

MINUTES OF THE GREAT BENTLEY PATIENT PARTICIPATION MEETING

HELD ON THURSDAY 19 MARCH 2015

AT 6.30PM IN THE MICHAEL WRIGHT ROOM, GREAT BENTLEY VILLAGE HALL

Chaired by Melvyn Cox

Present: Barry Spake, Communications Officer
Charles Brown, Vice Chair/Treasurer
Judy Ward, Secretary
Dr Freda Bhatti, Senior Partner
Richard Miller, Practice Manager
13 Members

1. Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting.

2. Minutes of the last Meeting

Approval of the Minutes was sought from the members but a query was raised with regard to the ratio stated in the following answer:

Question: The Chairman asked – the NHS is clearly trying to obtain services at lower cost and this is surely contradictory in the effort to provide good services?

Answer: The NHS is basing this equation on 70% Service Quality/30% Cost.

Dr Bhatti offered to email Gareth Hartley to clarify the correct ratio.

The Minutes were approved subject to this clarification.

(Clarification from Gareth Hartley at NEE CCG: Says that the final agreed figure after discussion is 60/40 ratio for Quality vs Value. MTC Chair)

3. PPG Funding Review 2015 – Richard Miller

In order to obtain funding for the PPG, a written report needs to be submitted by 31 March 2015. Although it is a little late this year, Richard said we still have time to submit a report. Last year patients were asked for ideas re changes such as lighting and parking for disabled patients. A report was published and funding was secured.

For the 2015 report the PPG members during the meeting reviewed and discussed patient complaints and feedback (obtained from NHS Choices; the practice's own website; and the Friends and Family Questionnaire feedback all of which had been circulated prior to the meeting). Richard explained that from this information and discussion positive ACTIONS needed to be formulated to be included in the report.

Discussion took place regarding the positive comments concerning appointments, blood test timings and the newly introduced and very successful Triaging System which has been set up for telephone calls (09:00-18:30). One PPG member, Mandy, had encountered a problem when she called into the practice asking to see a Doctor – she was told she couldn't see anybody and was advised to go to the Walk In Centre. She went to the WIC and they had then phoned the practice to make her an appointment later that day to see a Doctor. Dr Bhatti and Richard said that the Triaging System was set up for telephone calls not face to face and that such a situation needs to be addressed by the practice ie by setting up a procedure for triaging face to face patients. It was agreed by the meeting that this would be our first Action point to be included in the Report.

ACTION 1: To set up and circulate a Procedure for Triaging Face to Face patients

Melvyn raised the issue of timing relating to receiving letters concerning diabetic blood tests and the need for a subsequent review. There appears to be some uncertainty about the timings and as to whether a review is needed or not.

Richard said that the diabetic specialist nurse checks the results and works out if a review is needed. She then arranges for patients to come in for a review only if necessary. It would appear that this needs to be made

clearer to diabetic patients. It was agreed by the meeting that this would be our second Action point to be included in the Report.

ACTION 2: To review the Invitation Letter and produce and circulate a Care Pathway Document for Diabetic Patients

Discussion took place about blood tests taken at the practice and those taken at the hospital. One member said that it was difficult to travel 20 miles to have a blood test and then to go back to the hospital for a follow up appointment.

Dr Bhatti said that some patients who are currently under the hospital do ask for bloods to be taken at the practice. The practice does not receive any money for taking these blood tests and Richard records the number of patients (approximately 50-60 per month). A comment was made about charging the hospital and Richard said he was working on this by way of setting up a contract to do this. Dr Bhatti said that the hospital also undertake a number of blood tests for the practice's patients so that the number probably evens out. Dr Bhatti also said that it was possible to have a blood test at The Oaks private hospital which would, of course, be charged for.

Discussion took place about Colchester Hospital sending out copy letters to patients and to the practice with a note marked on the letter "copy to Dr". The name of the Doctor is invariably incorrect eg Dr Cavanagh who is no longer at The Hollies. Not only is it distressing for the patient but it also takes the practice's admin staff extra time to establish the patient's current Doctor.

Judy Bishop agreed to raise this issue at the next CHUFT Board Meeting and ask that the hospital updates its records regularly as required under the Data Protection Act.

Melvyn drew attention to one complaint concerning the procedures for blood fasting tests. This complaint has now been resolved but it was suggested that procedures for fasting blood tests need to be made clearer. It was agreed by the meeting that this would be our third Action point to be included in the Report. Dr Bhatti confirmed that fasting blood tests are not necessary now for cholesterol.

ACTION 3: To produce and circulate Procedures for Fasting Blood Tests

Melvyn asked the meeting if there were any more comments. Susan commented about the complaint regarding the length of time awaiting a referral to the hospital which had been caused by a trainee GP who had omitted to dictate and send a letter of referral. Dr Bhatti said this was extremely rare and, in this case, the letter was subsequently emailed to the hospital and the patient had received an appointment within ten days.

Melvyn concluded this section of the meeting by confirming we now have **three Action Points** to be included in the Report for which Richard was extremely grateful.

4. CHUFT Board Meeting – Judy and Alan Bishop

Judy reported that Gordon had started a different post. There is a definite change in the Board now. Barbara Stuttle has made a huge difference and has picked up on several issues raised such as regular ward checks and ensured things are being put right. Barbara is passionate about "old fashioned values" and uniform which Judy feels gains respect and gives people confidence. Judy and Alan said there is a lot of good work going on at the hospital.

Barry commented that the news tonight reported that the NHS now has an increased deficit of 46% since the last report three months ago. Alan said that the hospital now has a new Financial Director who will no doubt make changes.

Melvyn and Judy informed the meeting that Barbara Stuttle has agreed to come to our PPG Meeting in July. Judy confirmed that Barbara is staying at the hospital permanently. Judy and Alan have had two meetings with Barbara and have another planned. They find her very understanding and efficient, which was upheld by Dr Bhatti.

5. Hollies Surgery News

Richard said he had no news to report.

6. AOB

- The situation regarding the increase in patient numbers resulting from new housing was raised. Dr Bhatti asked for predicted numbers. Richard said 2000 dwellings over 10-15 years within the practice boundary. It would not be a problem in the next two years but it would be in the future.

Judy asked if there might be a satellite surgery? Dr Bhatti said "no". NHS England is not supporting branch surgeries only one large, modern building. Dr Bhatti said there may be a possible rebuild. Discussion took place about possible sites in the village.

Councillor Peter Balbirnie said that the Council has got to produce land and build the numbers. He suggested that Grants for Doctors' Surgeries should be sought NOW! Richard said that he was already in contact with the Estates Adviser for NHS England who was assisting with Section 106 (whereby developers have to contribute money for surgeries and schools). Richard commented that there is not an enormous amount of money. He said that it would cost about £2.5m to build an acceptable surgery to serve for the next 20 years.

Richard said that there is a set calculation of £24000 for 200 homes. Once money is submitted, under Section 106 an allocation takes place. Peter reiterated the need for the practice to "dig in now" especially as the practice will be taking patients from other areas. Richard said we would be in a position to do this if we have the extra patients.

Susan gave examples of interesting models of multi-agency resources being housed together eg in Kinross where GPs, Library and Pre-School are in one building. Richard commented that with Care Closer to Home medical centres will be closer to the people who will be using them. Dr Bhatti commented that the art will be to maintain continuity and service delivery; to promise patients that we will be carrying on our ethos.

- Names of Volunteers to assist/support patients in the Surgery with information/details of local services. Melvyn said he now has 5 names of members who have volunteered to spend an afternoon in the surgery giving out information to patients of local services. Richard said this is definitely moving forward and will involve a day's training.

7. Date and Time of Next Meeting: Thursday 16 April 2015 at 6:30pm in the Mitchell Room. The possible speaker will be the lead Governor for Essex.

The meeting closed at 19:55.

Judy Ward

Secretary