

**Rother House Medical Centre
Patient Participation Group Meeting
Wednesday 28th May 2014
18:30 Rother House waiting area**

Present: Elizabeth Dixon ED
Sally Bee SB
Elizabeth Cole EC
Anthony Jefferson AJ
Annette Smith AS
Susan Marr SM
Russell Young RY
Linda Pollock LP
Peter Toozer PT
Shelagh Williams SW
Tom Ganner : Practice Manager TG
Janet Spencer: Assistant Practice Manager JS
Dr Katharine King KK
Dr Cristina Ramos CR
Dr Peter Hutchinson PH
Dr Sam Khan SK

Apologies: Dr Tim Crook
Dr Lucy Blunt
Dr Zoe Bee

Resignations: Alan Marks
Angela Wylam


Introduction and Welcome: Tom Ganner

TG thanked everyone for coming and introductions were made for the benefit of the two new members, Susan Marr and Russell Young who were welcomed to the Group.

Minutes of Previous meeting:

The Minutes of the previous Patient Participation Group Meeting held on 25th February 2014 had been circulated by TG. It was agreed by those present that they were an accurate record of that meeting.

Matters arising: PT queried that it had previously been agreed that a glossary of abbreviations would be produced. ED has one which is used by the CCG. She will send a copy to TG for circulation.

 23/10/14

Update from Clinical Commissioning Group Patient Group Representatives:

Elizabeth Dixon Linda Pollock:

ED reported there had been no meetings since April, and the next meeting is planned for mid June. Meetings have been cancelled at short notice. Gary Hammersley has left South Warwickshire Clinical Commissioning Group (SWCCG) and TG says he has not yet been replaced. LP said there is no mission statement the Warwickshire Patient Group, so people don't know why they are there. The Warwickshire Patient Group is for all practices in South Warwickshire. Practices and they can have two representatives, but only one vote. Regular attendees don't get feedback. TG encouraged ED and LP to stick with it as this is an important group which feeds into commissioning intentions. TG thanked LP and ED for going, and emphasised how important it is to have input to this Group. TG will speak to the Chairman, Charles Goody.

LP said we need to respond to Rebecca Cowland re NHS Choices. Tom explained NHS Choices to the meeting and how it works. If anyone has good experiences please encourage them to put comments on NHS Choices website.

ED asked if we would be interested in a presentation from the Ambulance Service. ED will arrange. ED explained about the Warwick Ambulance Hub. Let TG know if interested in presentation.


BID Levy (Tom Ganner) (BID – Business Improvement District)

As part of Stage 2 of BID Levy, Rother House has received an invoice for £1,100.00 from Stratford District Council. This is a tax on businesses in Stratford Upon Avon paying for tourism (eg Town Hosts etc.) This is non-contestable and SDC are only the debt collectors, not the implementers of this. There is no appeals process. Trinity Court have also refused to pay. The hospital has also been invoiced over the last few years and have paid, as they were threatened with legal action if they did not when they initially refused. At present we have not paid and are at the red letter stage. TG has spoken to Stratford and written to the Council and local MP Nadim Zahawi (who suggested we pay it and then let the issue go through due process politically). Bridge House were in Stage 1 of the BID levy and have paid it without question for the last few years as far as we are aware. However we do understand this to be a much lower charge as it is based on rateable value. Churches have been exempted.

ED proposed the Practice writes formally to Stratford and asks to be exempt. ED is also happy to write on behalf of the Patient Group. AJ suggested getting Stratford Herald involved but ED said would like to write first and await response.

AJ says not just Stratford affected by this as BID levy is national. SB asked who from central Government has said GP Practices should be billed?

Plan: TG and ED will write to Stratford and MP plus covering letter to SDC cc to AJ. TG also to let Martina Ellery know at NHS England. AJ said he will be at Elizabeth House on Monday and could take letter with him if it could be ready by then.

 23/10/14

Phlebotomy Update

TG reported that we are now providing a Phlebotomy service at Rother House. Unfortunately one Health Care Assistant who had been trained up to do phlebotomy has left so we are not currently meeting all demand. However we have recruited 3 new members of staff. Appointments are booked (not sit and wait as at the hospital). Not available on line at the moment. Some appts are available at Branch surgery. Theoretically only for GP initiated bloods, but have reciprocal arrangement so will be doing Consultant initiated bloods if necessary as some GP initiated phlebotomy will no doubt take place at the hospital. Domiciliary phlebotomy is not provided by us but by the Pathology network. Work is being done to improve this service.

Update on Car Park

New side entrance is now fully open and will be better and safer than previous entrance. TG reported we will lose the car park temporarily when it will be closed for resurfacing and lining. When birds have finished nesting the hedge will be removed and railings put in with landscaping work being carried out.

106 monies are what developers have to contribute to the community when building developments. This is to help fund increased demand on local infrastructures, eg. Schools, roads, healthcare provision etc. Developers employ barristers who argue their case to negotiate this as this can dramatically reduce their costs. Regarding the development on the site of the old cattle market Redrow have recently won their appeal and have had to pay nothing. TG says a more robust system with NHS England is needed and they should be employing barristers too. AJ said 106 money will become CIL money (Community Infrastructure Levy). AJ will go through housing numbers with TG.

General debate on ways to improve Rother House Brand Image (Tom Ganner)

Friends and Family test is coming next year. A selection of the population will be audited randomly and asked if they would recommend their GP Practice to families and friends. TG not sure if people recognise the implications of marking us down on this as it will mean a loss of funding to the Practice if we score badly. SB said need to encourage positive feedback. ED suggested writing a 'Flyer' which could inform patients about things going on in the practice. For example on how the appointment system works, and give other info about how many patient we have seen, what to do if you are sick on the day etc. It was suggested these could be attached to prescriptions as well as being available in the waiting room.

An issue of continuity of care was raised in that it is often difficult to see the same doctor. KK commented that a lot of GP's now work part time so suggested that if a patient did have a chronic condition it would be best to get to know at least 2 doctors so that there was better continuity that perhaps seeing the next available GP.



23/10/14

Appointments (Tom Ganner)

We are changing our appointment system to the EMIS appointment system. The 'Go Live' date for this is 9th June. This will cause some disruption for a few months. ED said important to communicate this to patients. The new system will enable some new functionality with online appts for the branch surgery being able to be booked with a named Dr. This is not currently possible. As the new system is implemented it will be possible to change the online ordering of prescription which will reduce the need for patients to fill all of their details in every time they order. Eventually patients will have limited access to medical records online and text reminders about appointments and other things. etc. Patient's will also be able to change their mobile phone numbers and addresses within this system which will help to keep everything up to date.

Unfortunately the existing online login details won't work on the new system, so patients will need to be newly registered. This will unfortunately mean that the online booking facility will not be available for a while until patients are re-registered in the new system. A lot of support will be needed by staff to get used to the new systems. Bookings up to 9th June online will still be available. Tom is running a report of regular users. When patients get an email there will be two attachments:

1. What is happening.
2. New password.

Is it possible to text or email on block? Tom will ask.

NHS Choices (Tom)

Lots of patients make positive comments on our feedback forms TG wondered if we could enter these onto NHS Choices website?

SB suggested Practice uses social media – users of Twitter/Facebook tend to be more enthusiastic. TG will take this back to the Rother House partnership to decide on how this is best taken forward. SB was happy to be involved with this.

AJ suggested if ED has contact at Herald (Matt Wilson) to do article.

AOB:

Over 75 Named GP – (CR) Part of new NHS Contract changes 2014-2015. All practices required to provide all patients aged 75 and over with named GP by 30th June 2014. This doesn't change the way we work. Patients will receive a letter informing them of their named GP who oversees the care and support the Practice provides but this does not prevent the patient from seeing ANY GP in the practice as usual.

Dr Alwin Mascarenhas (CR) Dr Mascarenhas is a Fellow in Emergency Medicine. He is with us for one year and is part of a national pilot in upskilling GPs in Emergency Medicine.

Date of next meeting:

Date and time of next meeting Wednesday 22nd October 2014

The meeting closed at 7.45pm



Handwritten signature and date: 23/10/14