

RAINFORD HEALTH CENTRE

PATIENT PARTICIPATION GROUP

Wednesday 4th March 2015

In attendance: Linda Burns, Keith Gratton, Dennis Cowley, Bob Singleton, Carol Sanders, Sue Kimberley, Patrick Conachy, Jane Lloyd, Brian Marten

Apologies: John Rosbotham, June Marten, Sandra Corf, Jacqui Shaw, Pauline Highton, Lynn Conachy, Richard Jones, Dr Lowcock

Minutes of the last meeting were agreed as a correct record of the meeting.

Matters Outstanding:

- Helen spoke to the pharmacy in the village who said that they would not tell patients that EPS was mandatory but that they had a choice .
- FFT is on-going at the practice.
- CQC have given formal approval for Dr Veltkamp to be a GP Principal.

Patient on Line

Helen briefed the Members about the new Government initiative that is effective from 1st April, stating that doctors must give patients on line access to their medical records. We started this process 18 months ago with booking appointments and ordering medication on line but this had progressed further to seeing part of the medical record. In this context it will only be summary information – name, address, dob, NHS number, Medication (both acute and repeat), problems (current and past) , allergies.

This will be the first step of a staged approach which will next involve access to vaccination and immunisation history, pathology results and ultimately all coded information.

Helen explained the problems that would be encountered by the practice :

- Complying with data protection and making sure sensitive information is kept secure
- Verifying patients to ensure that they are who they say they are
- Ensuring that individual records are configured for the agreed level of access
- Proxy access
- Coercion

The process that the practice has agreed will be as follows:

- the patient will request access
- the patient will be given an application form and patient leaflet (the patients need to be aware of how they too have a responsibility to keep their information safe (eg, don't leave computers logged on, don't print data off, don't leave passwords lying around.)
- the patient will complete the application form and bring security documentation to the practice – passport or photo driving licence will be the only acceptable forms of ID
- Patient verified by trained member of the practice team and GP will review summary
- Individual record configured and password created
- Service go-live

Helen explained to the meeting how the practice had agreed that the On-Line Access would be live to all patients at the practice with the only exceptions being:

- No proxy access except for carers
- No medical record access for children under the age of 16 years. It was felt that the risk of a parent inadvertently having sight of the clinical record of an adolescent child who may have presented with issues that they would wish to keep confidential, outweighed the perceived benefit.
- NB : parents would still be able to access the medication and appointments modules.

Helen advised the meeting that the practice was looking for volunteers to be the first to trail this service. All members of the PPG present agreed to trail our processes and sign up to view their medical record. They agreed to give feedback to ensure we had a smooth transition before opening this service to the practice population. Kathryn will contact the members to start the process.

Family and Friends Test

The results of the FFT for January and February were as follows:

95.12% of practice populations would recommend the practice to their family and friends - Jan

100% of the practice population would recommend the practice to their family and friends – Feb

In an attempt to increase the response uptake the practice is progressing to asking the FFT by text message.

Results of Patient Access Questionnaire

We asked 200 patients to complete a questionnaire about GP access and Other Health care workers availability. 89% of patients were happy with GP availability at the practice but only 76% thought that the nurse availability was good. Most expressed concern about waiting times for Practice Nurse appointments. Lindsay works almost full time and does not have the ability to work additional hours. However, in response the practice has rescheduled her hours of work to give earlier start times. This will predominantly benefit the working age population who may have long term conditions which need to be managed. We have also significantly increased the hours of the HCAs to give scope for Lindsay to delegate some of her administrative and less skilled work to them. This will free up some of the practice nursing time and hopefully reduce waiting times. The PPG members agreed that this was an acceptable action plan.

In an attempt to reduce nursing workload the practice proposes to change the system for accepting urine samples for testing. Currently patients are allowed to “drop off” a sample for testing at their own discretion. This is a time consuming activity with patients dictating demand. A new procedure is expected to be established which will mean a more formal process involving a clinician's decision to request a sample to be tested.

Any other business:

A member of the PPG had been approached by a patient at the practice who had express gratitude at the approach taken by Dr Babajews following a recent cancer diagnosis. The level of care was described as “superb”. This was followed by another member congratulating our receptionist team on their proactive and helpful approach to dealing with patients on the front desk.

Both messages will be relayed back to the staff concerned.

Date and Time of next meeting : TBA in June 2015