

Patient Participation Group Meeting

Tuesday 29th October, 2013

Chairman: Keith Milmer

Vice Chairman: Barry Lynch

Practice Manager: Ellen Solley

Principal GP: Mark Howcutt

Attendee list is available in file minutes: n patients attended the meeting

Keith explained that some public coverage of the meeting is likely to be displayed on the Haddenham.net website and asked for anyone who might be unhappy about their image appearing on the site to inform him and he would ensure that they would not feature.

Keith opened the meeting by welcoming everyone, thanking them for attending and giving a little bit of the history of the group as it previously existed. He then went on to explain the purpose of the group, citing, in particular a range of activities that are currently on the agenda:

- Helping with the ground maintenance, gardening and tidying of the site
- Development of a 'buddy' system to help people become confident in dealing with 'on-line' booking and requesting repeat prescriptions
- Production of information and other patient literature (e.g., the 'flu leaflet)
- Putting forward of any ideas that might support the Practice
- Encouraging discussion in the group to shape the way our GP health services are offered

Barry gave a report on a workshop held by the recently formed Aylesbury Vale CCG (Clinical Commissioning Group). FOR INFORMATION - the Aylesbury Vale CCG is the GP led consortium that has replaced the old PCT (Primary Care Trust).

The workshop was attended by approx. 50 people who have an interest in the health care of the local community. The objective was to exchange views on treatment of patients with long term conditions and look at initiatives to improve this area of care,

Some key issues discussed included:

- The mental health of patients with long term conditions: approximately 30% of patients with long term health conditions go on to develop some mental health issue such as anxiety and depression. The Haddenham practice is taking part in a trial project to help such patients (the *Live Well* initiative) by evaluation, encouraging

guided self-help, and the use of Cognitive Behavioural Therapy (a form of counselling) if appropriate. There is funding for 18 months to support this work.

- There are initiatives to develop the use of *Assisted Technologies* in some long term health conditions. This might be useful in a condition such as Diabetes where a patient might take their sugar reading, feed it into a computer programme which could link to the nurse and automatically trigger an appointment or involvement from the practice when necessary. Such a technical system might also work with the monitoring of Blood Pressure.
- It was thought that the Patient Group might be able to help and support individuals where appropriate, as long as patient confidentiality issues were not compromised.

Keith then asked attendees for feedback on the material that has been sent out so far, such as emails and articles about health matters, and particularly the draft patient survey.

- It was felt that the articles needed to be briefer
- It was important to make it clearer as to whether a reply was required
- The questionnaire needs to have the tick boxes made more obvious
- Facility for free text responses needs to be made more overt on the 'information' sections
- Point made that the electronic version constrains to participation of all patients, a paper version also needs to be made available
- Some questions need a n/a (not applicable) option
- The introduction needs to be made shorter

Dr Howcutt asked whether the survey is aimed at all patients, or primarily for those who use the practice regularly?

Agreed that it is for anyone who is able to access it. Suggestion made that some of the group present tonight might be able to have discussions with particular patient groups e.g. parents at the school gate.

Barry fed back that:

- Primary contact experience of patients with the practice has much improved
- However, obtaining an appointment is still a problem
- The time it takes to get an appointment is still a concern
- Being able to see the same Dr to ensure continuity is a concern to many, although there is awareness that there is limited availability due to part time working.
- Many patients would value having direct email access to a GP – however, Dr Howcutt expressed serious reservations due to professional risks of failing to pick up urgent or serious health issues in good time. He was very clear that no clinical discussions could be conducted via this route, and felt that it was *vital* that the

patient is seen. In person, or at least spoken to directly on the telephone. There were also a number of concerns raised about this suggestion by the group.

- The texting of individuals to remind them about appointments has been extremely helpful; patients like it and it has helped to release appointments for emergency use.

Ellen was able to explain in detail the NHS proposal for **Data Extraction** which is the proposed process of using patient data to feed into a national database. This might mean that certain interested groups (third party organisations, such as health insurers) might become informed about conditions that could target their contact of a patient. There was a lot of unease about this. There are three pathways to respond as an individual patient:

1. Use the 'opt out' form to highlight that data can feed into a summary care record that could link to a hospital.
2. Use the 'opt out' form to have links with the GP and the Hospital (not available yet)
3. Allow the data extraction to take place which would be used for research purposes and would be sold onto other groups.

Mark was able to respond to some of the raised concerns but was able to explain:

- Whilst appointments still seem to be a challenge, the practice is actually seeing more patients than ever before
- Some Drs are not able to offer continuity for particular reasons (e.g., part-time working)
- A possible way forward with the use of technology is the use of Skype, which would be better than texting or email.
- The new housing projects will bring additional capitation but at present there are only two full time Drs.
- The funding does change with the age of the patient, while their needs can differ significantly with age – the youngest and oldest patients requiring most attention.

In summary, the suggested ways in which the support group might help the Practice:

- Garden maintenance and plant management
- Appointment via the computer support, possibly using the library as an opportunity, maybe offering a screen shot guide, providing names of people who would be able to offer help, maybe providing a YouTube video to be a guide
- The practice needs to provide a shopping list of relevant equipment that might be possible to purchase via any fund raising.
- Possible development of a *200 Club* once again, but this would need someone to run and manage such an initiative.
- To use part of a notice board in the waiting area to raise awareness of things that the group are involved with, and also to produce displays which show information about some of the ways in which the practice or the group have raised money for.

- Suggestion that concerns about obesity are more significant than road safety issues and that this could be a focus.
- Clearing the car park in the depths of winter to allow access for pedestrians and cars. Ellen explained that contractors would be brought in again this year like they did last year. It was suggested that bins holding salt/grit might be available on application.
Action: KEM to liaise with Parish Council
- The practice will be aiming to engage the same locum when necessary in order to try to offer greater continuity for the patients
- A new fridge and new chairs have been purchased
- Support groups are meeting for carers
- £182 was raised from the 'wear it pink' involvement
- Other information about Macmillan nurses has been displayed
- The automatic front door is going to be replaced with a sliding door to make access safer for patients
- The texting process has made a significant difference to the appointment process
- A *guinea pig* is required to practice FLO ???