

Patient Forum Meeting – 4th June 2019

Attendees: Iris Connaughton, David Burton, Hugh Axton, William and Maureen Graham, Pat Thomsett-Jones, Edward Goldring, Alan Wright, Steve Mahoney, Alan Prior, Sheila Harris, Susan Falconer, Colin Hartley, Moyra Carey, Cynthia Rosser, Patricia Binsted & Christine Brownridge

Dr Viney – GP Partner

Lesley Betts – Practice Manager

Rebecca Seaman – Assistant Practice Manager

Apologies – Edwina Russell, Roisin & Adam Murray, Mary & Bill Venables & Linda Chapman

1. Matters arising from the minutes of the last meeting

At the last meeting one of the group asked whether or not there was still a physio at the Hub. Lesley informed the group that Shaun Roper is now working at the Hub for three days a week and the reason the physio appointments ceased for a short while was due to a change in provider.

2. Feedback from members of Deal Health Patient Forum

Cynthia gave the group an overview of her recent meeting. She explained what is currently happening in the locality. She told the group that lots of things were uncertain at the moment, in particular how the meetings would be held going forward.

3. Change of clinical system – Moving from Vision to Emis

On 25th June Balmoral Surgery will be changing clinical systems. At the moment we currently use a clinical system called Vision and we will be switching to a system called EMIS. This is an extreme undertaking and not a decision which has been made likely. Lesley explained to the group that one of the main reasons for making this decision is due to practices starting to work in larger groups. From July 2019 practices will be required to form Primary Care Networks. The aim of these networks is for practices which are geographically linked to work more closely together. Whilst our Primary Care Network has not been fully decided yet, it will certainly include the other three practices in Deal and each of these practices uses EMIS as their clinical system. Sharing a joint clinical system will make it much easier for the surgeries in Deal to work together on projects for the Deal locality. Also, in our CCG (South Kent Coast CCG), there used to be a 50/50 split between the practices using EMIS and Vision, however all of the Vision Practices in the CCG have now chosen to move across to EMIS.

Lesley told the locality that the move to EMIS will mean that we have a week with very limited access to computers. On the 19th June 2019 we will have no access to our computers at all as this is the day that a data cut is taken from our current clinical system to be moved across to the new one. During this time, we will be only seeing emergency patients as GPs will not have access to patient notes. During the week before the move and the first few days following the transition to the new system, we will not be booking appointments but rather running a triage system. If a patient feels that they need to be seen that day, they will ring and speak to our duty receptionist who will liaise with a GP to see if the appointment is necessary on that day. From the 19th to the 25th June entries

in patient's notes will not transfer across to the new system and therefore every patient encounter will need to be manually transferred across to the new system. This will be an extremely time consuming task and there is no window to catch up as normal surgeries will resume soon after, therefore we are trying to reduce the number of encounters that we have during this period to ensure that we resume a normal service as soon as possible.

Using a test EMIS system, Lesley has started to build the new appointment book and patients will be able to book appointments from the 26th June. However patients are being encouraged to contact us for non urgent problems after the 2nd July to allow us a few days to get used to the system. On the day of the change and for several days after, Balmoral will have a couple of locum GPs working in the practice. These GPs have all used EMIS before and therefore they will be able to offer appointments at normal intervals (every 10 mins). None of our Partners have used EMIS before and therefore they will require longer appointments in the first instance, to get used to the new system. In Deal we have a Hub at Deal Hospital where patients with certain conditions are able to see a GP. During our changeover period we will still have access to the appointments at the Hub and the other Deal Practices have actually agreed that we can use a larger quota of the appointments available to ease pressure on the practice during this time. Patients will also be encouraged to seek advice from the local pharmacists as well.

As we have had knowledge about the change for quite a while, we have done our best to inform as many patients as possible about this, via the communication channels that we have available. We have emailed all of the patients who are signed up to our electronic newsletter, we have texts to all of our patients for which we hold a mobile number for, we have a pop up on our website, and we have put notice on our TV presentation and in our waiting rooms. We have also been doubling up on prescriptions for the last couple of months so that we avoid patients running out of medication during the period for which we have none or limited access to computers.

Unfortunately patients who are registered for online services will need to re-enrol to the EMIS equivalent of this service.

One of the group asked what would happen with regards to blood tests during this period. Dr Viney told the group that we would still be able to request blood tests, but we may have to do this via paper requests rather than using the online system. The lab will not be able to send us results for a period of time, but once the change has been completed, all of the results will be sent through. If a blood test is abnormal during this time, the laboratory would ring us to inform us of the result. This already happens anyway.

The practice will be well supported by our Commissioning Support Unit during the move, and they have facilitated a number of moves across Kent recently so we are grateful for their support. We will also have staff from EMIS present in the surgery "floor walking" on the day of the move and for a few days after. Unfortunately there is a lot that we cannot do until we have a live system and we would kindly ask patients to be patient with us during this period as it will be a challenging time for the practice.

Lesley spoke to the group about recent internet problems that we had also been experiencing. A few weeks ago we had severe problems with our internet and network and we were forced to operate an emergency service only. Patient records were taking an unworkable amount of time to load and it was almost impossible to send any prescriptions. This led to an extreme backlog of prescriptions, and many of the receptionists worked overtime to clear the backlog when the

problem had been sorted. Following this incident the practice is considering changing our prescription turnaround time from 48 to 72 hours. Lesley asked the group's opinion on this matter. The group did not think that this would be an issue as most patients know when they are going to run out of the medication and can plan accordingly. Lesley explained that if a patient had not allowed enough time we would generate the prescription quicker than 72 hours, just as we do now. Lesley said that if we decide to make this change, we would publicise the change as much as possible. The group were in support of this potential change as with notice, all patients shouldn't have a problem with ordering one day earlier.

4. Patient Survey 2019

Becky informed the group that it was time to repeat our annual patient survey. Becky had looked at last year's survey and had created a proposed one for this year. Becky explained to the group that she had removed the questions in the survey which asked patients about their awareness of other health professionals working in the practice and their experiences if they had seen one of these professionals. Becky explained that previous surveys showed that only a small percentage of respondents were aware of our other professionals, and therefore previous action plans have focused on publicising our Paramedic Practitioner in particular. Helen, our Paramedic Practitioner is now extremely popular and her slots are fully utilised so Lesley and Becky do not think it would be beneficial to include questions regarding her role this time.

Becky had printed off copies of the proposed questionnaire for members of the group to take home and have a look at. If any of the group felt that changes should be made to the questionnaire they were encouraged to contact Lesley.

Lesley told the group that in previous years we have had a much greater questionnaire response when we have had members of the Patient Forum Group handing out the questionnaires in the waiting room. Due to our move to EMIS, we currently have not decided on dates to distribute the questionnaire. Lesley will be in contact the group when we have decided and if anyone is able to volunteer during this time we would be grateful.

Becky added that in addition to the annual patient survey, we also now send text messages to patients following an appointment, asking them to complete our Friends and Family Test. This is a statutory test throughout the health service and it asks patients how likely they are to recommend the practice to their friends and family. It then asks patients to give further details on why they gave the rating that they did. Becky explained that we usually receive in excess of 100 survey results per month and the results come through to Becky's email address as soon as they are sent. The results are then collated monthly, distributed to all members of staff and displayed on our website. The survey has made it much easier for patients to give feedback on the practice, compared to previous feedback sites and we therefore receive a lot of positive feedback on the practice. Once we have completed this year's annual survey, we will collate the findings from both of these surveys to form an action plan for the forthcoming year.

5. Any other business

- i) CQC

Lesley told the group that we have recently had a phone call from the CQC. The CQC have changed their inspection process and all practices will now receive an annual phone call which asks them a series of questions. The phone call is to assess whether or not it is likely that you are still working at the same rating as you previously received following an inspection. Lesley added that once practices have had an assessment phone call, they will be booked in for a full inspection visit. During our recent phone call we were informed that the CQC had underestimated how many practices would need earlier visits than anticipated following their phone call, and therefore although we have been booked in for an inspection between December 2019 and March 2020, it is likely that our visit will be delayed as our phone call identified no concerns.

Becky explained to the group that there is a National Patient Survey which is sent to patient's home address. She encouraged any patients who receive this survey to complete it as this is something which CQC look at prior to their visit to the practice and the greater the number of respondents, a more accurate reflection of the practice.

ii) Can we close our practice list to prevent the practice being oversubscribed?

Dr Viney told the group that we cannot close our practice list. The member of the group that asked the question was particularly concerned regarding an influx of patients from new housing developments. Dr Viney spoke about our practice boundary and told the group that we have to register patients who fall within this boundary. The boundary area was decided historically and it is not easy to change as the CCGs must ensure that all localities have access to a GP practice. St Richard's Road Surgery has recently changed their practice boundary. However their boundary area covered a much larger locality than ours, and the reason for allowing them to reduce their boundary is to align the practices in Deal so that they cover the same locality as this will be relevant when working as Primary Care Networks. The areas which they now no longer cover all fall within the practice boundary of Dover Practices.

Becky explained that the practice receives a certain amount of money per patient, per year and there is the expectation that if a practice list size increases drastically, practices will use this income to employ more healthcare professionals to meet the demand. Unfortunately due to the national recruitment crisis this is not that easy. Balmoral Surgery has had a fairly static list size for numerous years and therefore we have not needed to quickly increase the number of healthcare professionals working at the practice. We have also been lucky enough to recruit healthcare professionals and subsequently we actually offer more sessions per week than in the past, despite no increase in our list size.

Lesley informed the group about a scheme called the "out of area scheme". This was a national scheme to enable patients to choose where their registered, allowing them to register at a practice which was not in their immediate locality. The aim of this scheme was to allow patients to register near where they worked, if they worked away and would struggle to get an appointment within working hours at their nearest surgery. If a patient registered under this scheme, they would however not be able to receive a home visit from their registered surgery. There was instead meant to be a national service to facilitate home visits for this cohort. Sadly this service did not materialise and as such we as a practice have had three incidents where patients registered with us, but whom live outside of our practice boundary, have requested home visits but no service is in place for someone to see them. We as a practice felt that this was not safe, and as such have made the

decision to cease offering this type of registration. All patients registered under this scheme have been contacted and asked to register at a practice nearer to their home address.

iii) If a drug has come off repeat, but is needed again can I reorder, or do I need to see a GP

Dr Viney advised patients that in this scenario they could request the medication again without seeing a GP, but the patient should put a covering note stating why it is needed again. The patient's GP would either prescribe the drug, or contact the patient to say why they could not do this.

Date for the next meeting: 22nd October 2019 @ 6pm