**Patient Forum Minutes**

**7th June 2016**

**Attendees:** Alan Wright, Joyce Lambert, , Iris Connaughton, Colin Hampson-Evans , David Burton, , John Surridge, Judith Hardy, Patricia Thomsett-Jones, , Cynthia Rosser & Brenda Donald

Dr C Mah– GP Partner

Mrs L Betts – Practice Manager

Mrs R Seaman – Assistant Practice Manager

Brenda Allerton, Christian Tuppen and Dr Scott – Deal Memory Service

**Apologies**: Sue Falconer. Moyra Carey, Michael Hopper, Maureen and Ewart Graham, John Senicle and Peter Cross

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

At the last meeting we were unable to inform the group about the second new doctor that we have recruited, as she had not confirmed the position. We are pleased to now be able to share this information with the group. Dr Paula Newens, who has completed her training at Whitstable Medical Practice started at the surgery on 1st June as a partner. She will be working six sessions a week. Dr Revi Jassal is the other doctor who will replace Dr Sharvill. He is currently a GP Registrar at Balmoral, but will become a partner on 3rd August and will work eight sessions per week.

At the time of the last meeting, the practice had not received their CQC rating. We have now had the final report and are pleased to inform the group that the Practice received a rating of Outstanding. We are extremely pleased with this rating and Lesley took the opportunity to once again thank the Patient Forum Group, particularly those who helped out on the day, as the report highlighted what a strong and committed patient group the practice had.

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

Cynthia Rosser spoke to the group about the recent Deal Health Patient Forum meeting that she had attended. She told the group that one of the forum members had recently been to visit a hospital in Le Touquet, as NHS patients can now access treatment in some French Hospitals under the NHS. The forum member had been to visit a leading Orthopaedic Hospital which has an extensive rehab centre which enables patients to return to work much more quickly after operations than NHS Hospitals in the UK. The forum member was impressed with the Hospital that she visited and the care that seemed to be offered, but reminded the group that whilst the treatment can be funded by the NHS, the crossing to France has to be funded by the patient themselves.

Cynthia told the group that the meeting then focussed on overspend on prescriptions in the NHS, a subject which Dr Mah continued to discuss later on in the meeting.

The final topic of the meeting was services in Deal Hospital. Cynthia informed the group of the services that are currently available at the hospital which include two new services, nurse led rheumatology clinics and a weekly lymphoedema clinic. One of the members of the group asked whether or not the anticoagulant clinic would be remaining at Deal Hospital as there had been an article in the local paper this week saying that it may be withdrawn. Dr Mah and Lesley told the group that we as a practice have received no information about this, and have also only read this information in the local paper. If the practice is formally notified that this will be happening, we will feed back this information to the group at the next meeting.

1. **Dementia Services in Deal**

Brenda Allerton, Christian Tuppen and Dr Scott from the Dementia Team came to speak to the group about Dementia Services in the local area.

Brenda Allerton informed the group that usually patients are referred to the memory service via their GP. When the patient is seen by the memory team a series of investigations are performed and patients may be seen at their home or in the clinic. The purpose of the investigations is to see if the patient’s memory problems could be caused by anything other than dementia. Brenda said that often physical or emotional problems can cause memory loss rather than dementia. If a patient has gone through the assessment process and has been diagnosed with dementia, the team then investigate what type of dementia the patient may be experiencing as each present differently and treatment options can vary. The team then work with the patient and their family to see what they do to help the patient.

If the patient is diagnosed with dementia, the team informed the forum that there are a number of groups available which patients can attend, including a cognitive therapy group (which involves mental and physical exercises), a post diagnosis group (run as a forum where patients can ask questions to help them deal with their diagnosis) and a three monthly dementia drop clinic where patients or carers can come to Balmoral Surgery and meet with a variety of health professionals to discuss their dementia. Brenda added that if patients would like to meet with someone from the memory service, but are unable to attend the groups a link practitioner will go out to see the patient at home. Each GP Practice in Deal has a named link practitioner that GPs can liaise with about their patients.

When a patient becomes settled, they are referred back to their GP and the GP will take over the management of any medication that they may be on. The memory service is still available in the background and patients can contact them again if needed.

**Questions asked by the Patient Forum Group**

***What is the difference between dementia and memory loss?***

Dr Scott explained that memory loss may be more likely to be more severe and possibly classed as dementia, when it affects your daily living. She added that there is a difference between the two, and when a patient is referred to their service and has an assessment, the purpose of the assessment is to distinguish the difference and ascertain which the patient is suffering from. The team explained that they are extremely cautious about diagnosing someone with dementia. When someone is referred to the memory service, there is a key focus on prevention. If someone is thought to have memory loss rather than dementia, they will be advised of things that they can do to try and prevent a diagnosis of dementia in the future.

***What is the difference between Vascular, Senile Dementia and Alzheimer’s disease?***

Dr Scott explained that dementia is the umbrella term for what people are experiencing, Alzheimer’s and Vascular are terms used to describe the cause of the dementia, but for some patients the cause is not exclusive, causes can overlap. Dr Scott added that senile dementia is an old term which was actually used to identify dementia caused by Alzheimer’s disease, but this is not a term that is used anymore.

***Is Dementia on the increase?***

The team did not think that this was the case, but as there is more awareness about dementia, people are being diagnosed earlier than in previous years.

***What should you do if you suspect that someone has dementia?***

If you suspect that someone has dementia, the patient should be encouraged to see their GP initially. The patient’s GP can then assess the patient and rule out any physical symptoms which could be causing the memory loss and if necessary refer the patient to the memory loss team.

**Can carers come to the drop in clinic without the patient who is suffering from dementia?**

Yes, carers can attend the drop in clinic alone if they would like to find out more about dementia, or if they would like to access some help for themselves. Christian told the group that Admiral Nurses come to the drop in clinic. The Admiral Nurses are trained in dementia care, but their responsibility is to support carers. Carers can be as significant as the patient and may often need to speak to someone and discuss how they are coping. The Admiral Nurse can either arrange to see the carer at home or at the clinic, whatever is more appropriate for the carer.

**Is there any brain training that you can do to prevent dementia?**

Yes, there are lots of exercises that you can do at home and lots of internet based activities to keep your brain stimulated. The team had brought some leaflets which contain suggestions and anyone who is interested in this was advised to take a leaflet home. Christian explained that an activity such as watching the television is considered a passive activity and he continued to explain to the group that to keep your brain stimulated you need to be doing an active activity such as socialising, listening, interpreting conversations, learning a new language and being involved with friends and the community. Finally, he informed the group that Deal has a lot of clubs and groups which patients can join to keep their brain active, and he had brought some leaflets about these groups which patients could take home.

1. **Patient Satisfaction Survey**

Lesley told the group that it is time to conduct our annual patient survey. The group were each given a copy of a suggested questionnaire to look at and if the group thought that any changes should be made to the questionnaire they were asked to speak to Becky or Lesley. Lesley said that we will be handing out the questionnaires during the first two weeks in July, and as in previous years, if anyone from the group would like to help distribute the questionnaires the surgery would be very grateful as this leads to a greater response rate. Becky will enclose a timetable with the minutes, and if anyone is able to commit to any session (it does not have to be the whole session) they should speak to Becky.

1. **Dr Chee Mah – Same day repeat requests and pressures within the system**

Dr Mah explained to the group that Primary Care is struggling at the moment. It is stretched to capacity, we need to handle things better and we need to change to be sustainable.

Recruitment of GPs to General Practice is a severe problem. Whilst we have been able to recruit two new doctors to replace Dr Sharvill, other surgeries in the town have unfiled vacancies and two surgeries in our CCG have had to hand back their contract to NHS England as they are no longer safe to practice, due to GP vacancies. As a result of the GP recruitment crisis, practices are trying to utilise the skills of other health professionals. In particular Balmoral Surgery will soon be training Physician’s Associates and Paramedic Practitioners.

In addition there is already a project running in the Deal area which involves qualified Paramedic Practitioners conducting some home visits, instead of GPs. Dr Mah told the group the success of this project depends on good communication between GPs and Paramedic Practitioners and is a great opportunity for learning to take place.

Dr Mah spoke to the group about waste within the NHS. He explained that millions of pounds are wasted due to chemists ordering repeat medications which patients do not need. He explained that two of the local surgeries have stopped chemists ordering repeat medications due to this problem. Balmoral Surgery has decided against stopping chemists ordering repeat medications for patients, as whilst we accept that this problem needs to be tackled, we believe that the chemists need to stop doing this, rather than patients being penalised for the chemist’s behaviour. Dr Mah added that certain chemists in the town ask patients if they would like everything on their repeat medication list when the prescription will next be due (which would be in two months’ time). Patients will say yes to this question, because at the time they may think that everything is required, but in two months a lot can change and medication may be added and stopped. Several members of the group asked why medications were not altered when discharge summaries were received from the hospital, to prevent old drugs from being supplied, and Dr Mah told the group that communication between primary and secondary care is poor, and often discharge summaries are extremely delayed, or not received at all, so the GP is not always aware of drug changes straight away. Lesley informed the group that pharmacists will soon be able to see changes that have been made to a patient’s medication through the Summary Care Record and it is hoped that this change will alleviate some of the drug wastage experienced as they will see the most up to date copy of a patient’s medication.

Dr Mah continued to inform the group that another big strain on Primary Care is urgent medication requests. He explained that often patients have run out of their repeat medication and need to have a prescription the same day, rather than in 48 working hours which is our usual turnaround time. Dr Mah has been working with the local pharmacists to develop a new system where patients can go to their usual pharmacy to obtain a 2 week emergency supply of medication, rather than coming to the surgery for this. The chemist will then order the patient’s repeat supply of their medication for the patient, take out the two weeks supply that they have given the patient and then give the rest of the supply to the patient. Dr Mah anticipates that the new system will be implemented by the end of June. He added that at the moment, this system will only be in place for urgent requests Monday to Friday, but he is hoping that when pharmacists start to use the Summary Care Record it will be able to be used Saturday and Sunday as well. He told the group that at the moment, 1/3rd of the calls received by NHS 111 are to do with ordering repeat medication, so this new system would take a huge pressure off the 111 system. The new system will initially only be for repeat prescription requests, but eventually there will be a system in place if a patient needs to obtain a non-repeat medication urgently. He explained that receptionists will be given a list of medications which GPs feel are urgent medication, and any medications on this list will be processed the same day. If the medication that is being requested is not on the list, it will be processed within 48 working hours. Dr Mah emphasised that this system will be a safe system, and only drugs that GPs do not feel are urgent for the same day will not be prescribed.

Dr Mah has also been working with the local pharmacists to develop a new system for patients to obtain Emergency Contraception as it has been acknowledged that the sexual health service provision in Deal is poor. At the moment, patients have to either visit a GP to obtain a prescription for this medication, or buy it over the counter at a cost of £25. The new system will mean that patients can go straight to the chemist and obtain the medication free of charge under a PGD, and the pharmacist will then request a non-urgent prescription from the patient’s GP.

Dr Mah ended his talk by stressing the importance of patient feedback in making sure that that the NHS is sustainable. He told the group that if any of them, or their friends and family have any suggestions for new ways of working, the practice welcome their feedback. He said that there is often the assumption that those in charge of the NHS are the best people to make decisions about the future of Primary Care, but he said that this is not always the case and user involvement is vital.G

1. **Any other business**
2. **Transformation Fund**

Lesley informed the group that the practice have put in a bid to develop the second floor of the practice so that it will offer more consulting rooms which will enable us to provide more training for allied health professionals. The bid requests had to be sent to the local CCG first, and they have then shortlisted three bids to be submitted to NHS England for consideration. Lesley told the group that our bid is one of the three going forward, and she will update the group at the next meeting when she hopes to know more about the progress of the application.

1. **Speakers for future meetings**

Lesley told the group that we only have one speaker left from the list that the group came up with at a forum meeting last year, and this is the Palliative Care Team. Lesley hopes that the Palliative Care Team will be able to come to our meeting in October. She asked the group for some more suggestions for speakers. The group suggested a speaker from the Community Orthopaedic team, and a speaker about Chronic Obstructive Airways Disease. If anyone had anymore suggestions after the meeting they were advised to contact Becky or Lesley.

**Date of next meeting: 18.10.16 @6pm**