**Patient Forum Minutes**

**18th October 2016**

**Balmoral Surgery Attendees:**

Dr A K Singh– GP Partner

Mrs L Betts – Practice Manager

Mrs P Goldstraw – Assistant Practice Manager

**Guests:**

Dr Declan Cawley –Consultant in Palliative Medicine

Jacqueline Wilson – Nurse, Palliative Care Team

Maria Marley – Nurse, Palliative Care Team

**Apologies**: Christine Brownridge, Jennifer Hardy, Brenda Donald, Moyra Carey, Sue Falconer, Shelia Harris, Barbara Parkins, Steve Mahoney, Debbie Revell and Mrs Ridgeway

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

One patient mentioned that Cedars are not doing EPS prescriptions. Lesley stated that they are doing EPS prescriptions but that some of the GP surgeries locally are no longer allowing the chemists to order the patient prescriptions. Lesley confirmed that Balmoral is still continuing to allow the chemists to order the patient prescriptions.

A member of the group mentioned that the Anticoagulant Clinic at Deal is now closed. Lesley made the group aware that we have not received any formal notification of this but that there are several local pharmacies providing this service.

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

Cynthia Rosser said that the chairman of the Glaucoma Clinic attended their meeting and that they are hoping to offer glaucoma services to Deal Hospital.

Cynthia also mentioned patients being able to access care in French Hospitals and that the number of patients requesting this service is low. It was discussed how this was going to be affected when we leave the EU. This was not confirmed but some felt this would not make any difference.

1. **Palliative Care Services**

Dr Declan Cawley firstly explained that Palliative Care is end of life care and support. He went on to explain that he works at the Hospice but also made the group aware that there is a clinic at Deal Hospital on a Wednesday and also here at Balmoral Surgery for those who are unable to get to Thanet. Declan said working in the GP environment enables him to have good communication with GPs leading to better patient care. He gave the group a leaflet to give them an idea of what services are available such as mini workshops and programmes that they run at the Hospice.

He told the group that The Palliative Team do not just deal with cancer patients but respiratory disease and heart failure patients also. There are a number of speciality nurses based at the hospice such as Heart Failure Nurses, Respiratory Nurses, Cancer Nurses, Parkinson’s Nurse, Physiotherapists and Occupational Therapists, Health Care Assistants, etc.

Declan stated that it is important to know the patients preference to help plan for their future. They help people think about their death plan giving them information to help them with their decisions. The patient completes a document called an ‘Advanced Directive’ with this document their preferences are more likely to happen. The Hospice has rolling programmes which patients can dip and out of as and when. The programmes take place at Canterbury and Margate Hospices. Lesley asked that Declan leave some leaflets with us at the surgery for our waiting rooms. The Hospice accommodates to family needs for their own health and wellbeing and make sure that carers are looked after too. One patient stated how good the leaflet looked and said it gives the impression of moving forward rather than focusing on end of life.

Declan went on to say that when they deliver care they need to be cost effective. 75% of their income is from charity donations. People are living longer with more than one condition and this impacts on their service.

Declan is also the research lead for the Hospice. They have done multiple research projects for conditions such as breathlessness, fatigue and drugs, reaching goals for death, to name a few. Part of his research for breathlessness noted that singing for patients who suffer with COPD helps breathing control and also adds to the patient’s social interaction. He did state that patient involvement is needed for funding to be granted.

The Hospice also has an Educational Department to provide training to other health professionals, Nursing Homes, District Nurses etc.

Declan mentioned that the Hospice team now have access to the patient medical record via the MIG and said how helpful this is with understanding care plans etc. Multi-disciplinary teams support Dying Matters which is a National campaign. There is an inter-agency policy which gives a standard of expected care wherever the patient is cared for eg general Practice, hospice etc.

**Questions asked by the Patient Forum Group**

**Should the patient be told that they are dying?**

A patient forum member said she feels in General Practice, in her experience that patients are told bluntly that they are dying. She believed some patients shouldn’t be told they are going to die as she thinks they give up mentally. Declan explained that he feels the patient knows that they are dying and they feel they should to be honest and go by the patient cues and that communication is key. Patient-focused care is provided and information is delivered in chunks.

**At what point would the Hospice be introduced?**

Declan said that there is no agreed consensus but for patients who may need their services triggers could include patients who have had 3-6 hospital admissions, carers needing to do more, fatigue, energy levels depending on disease. Getting involved earlier can eliminate the need to have to go back to hospital and those that don’t need to can discharge from the services and return when needed.

**How do patients access the Palliative Care Services?**

Declan explained they will need a referral from the GP. The GP will decide if Palliative Care is the right action moving forward for the particular patient, giving the Palliative Care Team all the relevant information for them to provide the care needed to the patient.

**4. Patient Satisfaction Survey results**

Lesley asked if anyone had any questions about the patient survey questionnaire. One patient said she was surprised at how low the response was. Lesley told the group that the receptionists do try to encourage the patients to complete a questionnaire, we had a few of the patient forum members help hand them out which is very helpful, it is available on our website and a notification about the questionnaire is added to things like repeat prescriptions etc. Cynthia stated that some patients say they don’t have their glasses etc but the patient forum members do try to help the patients complete the questionnaires and read the questions out to them if needed etc.

Lesley told the group that patients are asked to fill out a lot of questionnaires. She said that the GPs have to have so many done a year, as do the nurses and GP Registrars and patients get a bit tired of it. One of the patients asked if it is worth writing to the local MP about the time used and the cost effectiveness of questionnaires but Lesley informed her she could try but these are requirements needed for CQC.

One patient mentioned how difficult he had found it to get through on our telephone lines. He said that he tried 5 times in 2 days with no response. Lesley explained that we are so busy and she wants to encourage everyone who can to use online services as it would release the telephone lines for people who are unable to access the internet. She is not expecting everyone to do this but if most could it would be useful. Lesley mentioned that online appointments have exactly the same availability as over the phone. Lesley said that we have more patients signed up to online services than any other local surgery which is good. One patient forum member said that he felt the online services were a bit ‘Clunky’ but said it is better than it was before. Lesley stated that other than moving to a new system, which would mean retraining, and their systems have issues too, Lesley feels the software is pretty much equal and so would not be worth the upheaval.

One patient commented that the Nurse appointments do not offer an option to leave a message. We thought that all the appointments offer this facility but we will look into this.

Lesley also pointed out that online services sign up does require two forms of ID, one with a photo and one proof of address. This is strict because patients are now able to access their medical records.

One patient forum member mentioned that she runs a computer club and that she is happy to help with computer related issues for any patient that is struggling to use a computer. She will email us her information so that we can refer patients to them if they wish to have some help with computers in general.

Lesley stated that she will look at an action plan and show the group.

*Proposed Action Plan:*

1. *Endorse online access to medical records to allow patients to access their immunisation history etc.*
2. *Further promote on line appointments availability and on line repeat prescription ordering to relieve pressure on phones.*
3. *Look at ways to encourage more patients to take part in annual patient satisfaction survey.*
4. **Any other business**

* A few members said that Balmoral opening on a Saturday morning for flu vaccinations was a great idea.
* Lesley informed the group that the Pharmacies had taken a lot of our flus this year; Dr Singh had noted that the Pharmacy doing this is quite risky as they are unaware of the patient’s medical history. We are notified 48 hours after the flu vaccination is given which is quite a delay. Lesley expressed that our GPs sign off our HCA flu lists and that a doctor is on the premises at the time of the flu clinics. Lesley also told the group that our practice nurses had also done housebound flu vaccinations and residential care homes.
* One member mentioned that Telehealth nurses funding had been cut. We at Balmoral have had no official notification of this and we will look into it. Please see below information received about Telehealth \*

\*Telehealth finishes on 31 December 2016

The Kent and Medway CCGs have informed patients who use Telehealth that the service will no longer work after 31 December 2016.

Telehealth was set up 11 years ago in 2005 as an innovative new system to help people manage their long-term health conditions and live independently.

The equipment, including the computer server that the home equipment links to, is run by the American company Viterion. Viterion has recently informed us that, owing to changes in its technology, the original equipment can no longer be maintained and the service will be discontinued at the end of this year.

Over the next few weeks, nurses will work with those patients to discuss their current treatment plan and future options to support the management of their long-term condition.

The CCGs are currently scoping and discussing alternative systems that may be of benefit to our patients and we will keep you informed of progress.

**Date of next meeting: 21/02/2017**