

Gloucester Road Medical Centre (GRMC)
Patient Group Meeting
Monday 15th February 2016

Present

Patient Group Members: Anthony Blake, Hazel Blake, Sheila Clements, Howard Gentry, Margaret Gillespie, James Magness, Mary Magness, Ann Russell

Practice Team Members: Judy Holbrook (Business Partner) Sarah Warren (Deputy Practice Manager)

Apologies: Christine Campbell, Michael Campbell

This was the second time the members had met on an informal basis. We are endeavouring to establish a clear purpose to these meetings. Judy had prepared a document 'Aims and Objectives of the GRMC Patient Group' in order to further the development of the Group's role and our meeting on this occasion focussed on a number of the headings contained within this document.

1. Flu Clinics

Judy and Sarah invited feedback members to consider how successful these clinics had been run in the past and asked if some help from patient volunteers in running the clinics might be of value in the future. Some members reflected on the various formats GRMC has tried in the past and it was generally acknowledged that they have been very busy and chaotic at times, especially the Saturday sessions, owing to the sheer volumes of people being vaccinated. This is something we'd appreciate exploring further for the autumn 2016 campaign, so help and suggestions will be very welcome!

2. Web GP

This is one of a number of initiatives that is part of a national scheme created and paid for from the Prime Minister's £50m Challenge fund. The purpose of all these pilot schemes is to find out how patients might achieve better and the most appropriate access to healthcare. The Web GP initiative enables patients to explore a self-help questionnaire approach to their health problem via the Internet. Patients are able to request a telephone consultation with a clinician if still needed at the end of the on-line session.

Members had been asked to try-out this facility prior to our second meeting. However, instructions for its access had not been made very clear and most unfortunately had not managed to access it. The group did think that the principle was a good one, as it could negate the need for an appointment and divert demand away from the phones and from attending the surgery unnecessarily. It was suggested that we consider better publicising to patients – a very helpful suggestion was to include a brief comment about this on our phone answering system. Other suggestions were that GPs could hand out leaflets at the end of consultations, or

that it could be advertised on our waiting room call screen. Sarah will look into all of these options.

3. Online Access to Medical Records

Judy and Sarah mentioned that by 1st April 2016, GP Practices had to mandatorily allow patients to gain online access to the 'coded' part of their medical record. For example, patient's medical records contain codes for specific health problems, such as Asthma, but we are not obliged to provide patients with any of the free text comments added by the clinicians, say, after a consultation. By the March deadline, the practice will have a Policy and Protocol in place to safeguard patient confidentiality and ensure that access is only granted in appropriate cases, as the system could be open to abuse. All requests for access will be dealt with carefully on a 'case by case' basis.

The group expressed mixed views on this access right– some feeling that it could be quite useful to have easy access to information for health-reference purposes and when attending appointments elsewhere, whereas others felt that they likely would have no need of this access.

4. Newsletter

The Practice Newsletter received positive feedback, but Sarah expressed concern that it is not circulated widely enough and asked the group for suggestions as to how this could be improved. One member asked if it could be put on the waiting room screen. Sarah was keen to follow up on this and would endeavour to do this with future editions.

5. Group Member's Involvement

The 'Aims and Objectives' document included the suggestion of an opportunity to provide some 'practical assistance' and group members were keen to clarify what this might mean. In general discussion, various topics were covered:

- The Care Quality Commission is particularly keen to gain the views and involvement of Practice Patient Group members during routine inspections (last visit 12 March 2015 and due to be 3-yearly).
- The Voluntary sector – members mentioned groups/charities with which they were involved (JM involved in Sporting memories, SC involved in group of husbands/ wives whose partners had died after suffering from dementia). SC also mentioned 'Singing for the Brain', a group run by the Alzheimer's Society for sufferers of dementia and their Carers. The practice confirmed that it would be useful to be able to inform patients about as many voluntary groups as possible.
- DBS (CRB) checks – one member asked whether the group would need to have checks done. Sarah clarified that this would only be necessary if members were to be working together with patients on a 1:1 basis.
- Expert patients – This is long-standing NHS initiative whereby patients with certain health conditions might provide help and support to others with a similar condition. Judy reassured the group that there was no expectation of

members to engage in this but that we would be keen to use any knowledge and advice that members may have and that this may be used to help to coordinate groups on a voluntary basis in future.

6. Funding

Following on from the last meeting, Judy was keen to update the group on the latest situation with regarding the Practice's funding. The NHS is nearing the completion of a 2-year national funding review and Bristol is one the final areas to undertake this work. GP Practice funding levels are calculated using a formula that takes account of a number of demographical factors. Unfortunately, GRMC is one of a few practices that will see its funding cut and is forecast to lose in the region of £50-£60,000 over the next 5 years. GP Practices also anticipate that they will be required to adopt a new national contract by 2017, the form of which is unknown. Whilst efforts have been made to reduce the negative effect of the changes of the existing contract review process on some practices, there are concerns that GRMC will be compelled to reduce the level of services it can offer from 2016/17 onwards.

7. Did Not Attend (DNA) Rate

This was raised at the last meeting and Sarah was able to report that appointments lost owing to non-attendance stands at an average of 20 GP appointments and 13 nurse appointments lost per week. Group members were keen that these figures are clearly publicised to patients.

8. Future of the Group

We have recently been approached by Chairs / representatives from other groups (Montpellier Health Centre and Pembroke Road Surgery) and so we asked if anyone would be interested in meeting up to find out how their groups are run and what they do. James and Mary Magness have very kindly offered to do this and we will be keen to learn more about it at the next meeting.

9. Chair of the Group

We are delighted that James Magness has agreed to be Chair of our patient group.

10. Date of Next Meeting

The next meeting will be held at 6pm on Monday 16th May 2016. New members are welcome.