Bildeston Health Centre PPG

Minutes for Meeting held on 26th March 2014

Present

Dr Mark Hainsworth, Jackie Smith, Louise Bissett, Nigel McVittie, Maurice Goulding, Tina Davies, Angela Rodgers, Audrey Wilcox, Margaret Maybury

Apologies

The decision to hold a meeting was last minute, apologies for this were sent with the email about the details of the meeting.

Agreement of last meeting minutes

Minutes were agreed

Matters Arising

AW asked if all members would be asked for nominations for Chairman, Vice and Secretary, if those now in office were standing down. JS/LB to clarify this with the Chairman.

JS suggested that too much time had been spent with 'in-house politics', trying to sort out the roles of Chairman, Vice and Secretary. JS explained that she had taken the Chairman to a meeting of the StowHealth PPG, which is a more relaxed group. JS to investigate how other groups are run, and what the politics are (some groups are run virtually with no hierarchy – Fressingfield and Shotley & Holbrook).

DrH explained that the meeting had been called because the PPG had not met for a while and some things had to be clarified and confirmed.

DrH discussed last meeting and the practice survery. The survey, results and a short report from DrH had been sent out to the whole PPG for comment. As yet, no comments have been received from the group. The survey results were good, as expected and the action plan for the coming year was agreed. The action plan is to carry on as we are, striving to review our service and improve patient care.

Only criticism that this year the survey should be simplified, with only 4 x questions, eg:

1. Are you happy with your usual GP?
2. Are you happy with the service at the Practice?
3. Are you happy with the Practice in general?
4. Any improvements?

AW agreed and suggested questions that only require a 'yes/no' answer would be preferable, with little room for comment.

MG agreed that a 'yes/no' is preferable but suggested comments should stay as this was an opportunity for patients to give their feedback anonymously, positive or negative.

DrH agreed and reminded group that comments from the last survey picked up:

1. Chairs with arms in the waiting room
2. Long waits at morning surgery
3. Parking

Since then we have provided new chairs for the waiting room. The Practice has taken on a Salaried GP, which means more appointments are available at afternoon and evening surgery, and Open access morning surgery. We have also had the car park re-covered and re-lined, creating more spaces. All these items were brought to attention by the survery.

JS & LB confirmed that the car park was mostly under control, with patients not routinely parking on the grass. We have posters asking more able-bodied patients to park at the market place, and we have also installed a bicycle rack to encourage local patients to use their bikes.

DrH discussed the last survey and agreed that reflection was needed before next survey, but that the practice should carry on reviewing and making improvements as needed.

Chairman's statement of last year was discussed and the principal role of the PPG

1. To develop a partnership with patients
2. Discover what patients think about the service provided and to establish their priorities
3. To provide a platform to test and modify plans

DrH discussed forthcoming items that PPG should be aware of so that they can help to cascade information down to patients (copy attached).

1. Electronic sharing – JS gave out a sheet clarifying the different levels of patient data sharing levels under the NHS Care Record Guarantee. DrH asked for assistance in making patients aware. Information is available on the practice website, and in paper form on the reception desk.

2. Computer Migration – DrH discussed computer migration planned for October, but dates not confirmed yet. Data will then be stored on a 'cloud' instead of on the premises. Ability to share data with community services, consent will have to be sought from all patients.

   MG discussed benefit to patients of sharing data with all services, especially country wide. NMc expressed concern about identity theft. AR agreed the benefits of this data sharing, and suggested that the positive would outweigh the negatives.

   AW discussed the data sharing opt out forms available at the reception desk in the surgery. AR discussed the incompatible computer fiasco of recent years.

3. DrH discussed the Electronic Palliative Care Co-ordination System (EPaCCS), as per attached sheet, and also forthcoming Community Diabetes Integrated Care Service, both these services will be beneficial to care of patients, helping to minimise mistakes and to aid in reducing hospital admissions. DrH confirmed that the practice would need help in making patients aware of these services.

   AW expressed concern about patient data sharing for research, but DrH confirmed that this would only be with the patients consent, and in his opinion patients should not opt out of any of the data sharing areas. TD asked about the nationwide leaflet drop and the opt out options, but DrH confirmed to be a part of all the data sharing areas, patients should do nothing**, you do not have to 'opt-in', this is automatic, but you do have to 'opt-out'**.

4. Over 75s. From April 2014, as a requirement of the NHS Contract changes for 2014-15, the practice will be involved in a DES (Direct Enhanced Service) involving the over 75 age group, identifying vulnerable and lost to follow-up patients, in an attempt to reduce visits to A&E and hospital admissions for the future.

   This is to identify care needs of patients who do not attend the surgery routinely, with help in chronic disease management, regular medication review. At the moment the practice offers a dossett service with medication delivery to the housebound, and with a target of over 80% medication reviews completed in the last year. LB discussed MDT (Multi-disciplinary Team) meetings where the doctors have a chance to discuss patients with a representative from the district nurses, social workers and local occupational health rep. This DES is for the patients

who ‘fall outside the silo’ with the majority of patients falling ‘inside the silo’ being known to at least one of the aforementioned services.

MG discussed patient confidentiality, when friends/neighbours report their concerns to a doctors about one of their patients. DrH confirmed that this DES was people not process orientated and was specifically created to reduce hospital admissions for the future.

5. Community Memory Assessment Clinic. DrH discussed a forthcoming clinic specifically for Memory and Dementia assessment. Bildeston has applied to be a provider and has yet to hear. This would make Bildeston an outreach clinic for this service with patients from other practices coming here. DrH confirmed that, if not successful, Bildeston patients would still have access to the service, only at another local practice eg Hadleigh or East bergholt.

6. Nurse Practitioner. DrH informed PPG that practice were thinking of re-visiting the option of employing a Nurse Practitioner, to aid with the new DES. This position would be for an Advanced NP who would have same clinical abilities as a GP, and he confirmed that the PPG would be needed for patient education.

7. CQC Inspection. DrH discussed CQC inspections, and informed the PPG that an inspection would be coming in the near future. The practice will be given 48 hrs notice of this inspection and that a member of the PPG would be contacted for interview by an inspector. JS confirmed that inspectors would want to speak to staff and patients alike to discussed protocols, procedures and best practice.

Any other business

AW discussed nominations and election of new Chairman, Vice and Secretary, resignation of previous Secretary and how to move forward. Discussed previous comments made by JS.

MM discussed the need for a constitution and how to proceed.

AW requested confirmation of nominations and elections at the AGM. Nominations had been asked for by 1st April 2014, with a personal statement.

MM confirmed that there had been no formal resignation made by the previous Secretary.

It was agreed that this should be discussed again when the Chairman, Vice and Secretary are present, to confirm that this is the way the group would like to continue. JS to investigate other groups to see whether an informal group facilitated by staff would be an option.

AW unhappy with comments made by JS about nominations and running of group.

MM queried intentions of present Chairman and Secretary regards re-election.

All agreed this should be discussed when Chairman, Vice and Secretary are present, at the AGM.

Nominations for

Chairman

Vice Chairman

Secretary

to Jackie Smith by Tuesday 1st April 2014, with personal statement

Next Meeting

Date of Next Meeting & Annual General Meeting - Wednesday 21st May 2014 at 6.30 pm

Electronic Sharing

There are several initiatives that share patient data under the NHS Care Record Guarantee. Everyone needs to be aware of these and this document should explain each one briefly. Further information can be gained by clicking the hyperlink given.

Spine

The Spine is a National database holding patient demographic details only (ie name, date of birth, address) for audit trail purposes. Inclusion is by implied consent, patients should opt-out if they do not wish to be included. More information can be found at http://systems.hscic.gov.uk/spine

Care.data

The Care.data initiative was due to begin on 1st April 2014 but is currently on hold. It is expected that this will start again in June/July 2014. Patient information is uploaded from all health and social care environments to the Health and Social Care Information Centre (HSCIC). The primary purpose of this is for the HSCIC to use this information to ascertain health and social care needs for the UK. There is a secondary option to share the information further in the future but there is no detail on this at present. Inclusion is by implied consent, patients should opt-out if they do not wish to be included. Patients can opt-out of the practice sharing information with the HSCIC or from sharing outside the HSCIC. More information can be found at http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx

Summary Care Record

Summary Care Records first started in 2009/10 but initially they were felt to hold too much information. They have now been revised to include only demographic information plus medications (acutes and repeats), allergies and sensitivities. These are intended to be used for emergency care by units such as A&E and paramedics. Inclusion is automatic for children aged under 15 years and 9 months and by implied consent otherwise. Patients can opt-out if they wish. More information can be found at http://www.nhscarerecords.nhs.uk/

All opt-out forms are available at our website http://www.bildestonhealthcentre.co.uk/

Electronic Data Sharing Module (eDSM)

This initiative enables patients to choose who they wish to share their medical record with to directly enhance their care for a specific referral eg Community Services (District Nurses for an ongoing leg ulcer), podiatry etc. If the patient opts to share, the unit would then have access to the patient record to give more information about the referral. This relates to active, open referrals only and once an episode has been closed, access to the record will cease. Child Services will be shared out by default for Safeguarding and Child Protection.

The patient will choose to share their record in and out of the 'pooled' record and will do so with each unit. They may opt to share both in and out at the GP surgery into the pooled record but may not wish their podiatrist to be able to see their full record. In this instance they may opt to restrict access by not sharing 'in' to the podiatry unit from the pooled record but allowing sharing 'out' from podiatry to the pooled record so that the full information is available to the GP. If a patient wishes for the podiatrist to have a one-off full view of their record, they can consent to this and alerts will be sent to all units so a full audit trail is in place. Specific consultations may be marked private to avoid being seen by other units and these may be added retrospectively.

Electronic Palliative Care Co-ordination System (EPaCCS) St Elizabeth Hospice will be housing electronic records for all palliative care patients from 1st April 2014. Only District Nurses and matrons will be privy to the information. Information will contain end of life care eg preferred place of death and Do Not Resuscitate instructions.