

LONG FURLONG MEDICAL CENTRE

Patient Reference Group Notes of the Meeting on Tuesday 19 January 2016

Present: There were 6 Patient Representatives present and apologies received from 5 members. Practice Representative: Diana Donald

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| Action | 1. Membership – Since the last meeting, Diana had circulated membership and consent to share email forms to everyone on her mailing lists. The form asked members to indicate whether they would like to contribute via email only or attend quarterly meetings. As they were being returned she is moving members from the ‘blind copied’ group to the ‘consent to share’ group etc. The group is not truly representative of the patient population and further work is needed to encourage younger patients to join. |
| All | 2. Staff Changes:
2.1. GPs – Dr Barter is back from her maternity leave and working 2 days per week (i.e. 4 sessions) Wednesdays and Thursdays. Dr Lee, who has been covering Dr Barter is having a short break and will be back working for us on Thursdays and Fridays from June-August.
2.2. Nurses – we say farewell to Lesley Fugle, our diabetes nurse, who has decided to retire. Lesley finishes on 26 January. We welcome Cate Wilkinson back from her maternity leave. Cate is working 2 days per week (Mondays and Wednesdays). She is a diabetes nurse and so will continue providing care to our patients. The partners are also advertising a 24 hour practice nurse vacancy which is an additional resource to the team.
2.3. Receptionists – We say farewell to Holly at the end of February who is leaving to pursue her chosen career. We will be training Stevie in phlebotomy so that we can provide a clinic 5 mornings a week. (Phlebotomy clinics will be provided by: Ann Mon-Wed, Claire Thurs, Stevie Fri.) Stevie will continue working in reception on other days. With Holly leaving and Stevie providing a phlebotomy clinic we have a 32.5 hr vacancy for a receptionist. |
| DD | Members spoke highly of the teams who provide an excellent service. This was well received by Diana who will pass the praise on to the teams.
3. Update on the pharmacy – Diana was pleased to be able to confirm that the pharmacy is on track and that opening is anticipated in March. Salman Hussain, from Reynolds Way pharmacy has the contract with the partners having a minority financial interest in the business. She explained that some internal alterations are required before the shop can be fitted out (the fitter has a 4-5 week lead). The pharmacy will be open to all members of the public, not just patients of Long Furlong and is to be called North Abingdon Pharmacy. The partners’ main interest in having a pharmacy on site is to provide a complete and excellent service for their patients.
Practice list size and local growth – Abingdon growth was discussed and concern expressed regarding the capacity to continue allowing the practice list to grow. Diana reported that the recent completion of building work at the surgery had increased the number of consulting rooms which will allow the partners to increase medical and clinical time (see information under item 2) with a view to allowing the list to grow, but stressed that the practice would not be in a position to absorb the increase in population from the planned growth of 1000 houses which will fall in the practice boundary. However, Diana explained that as practice income has fallen, the partners had been advised by their accountant to encourage an increase in list size to 10,000 as it has become evident that those with a list of under 10,000 patients are struggling financially. She explained that |

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already in Oxfordshire 2 small local practices have had to merge with larger practices.

Oxfordshire Clinical Commissioning Group (OCCG) is working with NHS Property services, local councils, patients/public and the practices in Didcot and Wantage where there is already significant housing growth – these areas are their priority at present but it has been acknowledged that next steps are to establish when the 1500 houses are scheduled to be built in Abingdon / Radley/Kennington to understand what population growth can be expected for this area and then understand what practices feel they could/ could not absorb. Diana confirmed that Abingdon practices had already considered their capacity- Abingdon Surgery, and Marcham Road were of the opinion that they could take on more patients, and Malthouse has submitted an application for premises development to allow them to reconfigure their internal space and create more consulting rooms.

Members asked whether any of the partners would be considering retirement. Diana confirmed that Dr Allan has plans to retire in approx.. 2 years' time and therefore it is important to start succession planning of the partnership.

- 4. Introduction of the Electronic Prescription Service (EPS)** Diana reported that the next project in the practice is to go live with the electronic prescription service. This allows a prescription to be sent electronically (i.e. without printing) by the doctor or nurse prescriber directly to the pharmacy of the patient's choice. She confirmed that the practice team is hoping to receive their training in March and go live just before the Easter break. A slide of the prescription journey was shown. Discussion followed and it was confirmed that patients can still have a printed prescription if they prefer.

- 5. Feedback from the South West Oxfordshire Locality Forum** – This is a patient group made up from the 12 practices in the SW Locality i.e. Abingdon (4 practices), Clifton Hampden, Berinsfield, Didcot (3 practices), Wantage Grove (2 practices), Faringdon (1 practice). RA represents Long Furlong but other members are welcome to attend too. It provides an opportunity for patients to contribute to plans for the development of services in the locality. Diana will add papers from the meeting to the practice website.

RA advised of a public meeting regarding mental health services which is to take place in February. Date is confirmed as 23 February. Diana will add papers or relevant link to the practice website: www.longfurlongmedicalcentre.co.uk

- 6. A review of 2015/16's Action Plan** – We reviewed the Practice action plan which had been agreed following the results of the 2014/15 patient questionnaire.
- Action Point 1 - Consider increasing the number of GPs to help manage with the growing patient list size. Diana reported that this work is ongoing and includes the appointment of Heather Millard, advanced nurse practitioner, the decision to bring Dr Lee back for 2 days per week (albeit on a temporary basis) and recruit a third nurse for 24 hours per week.
 - Action Point 2 - Increase the number of appointments that can be booked on-line. Diana confirmed that the number of bookable online appointments had been increased with all GPs during normal hours and the extended hours periods, all phlebotomy appointments and flu clinic appointments are available to be booked on line. Due to the complexity of the nurses appointments it had not been possible to make these available on line.
 - Action Point 3 - Make telephone consultations more main stream. Written parameters/protocols about what conditions/symptoms warrant a telephone consultation with a GP. This hasn't been completed and needs further development, however, receptionists will ask patients who are booking a telephone call to give brief information so that they can pass this on to the doctor / nurse or, if necessary, divert the call to the most appropriate

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person e.g. the secretary may be able to help resolve a query regarding a hospital referral. Members all agreed that it would be more helpful to have a one hour 'window' to expect a call from the GP rather than 'after morning surgery' Diana will review this with the GPs and receptionists, but advised that a home visit will always take priority over a phone call and therefore a one hour slot may not be realistic. However, in this example the receptionists can and will call the patients who are waiting for their call to give them an update.

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- 7. Patient Survey for 2015/16** – Diana reported that she had emailed members for suggestions to include in this years' patient survey. We discussed the national GP survey which is sent to a small group of patients from each practice each year. The results are available on <https://gp-patient.co.uk/> We looked at the results for Long Furlong and agreed that there are some areas that we are doing very well and others where we could do better. Diana asked members to look at the results and consider whether more information could be obtained by including a similar question in a local survey. She asked for feedback to be sent to her as soon as possible (*Post meeting note: ideally by Friday 29 January please as I would like to get the survey out in February.*)
- 8. Friends and Family Test** – Diana has also asked the receptionists to actively promote the friends and family questionnaire. This is a simple questionnaire that all NHS establishments are required to use: 'Would you recommend this practice to a friend or family member? / Very likely / Likely/ unlikely etc. Results are fed back monthly to NHS England.
- 9. Any Other Business**
 - 9.1. Federating** – Diana explained that the Abingdon, Clifton Hampden and Berinsfield practices have joined together as a Federation to look at ways of providing services in the locality and perhaps sharing back office functions. Abingdon Surgery and Malthouse Surgery joined together initially and made a successful bid for the Prime Ministers Challenge Fund. Both practices now offer email consultations and have developed a website called <http://www.my-coach.org.uk/> Coach website is a tool that can be used by members of the public and healthcare professionals to source information on services that are available in Oxfordshire. It also provides links to the major hospital websites and provides health information.
 - 9.2. Visual Display in Waiting Room** – A quote had been obtained for a visual display in the waiting room that could also be used to call patients through to their appointment. Unfortunately this was extremely expensive and a decision had to be made to put this on hold and spend the money on installing acoustic panels in the waiting room.
 - 9.3. Volunteers** – Diana confirmed that members of the patient group are welcome to volunteer with events such as patient surveys, flu clinics, writing a small article for the practice newsletter etc. Disclosure and Barring Clearance might need to be arranged, but this would be dependent upon the type of project.
 - 9.4. Patient Group Notice Board** – Diana would welcome members taking ownership of a noticeboard in the waiting room – updating information for patients etc.
- 10. Date of Next Meeting – Wednesday 20 April 2016**