality of Oxfordshire. The group has its own patient group and meets regularly in Didcot. The aim is for each practice to send a member of its patient group to these meetings so that it reflects the views of all patients / practices in the area. A patient member reported that the chairman of the group has stepped down and his deputy is currently chairing the meetings.

Oxfordshire Clinical Commissioning Group (OCCG) <http://www.oxfordshireccg.nhs.uk/get-involved/>

Diana thanked everyone for their contribution to the Practice and giving up their time to attend the meeting.