Hardwicke House Group Practice
Patient Reference Group

MINUTES OF MEETING – 6TH JUNE 2014

Attendees

NAME	REPRESENTATION	ATTENDANCE	APOLOGIES
John Swan (JW) Interim Chair	Patient - Clare	X	
Margaret Carpenter (MC)	Patient – Bures		X
Nicki Garrard (NG)	Patient – Great Cornard	X	
Phil Worsley (PW)	Patient – Hardwicke House	X	
Sylvia Bainbridge (SB)	Patient – Hardwicke House	X	
Mick Cornish (MC)	Patient – Great Cornard	X	
David Cripps (DC)	Practice Manager	PART	
Dr. Susmitha Pavuluri	GP	PART	
Melonie Evans	Minutes	X	
John Phillips	Guest – Gateway/Transport	X	

1.0 WELCOMES, INTRODUCTIONS AND APOLOGIES

Attendances and apologies as above.

2.0 MINUTES OF THE LAST MEETING 4TH APRIL 2014

The minutes were accepted by all present as being an accurate account of the meeting.

Actions

Item 3.1.1 No responses from members. However, PW reported that SB had contacted him about establishing links with other PRG's. SB suggested the Practice Manager Sue Mitson should be contacted. SB said Upbeat have a member at Siam Surgery Group.

3.0 UPDATES

3.1 **Hardwicke House**

3.1.1 **Over 75's Patients named GP**– Patients over 75 will be advised by letter their named GP. New doctors have replaced retiring doctors; therefore, patients need to be told who is responsible for their care. The aim is to improve co-ordination of overall care. JS asked if this could be taken one step further eg are there flags that would come up for patient in that age category.

3.1.3 **Admission Avoidance** - There has been a big increase in admission to A&E which cannot be sustained. Looking at ways to stop patients needing admission and to stay in their own home.

- There are teams available for referrals this is tied with in the government decision that 2% of the population are vulnerable. More frequent review for these vulnerable patients.
- Risk Satisfaction tool to look at medications, frequency of visit to surgery, frequency of admissions in the last 12/12. Patients are given scores and we look at the 15/20 to see if they are in danger of admission.

SB asked how much of this is the impact of the WSH overspend?

JP stated that the 2% is people wanting to attend A&E frequently but there is no evidence of research into this. JP did mention that 17% in the area have a disability but not sure yet whether these patients would fall into the vulnerable category.

3.2 CLINICAL COMMISSIONING

3.2.1 Patient's Revolution -DC reminded members about the Patient's Revolution on 11th June.

4.1 PRESCRIPTION MEDICATIONS

DC said there would be no representative from the WS CCG to talk about prescription medicines. The request for a representative was mislaid. DC to arrange attendance for another meeting.

A brief discussion took place on some of the issues being experienced.
DC said if the practice makes a change patients are normally notified beforehand.
PW said his concern was with the pharmacists providing prescription medications from different manufactures. The colour and shape of some drug can vary from manufacturer to manufacture and this could confuse patients and result in incorrect medication being taken.
DC said changes were normally because of manufacturing problems. Medications should do the same job but if patients are unsure they should ask.
NG said it was not acceptable for pharmacists to change the source of medication for Epilepsy patients.
There would appear to be a need to improve patients understanding of the medication they are taking.

4.2 LIFESTYLE ADVICE

There is a scheme whereby GP's can refer to the Gym at Cornard Sports Centre for exercise, lifestyle advice and subsidised access to the gym.
PW did some research on who was offering these schemes and said in general, most schemes only appeared to offer a discounted membership price say £30 down to £25. PW said he was aware of a patient in the Mildenhall area who was referred to Active 4 life by her GP following surgery, and he understood no payment was required. Clearly schemes vary from area to area.
DC said Information regarding which advice is needed will be on the referral although this has generally not been taken up very well. The surgery is trying to promote this alongside the NHS Health Check asking questions about lifestyle etc.
Livewell Suffolk have a great programme available.
PW asked why this service isn't being pushed more by GP's, DC said it is being promoted but it isn't easy to get people to change their lifestyle.
SP said Type 2 diabetes is preventable with lifestyle changes etc.
SB mentioned that Upbeat have qualified instructors.
DC said you cannot force people to do what they don't want to do.
DC advised that Hardwicke House were engaging in a pilot scheme with Suffolk Sport (Active Wellbeing) for diabetic patients. HCA's and nurses are offering referrals. There is one co-ordinator for all schemes available. There will be links to sports clubs/activities. Educating about exercise.
PW asked JS if this was an issue for the group to promote.

Action 1: All to put on thinking caps for discussion at next meeting.
Action 2 PW to invite Livewell to attend a future meeting to see what can be done to motivate patients – sustainable diet/exercise etc and to understand the benefits.

DC also mentioned about people at risk of falls etc. being a big cost to the NHS. Are there any preventions that can be done? There are OTAGO classes available in Clare and Sudbury. (Leaflets are in surgery).

6.0 PATIENT SURVEY

PW had reformatted the survey results to make it easier for him to follow and also enable a comparison to be made with previous results. There appear to be a number of services that patients are unaware of. Can the group offer a newsletter to raise awareness ?
It was agreed this was a good idea.
It was suggested the question about the website should be changed to "Are you aware……? Rather than "Do you use…..?
The website has been improved since the survey. The practice area map needs fine tuning.
Patients aren't always sure how to report a problem.
We need to make patients aware that there is someone in surgery Monday am from Suffolk Family Carers to offer advice.
SMS texting is now available as well as telephone access and e-mail.
It was asked whether doctors could be contacted via e-mail. DC advised this would not be

possible as the flow of traffic would be overwhelming.
It was asked that as a group how could it be communicated how good a practice it is.

6.0 HARDWICKE HOUSE WEBSITE

DC advised that the new website was up and working ok.
PW said he did not feel it wasn't very clear on the site how to order a repeat prescription. He asked for a more obvious link. He said he was pleased the PRG was on the website.
It was asked if it would be possible for the agenda for the next meeting to come straight up rather than having to go into downloads to find it. Could it go back to the way it was before ?
JP spoke briefly about MENCAP, understanding learning difficulties of patients and communications with GP.

7.0 **PATIENT REFERENCE GROUP AIMS / ACTION PLAN**

Due to time constraints this item was deferred to the next meeting

8.0 **AGENDA FOR NEXT MEETING**

Patient Reference Group Aims / Action Plan
It was requested more than 10 minutes should be allowed for this item.
PW stated the group was set up to take action – what things can the group do to make a difference.
Need to review which members of the group can take on certain roles.
NG to gather more information about groups that are available locally.

9.0 AOB

GO Start -JP explained about GO START This is a voluntary service offering transport for patients. Asks for voluntary contributions. This used be funded but the NHS are no longer involved with this service. There are discussions regarding the route to go around Cornard etc. to get to the new hospital site. Need to promote that there are disabled access vehicles.
JP was thanked for his attendance.

Patient Revolution - DC asked about who would be attending the Patient Revolution and to ask about data sharing etc. Shared care records should be complete record meds etc. Patients need to ask for all records to be shown as patients are being put at risk.
Action: MC asks DC to write a letter to present to JS to sign and post.

10.0 DATES OF NEXT MEETINGS

Friday 1st August 2014 1330
Friday 3rd October 2014 1330
Friday 5th December 2014 1330 AGM ?

	Question	CLARE			ML			HWH			GC			BURES			2014	2013
1A	Are you aware that we offer booked appointments on Saturday mornings?	2	14%	12	26	38%	42	14	67%	7	14	88%	2	4	50%	4	47%	53%
1B	Are you happy with surgery times?	13	93%	1	61	95%	3	21	100%	0	16	100%	0	6	75%	2	95%	-
1C	Extend access? [nb open question]																	
2	Have you used the practice website?	5	36%	9	16	24%	52	9	45%	11	4	25%	12	2	22%	7	28%	25%
3	What would you like to have added to the practice website? [nb open question]																	
4	Did you know that you can order repeat medication by e-mail?	7	54%	6	18	26%	50	13	68%	6	10	67%	5	6	60%	4	43%	44%
5	Did you know that you can book appointments online?	4	31%	9	20	30%	46	16	70%	7	12	80%	3	5	45%	6	45%	32%
6A	Would you register a concern about your treatment if you had one?	12	92%	1	56	89%	7	19	95%	1	14	93%	1	10	100%	0	92%	87%
6B	Would you know how to register your concern?	5	38%	8	17	26%	49	9	43%	12	11	69%	5	4	40%	6	37%	29%
6C	Are you aware that if you felt unable to register your concern with us that there is a service (PALS) who would help you?	5	38%	8	24	36%	43	8	38%	13	12	75%	4	7	78%	2	44%	25%
7	Are you are a carer?	2	15%	11	5	9%	52	2	10%	19	2	13%	14	0	0%	8	10%	-
7A	Have you told us?	0	0%	3	2	17%	10	0	0%	3	3	50%	3	0	0%	1	20%	26%
7B	Are you aware of Suffolk Family Carers?	3	50%	3	15	44%	19	5	45%	6	5	71%	2	1	100%	0	49%	45%
8	Are you aware that you have a choice in deciding your place of treatment when you are referred to hospital and other services?	8	62%	5	37	65%	20	12	57%	9	13	81%	3	7	78%	2	66%	55%
9	If you have been referred for investigation or treatment, were you offered a choice by your doctor?	5	63%	3	22	51%	21	11	65%	6	7	58%	5	6	100%	0	59%	52%
10	What services not currently provided locally would you like to be commissioned in Sudbury? [nb open question]																	
11	Would you recommend us to other people?	13	100%	0	50	93%	4	17	100%	0	16	100%	0	9	100%	0	96%	98%
12	Are you aware that we have a Patients Representation Group?	4	31%	9	12	21%	44	5	24%	16	6	38%	10	2	20%	8	25%	-
14	Are you aware of the Primary Care Cancer Nurse service available at the Practice ?	3	25%	9	17	33%	35	8	40%	12	5	33%	10	3	38%	5	34%	-
15	If you are over-75, do you know who your named GP is?	1	100%	0	8	53%	7	2	40%	3	4	80%	1	2	100%	0	61%	-

Note:

When question 7) was printed in colour, and not black like the rest of the questions, people missed out 7B) a lot of the time, which everyone could of answered even if they were not a carer. One person said "ye being a carer, but added that it was in a care home, so I counted it as a "no".

1C **Extend access? [nb open question]**

Clare

Sunday morning because of parking

Longer hours & more appts

Meadow Lane

Opening until 7pm

Opening after 18:00

After 5:30 & Saturday morning

Saturday opening

Being able to book appts more easily without 8:30am rush

If there were more hours there would be less waiting and more options

After 7pm

Evening appts for people who work

Evening opening

Keep Saturday appts for people who work, increase surgery hours and open earlier

Fine people who miss appts

Hardwicke House

I work in London so prioritised early or late appts or Saturdays

Use out-of-normal-hours appts for those who work

1 late night surgery/week

Great Cornard

No more hours but more appts

Ability to book on any day rather than just on those days released

More late appointments

More late appointments

8am-7pm

Bures

5 full days

5 full days

NB

1 - There were far more comments along the lines that current provision is adequate than requests for changes

2 - Some people have not realised that the practice offers Saturday morning surgeries

3 - Staff cannot ask patients if they work or not and access needs to be equitable across all patient demographies

4 - As the GP team increases to establishment access should improve

3 What would you like to have added to the practice website? [nb open question]

Clare

Ability to change address

Easier ordering of prescriptions

Meadow Lane

Well women clinic promotion

Links to other services

Practice news, physio

Hardwicke House

Links to WSH

Links to Benefits sites such as help for >80's, Blue Badges, Parkinson's, Dementia

Information for travellers, incl vaccinations

Results of tests and referrals

Great Cornard

No comments

Bures

No website please

NB

1 - Some of these are being worked on, e.g. easier online ordering of prescriptions, access to test results, changing address

2 - Some great suggestions for links

10	What services not currently provided locally would you like to be commissioned in Sudbury? [nb open question]
	Clare
	A cottage hospital & small injuries service
	Proper A&E hospital
	Meadow Lane
	A place for carers to have a break
	Scanning
	All services, incl cancer treatment, chemo and radio therapy
	A&E
	More mental health services
	ENT
	Far more than there are at present
	A&E
	Dermatology
	Appt reminders via SMS text or e-mail
	A&E
	Baby clinic out-of-hours
	Hardwicke House
	Men's health
	A&E
	Telephone access to GP
	More OP clinics
	Anything to avoid going to hospital
	Great Cornard
	Opthalmology
	Hospital transport
	Access to a doctor on weekends
	A&E and minor injuries
	A&E and minor injuries
	Bures
	Baby weighing scales at Bures
	NB
	1 - It is exceedingly unlikely that we will see an A&E department or cottage hospital in the area unless the population increases very substantially
	2 - Some requested services already in Sudbury, e.g. ENT. Patients have a choice about where they are seen and it is worth their requesting OP appts locally when they book
	3 - Some investigations and services are not economically viable based on the population of Sudbury, e.g. MRI scanning. But where they are these will be explored. The practice already provides USS and Sleep Studies, saving round trips to WSH and Papworth.

	PW Comments
1A	Increase Awareness - Surveys over last 3 years show decline in awareness.
1B	95% of patients happy with surgery times - though only 75% in Bures.
1C	Main comments above related to surgery staying open later at night, and possibility earlier in morning. Newsletter would help raise awareness of existing surgery hrs
2	Slight increase in use but still low at 25%. Perhaps question need to be changed to are you aware the practice has a web site. Raise awareness of key issues on web site in newsletter
3	Some useful suggestions - what is HH response to actioning them ?
4	43% - No increase from last year. What % of patients use web site for RPs ? Newsletter.
5	45 % - Healthy increase on last year. Newsletter.
6A	92% - Healthy %age. - No action required other than reminding patients.
6B	37% - Increase on last year (29%) but surprisingly low considering response to Q6A. Newsletter, leaflets on reception desk.
6C	44% - Good increase on last year (32%).
7	10 % are carers
7A	20% have told HH, reduction on last year 26%, surprising given leaflets are on reception desks. This issue needs promoting.
7B	49% aware of SFC - slight increase on 45%, surprising given SFC promotion.
8	66% - Increase on last year (55%)
9	59% - increase on last year (52%)
10	Difficulty question as it can raising unrealistic expectations, however, there are a few interesting points. (1) Appt reminders via SMS text or e-mail. (2) Telephone access to GP - and can I add email contact !. (3) ba scales at Bures.
11	96% - slightly down from last year (98%
12	25% - be interesting to see score next year !
13	34% - Good start for new service.
14	61% - promote via newsletter

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