**Haxby Patient Participation Executive Group Meeting Minutes**

**Wednesday 29 August 2018 12.30pm – 1.30pm Held at Haxby Surgery**

**Present:** Glyn Jones, Tom Rollo, Margaret Jackson, Maureen Horner, Penny Suckling, Pauline Ensor, Pat Ellis, Julie Lund (GM), Rachel Brown (AGM).

**Apologies:**  David McKeever, Sheila Robinson, Ian Mason and Marion Newton

**Chair:**  Glyn Jones

Glyn welcomed members to this executive group meeting. The purpose of this executive meeting was to discuss a recent survey sent out to members of the PPG and make a decision on the future of the PPG.

**PPG Survey.**

A survey was sent out following the end of the 1 year trial of being a virtual group. Rachel confirmed out of 65 members she received 6 replies. The reason for this trial was that PPG open meetings were becoming difficult and it was felt were sometimes hijacked by some members own personal grievances. Several patients were unhappy about invited Guest Speakers some commenting this was not the meeting for them. So for the last year we have been a virtual group holding executive and focus group meetings along with two Patient Speaker Events held at Wigginton Recreation Hall.

**Questions raised for discussion from members over last 3 months**

**Q1.** The 2 week rota is still causing difficulties never any GP appointments on line? The call centre at Haxby the staff are very pleasant but it's not the same as speaking to a receptionist that you know at your practice. Loss of personal  service. - PS

Two week rota

The Partners have previously agreed that we should increase the available rota up to 4 weeks in total. At the moment the practice has 3 weeks on the system ongoing. The rota is very complex covering around 80 clinical team members and as such it does take considerable planning and organisation to ensure staff are rostered appropriately and that we have rooms available.

Online Appointments

The clinical rota team endeavour to schedule up to 50% of all appointments available to online booking (GPs only). We are unable to open nurse clinics to online booking because the variety of the work they do means that appointment length is variable depending on appointment type, seniority of nurse etc. We do however have blood test appointments open for online booking as these are standard 10 minute appointments.

Call Centre

CentrePoint is the new call centre based across Gale Farm and Haxby surgeries. The reason for creating the call centre was to pool our resources and to make better use of our receptionists’ time. The initial statistics we are getting back shows that we are answering more calls and dealing with them more quickly than previously. Although patients may not be speaking to a receptionist they are familiar with, all of our receptionists receive the same training and can make appointments at any site and deal with queries. They are able to speak to any branch site if there is a query and can ring patients back if they need to.

Whilst I understand that it is comforting to speak to a familiar voice on the telephone, there should be no reduction in the service that the reception team can offer to our patients. Many of the reception team now cover across multiple sites so there will be new team members at Poppleton, not just the longstanding members of staff. Yes there is a learning curve for all of the reception team within CentrePoint as they will be speaking to different patients but they speak to patients they do not know on a daily basis even when they were only dealing with one surgery. All this notwithstanding we will be reviewing CentrePoint on an ongoing basis and making adjustments as we receive data about calls handled, time taken to answer etc. In addition we want to take patient experience into our review and we intend having a patient survey once we have a few months’ of data to consider.

**Q2.** There is a new NHS App being introduced in September to help patients get appointments, results and a view of their records. How does this differ from the system presently available via the Haxby Group on-line system which appears give exactly the same service?

The Times, Friday 29 June 18

“Seeing the same GP cuts the risk of dying early by up to 53% an international analysis has found”.

This is from an overview of 22 studies by Sir Denis Pereira Gray, former head of the Royal College of GPs.

“Previously, arranging for patients to see a doctor of their choice has been seen as a matter of convenience or courtesy: now it is clear it is about the quality of medical practice and is literally a matter of life and death.”

Does NHS policy need a complete change to recognise the values of a personal relationship with a family doctor, rather than diverting GPs from their regular patients to provide evening and weekend appointments? – GJ

**New NHS App**

There is a new NHS App being introduced in September to help patients get appointments, results and a view of their records.  How does this differ from the system presently available via the Haxby Group on-line system which appears to give exactly the same service?

The  SystmOne App/link that you already have on your PC or smartphone does give you all of the above as you say.   The NHS App is another means of accessing this information and presumably there will be tight security in place for this to happen as it will need to access practice systems to get this information for you.    Information on the .GOV web-site states that patients will also be able to use the app to state their preferences relating to data-sharing, organ donation and end of life care.    What this looks like in practice we will have to wait and see.   When the information was published on the .GOV web-site Jeremy Hunt was still Health and Social Care secretary.   He said:

The NHS app is a world-first which will put patients firmly in the driving seat and revolutionise the way we access health services.  I want this innovation to mark the death-knell of the 8am scramble for GP appointment that infuriates so many patients.   Technology has transformed everyday life when it comes to banking, travel and shopping.  Health matters much more to all of us, and the prize of that same digital revolution in healthcare isn’t just convenience but lives improved, extended and saved.  As the NHS turns 70 and we draw up a long-term plan for the NHS on the back of our £394 million a week funding boost, it’s time to catch up and unleash the power of technology to transform everyday life for patients.

NHS England National Director or Operations and Information Matthew Swindells said:

In the NHS’s 70th year, the new app will take the NHS to a world-leading position by empowering all our patients using digital technology to take charge of their own healthcare and contact the NHS in a way that suits them.  The new app will put the NHS into the pocket of everyone in England but it is just one step on the journey.  We are also developing an NHS Apps Library and putting free NHS wifi in GP surgeries and hospitals.

The NHS App is an example of digital transformation designed to make it quicker and easier for citizens to interact with government online and on-demand.  The #SmarterGov campaign has been launched to drive innovation, savings and public service improvement across the NHS and wider public sector.

At this point in time I have no further information to hand on how this will work but I will keep you informed if I hear anything further about it.

**Continuity of GP**

“Seeing the same GP cuts the risk of dying early by up to 53% an international analysis has found”.  This is from an overview of 22 studies by Sir Denis Pereira Gray, former head of the Royal College of GPs.  “Previously, arranging for patients to see a doctor of their choice has been seen as a matter of convenience or courtesy: now it is clear it is about the quality of medical practice and is literally a matter of life and death.”  Does NHS policy need a complete change to recognise the values of a personal relationship with a family doctor, rather than diverting GPs from their regular patients to provide evening and weekend appointments?

GPs at Haxby Group believe that continuity of care for ongoing problems is best practice, as this avoids the patient having to go through all of the history with somebody new each time they are seen.    If a patient has a new problem or an acute problem then by all means see another clinician, but we advocate trying to remain with the same GP for any ongoing care.  This is why Haxby Group has developed a team of primary care practitioners to see patients with urgent on the day problems, leaving our GPs to see patients with long-term problems.   We have also extended appointments to 15 minutes in length to enable GPs to have in-depth consultations with these patients.

With regard to your point about weekend and evening appointments, this is a political issue and the Government has made its aims very clear in that they want all patients to be able to access GP services from 8am – 8pm during week-days, specified times over the weekend including Sundays and on Bank Holidays.    I am sure the public can see that If GPs are covering all of these additional hours then they cannot be available in the surgery during their normal working hours every day of the week.    There will need to be a huge recruitment campaign and the Government has said that it wants to recruit an additional 5000 GPs.

**Q3.** There are few online appointments available to book, what access do the staff have to these appointments? MH

Not all appointments are designated on line booking, not all patients have access to online systems and need to book in person or on the telephone.

The group asked if we could put forward to GPs that if they request or ask the patient to come back in 3 weeks to see them, then could the DR requesting that be able to book the patient in so the follow up appointment is booked there and then.

**Q4.** Could you expand on urgent appointments? TR

Acting at the GPs’ request, the receptionists will ask patients requesting a same day appointment about their symptoms. This enables the receptionist to guide the patient to the person who is best suited to deal with their problem. We do have protected urgent appointments at smaller sites for patients who are unable to drive.

Letter to PPG

Glyn discussed a letter he had received from a member of the PPG (several letters have been received from this member). Glyn briefly explained the contents of this letter and the members of the Executive Group agreed that it would be inappropriate to minute the contents of the letter. Glyn suggested we invite the member concerned into the surgery separately to meet with himself and Julie Lund to look at answering his individual concerns. A letter will be sent out by Glyn.

Future of PPG

Following the years trial we have received fewer questions from members, fewer members volunteering to attend focus and executive meetings, and a lot less members attending the speaker events we have put on. We could go back to open meetings however it must be clear they are not for personal gripes such as what happened at the Poppleton meeting.

It was felt that the group were unable to make a decision of the future of the group though it was felt ‘virtual’ was maybe not the way to go. Julie confirmed that the PPG was theirs to own and that they need to take control and nominate a new chair. Glyn has been in post for 3 and the post was originally a one year appointment. Rachel is happy to support with the admin and will continue to email things out as she has everyone’s personal emails, however the group need to set the meeting agenda and take minutes at meetings. Rachel is happy to organise a couple of speaker events in the year but again this group need to decide where they would like the meeting and decide which speakers they would like to hear from.

Following on from this the group have requested another meeting to decide on the future of the PPG, this will not be an executive meeting it will be an open invitation meeting and it was suggested it be held on an evening in November (An invite will be sent out soon when date and venue have been confirmed).