

**Patient Reference Group Meeting  
Held at Cateham Valley Medical Practice  
Thursday 21<sup>st</sup> January 2016 at 6.30pm**

**Present:**

Dr P F Roberts	Mr E Abel	Mrs H Hammer	Mrs J Manning
Dr J M Lewis	Mr T M Bowen	Mr T Harmer	Mr J O'Brien
Dr R E P Wright	Mr D Butler	Mr I Harper	Mrs J Pugh
Dr P Hamilton	Mrs F Butler	Mr J Harvey	Mrs D Roberts
Mrs V Gillespie	Mrs J Cowan	Mr P Holmes	Mr D Roberts
Mrs D Hill	Mr T Cowan	Mrs M Jobbins	Mrs J Servant
Mrs S Smith	Mrs P Gravestock	Mrs D Lincoln	Mrs P Sly
			Mrs H Smith

**Apologises:**

Mrs G Battersbury	Mr D Locket
Mrs A Hopkins	Mr J Woodville
Mr J Linwood	

VG expressed the practices pleasure in welcoming so many patients to the meeting.

**1. Review of last year's Action Plan**

- The practice was asked to increase the number of on-line appointments. VG confirmed that the practice had doubled the number of on-line appointments available to book. An additional doctor has been engaged in respect of these additional appointments.
- The practice was asked to promote on-line services. This has been done by ensuring services are advertised on the Jayex, in the practice leaflet, on the web site and on the welcome messages.
- The practice was asked to promote "I Want Great Care" and again it was confirmed that this was advertised on the Jayex, in the practice leaflet, on the web site and on the telephone message. Questionnaires were placed in the waiting room on a regular basis for patients to comment regarding their patient experience.

**2. "I Want Great Care" – Review of Feedback**

VG advised that she regularly placed questionnaires in the waiting room and the content of the questionnaires was passed on to NHS England on a monthly basis as they monitor the responses to see how well we are doing. The practice was pleased to report that the feedback from patients had generally been very positive.

Open Surgery remains and is very popular with patients, particularly the opportunity for patients to return at a specified time for their open surgery appointment. Telephone triage is working well with patients being offered an appointment if the doctor feels they need to be seen that day.

The group said that they in respect of the telephone message they would like to know where they are in the queue. VG said that this could be a plan of action and would be investigated further.

### **3. Pressures on Primary Care**

The demand on primary care has increased immensely over the past few years with an ever growing list size. Unfortunately NHS England will not allow practices to close their lists despite the continuing building in the local area and the number of additional patients that this is likely to add to the practice list. The practice continues to look at the problem of high demand for appointments and how to alleviate this. There is also the additional work involved in chronic disease management and more recently the practice has been looking at patients who attend the A&E department for non-emergencies to try to prevent this occurring.

The question of whether the practice monitors how many patients are unable to get an appointment was raised. It was advised that we do not do this as this would in turn add to the workload of the receptionists. It was reiterated that we are the only practice in the area that offers open surgery where patients are guaranteed to be seen.

The question was raised regarding patients only being able to book 4 weeks ahead and was this an IT issue. It was confirmed that this was not an IT issue but it was explained that doctors have various commitments for which they may only have a week or two's notice. This includes attendance at meetings including the CCG and GP training. Working to a 4 week rota avoids the need to cancel surgeries at short notice.

The question of whether services within the pharmacies such as the offer of free flu jabs had helped to alleviate the pressure on GPs. It was advised that the practice still runs two main flu clinics each year and that the numbers of those taking up the flu jab at the practice had not significantly reduced.

### **4. Working with the CCG**

RW advised that across the country there are a total of 221 Clinical Commissioning Groups (formerly Primary Care Trusts) who are now responsible for holding the budget, for commissioning services and to improve economies of scale. The CCG comes under the authority of NHS England with the regional offices for Surrey being based in Reading.

RW said that there were five GPs working for the CCG as clinical leads. RW is engaged at the CCG full time on Tuesdays and Wednesdays and more recently PH has joined the CCG as clinical lead for Mental Health. As a result of this additional doctors have been engaged by the practice to cover these absences.

RW reported that the East Surrey CCG has a total budget of £200M, the majority of which is awarded to East Surrey Hospital to deliver services. RW reported that East Surrey CCG were currently working together with practices to improve emergency care and will be looking at the NHS 111 service to ensure this is being used appropriately.

Unfortunately the East Surrey CCG (comprising 18 local practices) missed out on the Prime Ministers Challenge fund which would have provided funding to improve access to Primary Care, ie providing access 8am to 8pm. There is, however, a plan for the Caterham Dene site to be enhanced to provide a greater range of services. The CCG are also trying to improve services by looking at different ways of working, eg sharing the experience of local GPs to improve long term conditions such as diabetes, chronic heart disease and mental health.

RW said that there has always been a disparity in funding within the Surrey area with a lot of money given to the west of the patch (Guildford) with East Surrey being underfunded. It is estimated that £8M is required every year to offer the required services and East Surrey CCG is currently spending £30,000 per day.

RW advised that as a result of the work undertaken within the CCG it looks likely that “the books will balance” this year.

The question of “bed blocking” was raised and RW advised that the CCG had been working closely with Surrey County Council to deliver a Reablement Unit with 22 beds available for those patients in hospital waiting to be discharged who do not have a social care plan in place. This will enable patients to be transferred from hospital to this unit until such care plans have been implemented. RW also advised that in mid-March a Frailty Unit will also be in place.

VG encouraged the group to attend the CCG meetings which are held at the Nutfield Lodge 3 to 4 times a year which is open to anyone in the East Surrey area as a lot of information can be gleaned from these meetings. The CCG newsletter is made available in the waiting room and on the practice web page.

The group felt that a regular newsletter from the practice would be very useful. VG said she was happy for this to go ahead but would need volunteers/input from members of the PPG.

## **5. New Faces at the Practice**

As mentioned above, as a result of RW and PH working at the CCG a number of GP locums have been engaged to cover these absences. Additionally Dr Clare Watson has re-joined the practice to provide additional clinics over 2½ days. Dr Watson is known to the practice as she had trained as Registrar under RW. Drs Ramyya Sivanathan and Jian Chen are also new to the practice working as Registrars to Dr Wright and Dr Hamilton respectively.

RW advised that we are to have a trainee Paramedic Practitioner join the practice as at 1<sup>st</sup> February 2016. Dan Dodds is a Paramedic from SECamb (South East Coast Ambulance Service) and will be easily recognisable as he will be wearing his green uniform. He will be on a 2 year university based educational curriculum to become a Paramedic Practitioner and will see patients under strict supervision of RW and PH.

## **6. Wellbeing Advisor**

The practice has recently welcomed Mark Dopson who is a Wellbeing Advisor employed by Surrey County Council. He offers patients advice on, amongst others things, lifestyle changes ie, weight management, social housing needs, and in particular can provide patients with access to the many, many charitable organisations who may be able to assist specific needs. Mark holds a surgery here every Monday and his appointments are for 45 minutes duration. There is a self-referral pathway (details available at reception) and doctors, nurses as well as community nursing teams can refer patients to him for assistance. This has proved so far to be very popular and Mark's surgeries are well utilised.

## **7. Ophthalmology Referrals**

RW advised that there are NICE (National Institute of Clinical Excellence) referral guidelines for Optometrists/Opticians to adhere to in respect of findings of suspected glaucoma and cataracts. This has led to requests to GPs for patients to be referred on to secondary care for further investigations. In the majority of cases the patients that have been seen in Hospital and have not required further management. It was therefore felt that these conditions may be managed quite well by a number of highly trained and experienced Optometrists/Opticians in the area. It has therefore been recommended that optometrists seek guidance from these sources in order to manage these conditions thus alleviating the demand on Ophthalmological Services at Hospital.

## **8. e-Referrals**

GPs are being encouraged to refer their patients wherever possible through the e-referral system (formerly Choose & Book). Following consultation with the patient the GP raises an appointment request on-line and may select any number of hospitals within a selected radius of the patient's post code. Alternatively the patient may request a particular hospital if this is available on the system. The patient is given the e-referral paperwork and if they wish they may investigate the ratings for the hospitals before making their choice. Once the patient has made their choice they either make their appointment by phoning the e-Referral central booking or make their appointment on-line. RW has been working with the CCG to widen the clinics available for patients to book their appointments on-line.

## **9. Electronic Prescriptions**

Electronic prescribing has now been introduced. It was explained that this service was not only new to the practice but also to the pharmacies. Patients may nominate the pharmacy from which they wish to collect their prescriptions, which may be particularly useful for those working eg in London. The previous practice of signing repeat prescriptions whilst the doctors convened for morning coffee thus spreading the workload has now been replaced with one GP assigned each day to electronic prescribing. This can be time consuming and the timescale to complete the process can vary from minutes, to a day to sometimes a couple of days dependent on workload.

## **10. Any Other Business**

### **SCR - Summary Care Records**

RW mentioned the Summary Care Record which has been in operation now for a number of years whereby details of a patient's medications and allergies may be accessed by, eg Hospitals, other GP surgeries via the secure Smart Card system. Patients are able to opt-out of this service. This is the same as the information available for on-line access.

### **Carers Funding**

The question of what funding is available for carers was put to the meeting. VG advised that there is a limited fund available from Surrey County Council which awards an annual sum of £500 to carers which can be used as the carer wishes in order to enhance their lives, eg a carer's break, purchase of a laptop/tablet, or even hairdressing. Doctors apply on-line on behalf of the carer.

### **Actions**

1. Practice to organise a new message for the telephone to advise what number a patient is currently in the queue.
2. Practice to look into producing a newsletter in collaboration with members of the PPG.