**Patient Forum Minutes**

**9th February 2016**

**Attendees:** Alan Wright, Joyce Lambert, Marion Vause, Iris Connaughton, Colin Hampson-Evans, Steve Mahoney, David Burton, Mr & Mrs Graham, John Surridge, Judith Hardy, Patricia Thomsett-Jones, Hugh Axton, Moyra Carey, Cynthia Rosser & Brenda Donald

Dr I Sparrow– GP Partner

Mrs L Betts – Practice Manager

Mrs R Seaman – Assistant Practice Manager

Mrs Nicola Osborne – South Kent Coast CCG

**Apologies**: Mr & Mrs Parsons, Mr & Mrs Venables, Sheila Harris, Christine Brownridge, Patricia Binsted, Linda Ridgeway, Linda Chapman, Steven Chapman, Debbie Revell, Mr & Mrs Stroud, John Senicle and Peter Cross

1. **Matters arising from the minutes of the last meeting**

At the last meeting one of the members of the group asked if feedback could be sought on whether the group wanted minutes verified by one of the members of the group before they were sent out. A covering letter was sent to all members with the minutes of the last meeting about this. None of the group replied to say that they would like the minutes verified by a Patient Forum Member, alternatively the group contacted the Practice to say that they thought the current system was satisfactory and that no changes should be made.

1. **Feedback from members of the Deal Health Patient Forum**

Mrs Donald informed the group that the last Deal Health meeting was spent discussing NHS treatment in France. Mrs Donald explained that recent changes have made it possible for patients to go across to France to access NHS treatment. She said that a member of the group had been to visit a French Hospital and was very impressed with the care that was received and the fact that partners are able to stay in a room with you at the hospital. She added that some of the group thought that the downside of accessing treatment in France is that patients would have to pay for their crossing to France, but other members of the group that this was no different to paying for a train fare to London.

Mrs Donald asked Dr Sparrow his thoughts on patients accessing treatment in France. Dr Sparrow told the group that he has not had any patients requesting to go to France for treatment. His concerns were that local consultants may not be too keen to follow up patients who have been seen in France, but then do not wish to go back there for follows ups. He was also concerned that the journey to France may not be something that it is in all patients’ best interests.

1. **District Nursing Update – From Nicola Osborne, Head of Clinical Services for Kent Community Health Foundation Trust**

Nicola Osborne informed the group that she became manager for community services, seven months ago.

Nicola informed the group that there is a now a Local Referral Unit (LRU) in Deal where all referrals are sent and are then triaged to ensure that patients are seen by the most appropriate clinician, for example District Nursing, Intermediate Care or Social Care. The LRU is staffed from 8am to 8pm, and the telephone number that patients can ring for the LRU is 0300 123 1943. She explained that community services are currently looking at how they can work and integrate with a variety of other services, including the voluntary sector.

Nicola told the group that District Nursing is a 24 hr service. The District Nursing core hours are between 8am and 5pm and during this time each Practice has an allocated group of nurses who visit the surgery between 1-2pm to have their handover and speak to GPs and Practice Staff about their patients. From 5pm -10pm there is a Twilight Team of nurses, and from 9.30pm to 8am there are night nurses. The Twilight Nurses and the Night Nurses work across the whole of Deal, they are not allocated to a particular practice as demand is lower during these times and this is not necessary.

Nicola discussed computer access with the group. She explained that at the moment the District Nurses have their own clinical computer system, which is different to the one the practice uses. However it has recently been decided that the District Nurses will pilot a new system which will enable them to have access to the patient’s GP record via their tablet. It will also allow the District Nurses to update the patient’s GP record with the treatment that they have done.

Questions asked by the group

**Do all District Nurses deal with lymphedema and how are patients referred for lymphedema care?**

No, this is a specialist service which is shared across the whole of the East but is currently under redesign to try and recruit more nurses. Patients would be referred for lymphedema care by their GP.

**Some patients have informed the Practice that District Nurses do not turn up when they say they going to, is this still the case?**

When a patient is under the care of the District Nursing Team they are asked to give feedback on the care they received, and one of the questions asked in the feedback relates to nurses coming to the house when expected. Nicola told the group that recent patient feedback has not shown this to be a problem. She added that the nurses can never give an exact time to patients, as something unforeseen could happen with the patient being seen before them. However nurses should give a rough time, and the LRU should update patients if this time needs to be changed for any reason.

**What are the nursing arrangements at the weekend and how does handover work to ensure that nurses working at the weekend know what care has been provided during the week?**

Monday to Friday nurses are allocated to a particular surgery. On Saturday and Sundays the nurses that are working, cover all Deal patients. There are handovers on a Friday afternoon and on a Monday morning to ensure that information is passed from the nurses working in the week to the weekend staff and for the weekend to staff to pass information back. Nicola added that KCHFT is currently in the process of moving to a computerised system to aid handovers and make this process more streamlined and Nicola was confident that as the new system embeds communication should improve between the Monday to Friday and the weekend nurses.

**Should Clexane be given in a two hour window, or can it be given in a three hour window?**

One of the members of the group had, had an incident when his mother was given her clexane at a 3 hourly interval, rather than two and he wanted to know if this is acceptable? Nicola told the patient that the nurses should be aiming for a two hour interval between clexane injections in line with official guidelines.

1. **CQC Update**

The practice had their CQC inspection on 22nd December. The practice was told that they would receive their report within four weeks, hence why this item was added to the agenda, but we have recently found out that there is a delay of up to four months for reports at the moment. Lesley described the day to the patient forum group. She explained that there was a team of four inspectors who spent time with a variety of staff, patients and two of the members of the Patient Forum Group. Lesley and Becky thanked Cynthia Rosser and Iris Connaughton for giving up their time to assist the practice on this day.

We will add this item to the next agenda as we hope we will have the report by then.

1. **Action Plan for this year’s Patient Satisfaction Survey**

As discussed at our meeting in October, it was decided that the Action Plan from this year’s patient satisfaction survey should be based around;

**Referral delays**

**Telephone Access at 8am**

**Extended Hours promotion**

**Continuity of Care**

Since the meeting in October each of these actions have been discussed with the Practice Team;

Referral delays – There were a few comments made in this year’s survey about referral delays. The doctors have discussed this and the time scales for referrals have been revisited. It has now been decided that patients will be told that they their referral may take up to five days to be processed, unless it is urgent when it will be typed the same day. Lesley explained to the group that our aim is always to process all referrals as quickly as we can, but we have eleven doctors working in the practice and if they all dictate their letters and hand them to the secretaries on the same day, there will inevitably be delays.

Telephone Access – The practice has decided to continue to promote online appointments as much as possible to reduce the demand on the telephone in the morning. To support this, the practice has a designated “Online Champion”. This is a receptionist who will spend time assisting patients with the registration process and will show patients how to use the service, if they do not feel confident doing this in their own at home. In addition the Practice continues to publicise the fact that the same appointments are available online as they are on the phone, as there seems to be a perception that patients have a greater range of appointments available on the telephone. The Practice now also has more options on the phone message. The aim of this was to ensure that patients were not pressing the appointment phone option, only because the actual option they require was not listed on the telephone.

Extended Hours Promotion – The results and comments from this year’s survey showed that some patients were still not aware that the practice offered extended hours appointments. The practice is therefore trying to promote this to a greater extent than was done previously. This has been done by adding a slide to TV presentation in the waiting room, by including details of this service in the Practice Newsletter, adding information about extended hour’s appointments to our Practice Website, and by asking receptionists to promote this more when speaking to patients.

Continuity of Care – The survey showed that patients felt that they could not always get booked in for a follow up with their regular GP. The Practice tries to promote continuity of care as much as possible and to support this GPs and Nurses have been asked to book patient follow up appointments themselves, if the clinician feels that the patient needs to be seen again, rather than sending patients to the front desk. Dr Sparrow explained that this can only be done if it is quick, as consultations are only ten minutes long.

1. **AOB**
2. **DNAs**

One of the group noted the high amount of patients who do not attend appointments each month. That member of the group thought that we should charge patients who do not attend appointments. Dr Sparrow told the group that we are not allowed to charge patients, but explained that he does personally write to patients who do not attend saying that they will be removed from our Practice list if they continue to not attend.

Lesley told the group that we have recently upgraded our text messaging package so that it is now two way messaging. This means that when a patient receives an appointment reminder, they can actually reply to the message with the word “Cancel” and their appointment is automatically cancelled and taken off the system. We are hopeful that this will reduce the number of patients who do not attend appointments, as it is so easy to do.

1. **Dr Sharvill Leaving**

Lesley reminded the group that Dr Sharvill will be retiring on 31st May 2016.

We advertised for a replacement and were lucky to receive applications from several candidates, all of a high calibre.  We have therefore decided to make two offers, one of six sessions and one of eight sessions to two of the applicants.

We are very pleased to announce that Dr Revi Jassal will be joining us as a Partner for eight sessions per week from August 2016. Dr Jassal is currently an ST3 Registrar in the practice, and has been since August 2015. We are very much looking forward to him joining the practice as a Partner.

We await a formal response from the second applicant we made an offer to but we hope to have positive news to share about this at the next Patient Forum Meeting.

1. **Practice Leaflet**

Cynthia Rosser thought that the Practice Leaflet that we have in the waiting room is very good and thought how useful it is to patients. She has been handing these out to patients in the drop in sessions in the waiting room, and said that patients have been praising them.

Lesley added that the content of the Practice Leaflet is also available on the Balmoral Surgery website.

1. **CRUSE**

Becky informed the group that the bereavement charity CRUSE will be holding drop in sessions in the waiting room once a month. This will be on the first Tuesday of every month between 9.15 and 11.15am. Patients can come and find out more about the service, or they can speak to someone from the service confidentially in a private room.

1. **Speaker for the next meeting**

The group were asked if there was a particular speaker, or topic of interest that they would like covered at the next meeting, and the group decided that it would be useful to have someone speak about dementia. Lesley and Becky will arrange this.

**Date of next meeting: 7th June 2016**