

MINUTES OF PATIENT FORUM MEETING
WEDNESDAY 16TH SEPTEMBER 2013

APOLOGIES:

M. R S S

Cath welcomed the new committee member M H .

1. AGM unfinished business

The election of Officers was omitted from the AGM so those in attendance at the meeting voted on the new ones. CW expressed a wish to stand down as Chair due to other commitments but no one else came forward so she agreed to carry on for the coming year. SO offered to help/stand in if so required. Shirley was not present to speak but had previously been asked and agreed to continue as Secretary. The new member, Monica, volunteered to be Secretary, therefore:

Chair:	C	W
Treasurer:	S	S
Secretary:	M	H

2. Flu Campaign 2013-14

Johan explained that there would be several flu clinics this year as opposed to one "launch event" like last year. The initial dates are: 2nd, 8th, 15th and Saturday 19th October when approximately 1,100 patients would be vaccinated. Further dates will be added.

It was agreed that there was no need to be present this year but a display board would go up promoting The Forum during the clinic hours. CW agreed to do this.

3. Patient Priorities and Questionnaire

The top five priorities highlighted by patients to appear in this year's Questionnaire are:

- Ease/speed of getting an appointment
- Communication with patients
- Ability to see preferred GP
- Quality of consultation
- Out of hours care

Johan will fine tune the questions ready for October/November.

4. Practice initiatives update:

Johan gave update on new Stockport-wide initiatives:

(a) Referral peer review scheme

This is when a doctor consults with another doctor (within the same Practice) to confirm that a referral is the right course of action to take for a particular patient. This will become a standardised scheme in all Practices across Stockport.

(b) Acutely ill child access scheme

Another initiative from Stockport CCG is to try to reduce the number of child attendances at A&E is to advertise that GP practices will see acutely ill children on the same day and have capacity to visit, see or speak with the child and / or its parent again within the following 4-6 hours

This is not really a new concept, most GPs would see any poorly child, but the idea is to advertise the fact with the hope that patients will not go to A&E.

The practice has for the last couple of years held back some appointments each day for “on the day” requests for appointments for children (especially appointments immediately after school hours for parents who want an appointment urgently for their child.) and explained how they were ‘expanding’ this process as follows so that ALL GPs have a reserved child appointments.

Johan shared and explained process below. We all agreed that this seemed a good initiative and supported the plan.

Process

1. *Scheduled daily “embargoed” appointments ie reserved specifically for ‘on the day’ requests for appointment for ill children*
2. *All requests for urgent appointments for children will then be immediately offered reserved appointment without triage from a GP.*
3. *be either*
 - *Booked in embargoed appointments reserved for children each day*
 - *Triaged by on-call GP*
4. *If all the appointments are used (which from the demand analysis carried out previously) seemed unlikely, the patient/ parent will be triaged and given advice or offered an appointment for same day, subject to the circumstances.*
5. *To enable monitoring demand we will record on clinical system if a patient is seen face-to-face the GP (readcode the encounter – 6A (Patient Reviewed)*
6. *If GP decides that they wish to review the patient again on the same day they will book into their appointment schedule an additional appointment or telephone appointment and read code the 2nd encounter 8H8D (Follow up wait and see)*

(c) Emergency admissions deflection scheme

Again, Stockport CCG are piloting another scheme with the practice to try to reduce attendance at A&E for inappropriate reasons, such as the list below:

- UTI
- Sore throat
- Earache
- Hayfever
- Sticky eyes
- Insect bites
- Rashes
- A traumatic joint pain

The plan is that when someone attends A&E for one of the conditions listed above they will contact the practice via a direct line and the practice will speak to the patient within 2 hours to advise of the correct course of action:

(d) Electronic prescribing service

A new service called EPS begins on 8th October 2013 whereby patients who have signed up to a pharmacy to be their “nominated pharmacy” will have their prescription sent electronically to the pharmacy via a digital signature. The aim is to reduce the number of paper prescriptions and improves governance as one is able to audit the prescription process.

(e) Care Data: How patient information is used

Discussion re recent information received by the practice from NHS England regarding HSCIC and it’s “care.data” service, and how patient data will be extracted and used.

The Health and Social Care Information Centre (HSCIC) is a public body based in Leeds and is the central source of health and social care information in England. The role of the HSCIC is to ensure that high quality data are used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care (www.hscic.gov.uk)

HSCIC is tasked with delivering the “care.data service”, a health data extraction service. This will begin as from Autumn 2013.

HSCIC state: “It is important that the NHS has a complete picture of what is happening across the health and social care service. This information will allow those who plan services to see what is working best.

The care.data system will allow for the collecting, analysing and sharing of data while protecting patients’ privacy and confidentiality. The NHS will also provide information that will enable the public to hold the NHS to account and ensure that any unacceptable standards of care are identified as quickly as possible.

The care.data service does not need to extract your whole GP record. Only the minimum amount of information required will be used. Your date of birth, postcode, NHS number, and gender (but not your name) will be used to link your records in a secure environment before being deleted. Once this information has been linked, a new record will be created. This new record will not contain any information that identifies you.

When your GP enters information into a health record he/she uses a combination of free text and codes.

- Free text might be something you tell your doctor such as your symptoms, your occupation, how you are feeling. Free text information will **not** be sent to the HSCIC secure environment.
- Codes are a combination of letters and numbers that indicate a piece of clinical information such as a diagnosis, a test result or a prescription.

To summarise, the information extracted into the HSCIC will be coded information plus your NHS number, postcode, date of birth and gender. Note that your name and your address will **not** be extracted. This is to help protect your identity.

More information can be found here www.nhs.uk/caredata"; or download a patient leaflet here:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/nhs-england-care-data-patient-leaflet.PDF>

Opting out:

Patients have the choice to opt out of having the data extracted.

To do patients need to email STOCCG.MarpleCottageSupport@nhs.net

Next meeting

The meeting closed at 7.45 p.m.

It was agreed that the next meeting would be WEDNESDAY 20th NOVEMBER AT 6 p.m.