PPG Meeting Minutes

7th July 2015
Start Time: 18:00

Attendees:

David Stephenson, Margaret Coley, Ron Lee, Sarah Moyle, Audrey Metcalfe, Diana Johnson, Frank Harkness, Tom Alston, Ken Stephenson, peter Colquitt, Duncan Keeler, Sylvia Noble, Dr Simon Desert (GP representing Castlegate), Sid Williamson (Practice Manager representing Castlegate), Denise Mijatovic (scribe representing Castlegate).

Apologies:

Rick Petecki, Felicity Crowley.

Scribe:

Denise Mijatovic.

Introductions:

- **Introductions**
  - **SW** welcomed everyone and introduced Dr Desert.

Meeting Notes:

- **Emails**
  - **KS** pointed out that on one occasion the PPG group had been sent an email, not using the BCC method, which had revealed everyone's email address and was a security issue.
  - **SW** apologies and we will ensure it doesn't happen again.
  - **DM** apologised and said it was too late when she realised this had happened but will ensure it doesn't happen again.
- **West Cumbria Carers Group**
  - **SM** brought to the members attention that everywhere in Cumbria, except Cockermouth, there is a carer's clinic.
  - **SD** said they did come in when we were in the porta cabins.
  - **SW** wasn't aware of anything but said that it could be arranged by the CCG making contact with himself.
  - **RL** asked if the group would pay rent for a room.
  - **SW** said that all room hire incurs a fee.
- **Appointments**
  - **KS** brought up the subject of concern over appointment types, using an example of an appointment that a family member had at a set time, which when they came into surgery the appointment was in fact a telephone slot and that at the time they were in surgery the doctor was trying to ring them at home. He wanted to know if there was any way the software could note the error and avoid repeats of those kinds of errors.
  - **SW** unfortunately there is no way to avoid errors like these, which are down to human error. He pointed out that the receptionist will have several options to input into the appointment type slot and on this occasion there has been an error. He apologised for this.
  - **SD** pointed out that both a face-to-face appointment and a telephone slot are possible outcomes and that the computer cannot distinguish. Hence, there is room for error as it is input by a human. He also added that the computer system we use has to be flexible so that we are able to meet demand for different types of appointments.
- **Letter sent to PPG members**
  - **RL** was curious about the recent letter sent out to all the PPG members.
  - **SW** said that the CCG were hoping to work with the general practice and had asked to pass the letter on to all the PPG members.
- **Access Centre & Access to Patient Notes**
  - **DJ** wanted to know if questions regarding the access centre could be discussed.
  - **MC** queried if the access centre as access to patients electronic notes.
  - **SD** CHOC does but causality only has essential information, while Workington access centre has access to everything.
  - **DJ** what about for home visits, does the GP have full access to notes?
  - **SD** the connection to the internet and poor internet coverages means that full access to patient details is not possible. There is an EMIS tablet app though.
  - **SW** network coverage is so limited in this area that it makes it difficult to use the EMIS app.
  - **DK** asked how far, in time, written notes and records go.
  - **SD** informed the members that notes are summarised and added to the digital system; only essential notes are added, not full everyday notes. He also informed that paper notes are stores at fastnet and that as a surgery we gave up using papers notes in 1996.
  - **DJ** asked if all notes get shared.
  - **SD** notes are coded and transferred in to electronic data. He pointed out that the acute trust doesn't have fully electronic data and that hospitals are about 30 years behind in IT.
  - **SM** queried if a different system was used in different areas, so that information is not instantly or equally shared.
  - **SD** all systems are gradually being brought together and trying to digitally share information between themselves. So GP to GP can be shared.
  - **DK** it must be difficult to get one system to do it all.
  - **SD** the good news is that in Cockermouth all surgeries are on the same system and importantly Derwent & Castlegate are on the same system.
  - **DJ** asked if all patient information will merge when the surgeries merge.
  - **SD** when the two surgeries merge it should be seamless and happen overnight.

- **AM** wanted to know when can patients will be able to view their own records on screen?
- **SD** we are encouraging patients to enrol for EMIS, first for prescriptions. However, issues arise because of medical jargon that GPs use and trying to explain these codings used to the layman will generate enormous amounts of work. Time is short but eventually this should happen. We are at the first stages right now, whereby lap results will be available along with GP comments. In principle you should have access to everything.
- **TA** there is some information already accessible on EMIS, it's minimal but it's there all the same. It's information regarding injections etc.
- **SD** it will be sub coded information.
- **SW** contractually we are obliged to offer access to everything by March 2016.
- **SD** people's notes are often enormous so the task of getting everything on will be huge.
- **SN** asked, is your medical record live all of your life?
- **SD** paper records are sent away after 5 years and after 10 years they are incinerated. But now things are becoming digital there should be a birth – death record of everything forever, which will be a huge data size.
- **DJ** this may not be the case for the older patients though?
- **SD** since computerisation, patients data files accumulate quite rapidly, the system is very sophisticated and logs fine details. For instance, in relation to prescription the system can log when and how many repeats you've had of a medicine, when a medicine was changes and / or when a medicine dosage was changed. This kind of sophistication can be very useful.

- **Accountancy Meeting (6/7/15)**
  - **SW** we had the accountancy meeting last night and in Cumbria there is over 1 GP per 2122 patients.
  - **AM** so what happened about the rent?
  - **SD** we are getting there. We have approached the landlord regarding the wasteful use of resources and we are making good progress. Other waste is being looked at now, items which may actually be reimbursable. The rent is paid by NHS.
  - **MC** so will some of the rent already paid be reimbursable?
  - **RL** what's the maintenance cost?
  - **SW** £500,000 annually.
  - **SD** and at every 25 years or the end of tenancy, whichever comes first, certain items must be replaced at cost to ourselves.
- **Other Clinics**
  - **AM** asked, have we have attracted any more clinics?
  - **SD** not as yet.
- **Other Business**
  - **DJ** enquired as to whether the wards were locked.
  - **SD** all wards are locked with electronic locks, but do in an emergency unlock automatically.
- **GP / Patient Numbers**
  - **PC** what is the target for GP to patient numbers?
  - **SD** 2122, but nationally the target is much higher.
  - **SW** in inner cities it's 2600 per GP. At Castlegate we run at 1700 per GP and post-merger it may well run to 1750 – 1770 per GP.
    We have recruited another GP called Allison Hetherington for 7 sessions and Dr Jude Ashburner, who is part-time with Derwent, will be taking on more session, and Dr Sarah Hutton will take on more sessions over the winter period and we may well have another GP after today. We are also aware that we need a locum to cover for Dr Rebecca Qualtrough for her maternity leave.
  - **PQ** noted that there is a national shortage of GPs
  - **TA** queried how many appointments are there per 1000.
  - **SW** each patients has approximately 6 or 7 appointments per year.
  - **SD** the catch is that we are doing extra work and picking up the slack for the clinics that used to be dealt with in primary care. The GPs appointments compete with appointments for cardiac / diabetic / hypertension clinics, which would have previously been seen elsewhere but are now seen in surgery because it's more efficient.
  - **SW** We have 65,000 appointments per year.
  - **PPG** felt that appointment timewasters needed addressing.
  - **SD** GPs still see the same number of patients, which is around 60 patient interactions per day plus dealing with results, letters and other admin tasks. However, the volume of work done by secondary

care is what has risen, so the inability to get GP appointments is in competition with appointment demand from patients for other care needs, nothing else.

- **News & Cockermouth Post**
  - **SN** pointed out that the news article that Dr Desert had done was very good and asked if it helped.
  - **SD** I think it has helped, it definitely created a stir. We are conscious of being a problem and rather that we want to aim for a solution to fully utilizing the building.
  - **PC** wondered if it was possible to have a regular column or ad hoc column to raise more responses.
  - **SW** there will be more going into the press but we will use the Cockermouth Post to update patients on a monthly basis.
  - **SD** since the article I have been liaising with the editor but we need to create a better conduit through the website, which would be the best way to provide news and information.
  - **SM** pointed out that patients have to consciously go and look at the website, whereas the Cockermouth Post would be a good idea because people will receive through their doors and be more inclined to read it.
  - **SD** we have to pay to put articles and updates in the Cockermouth Post, but the website is free and so is twitter. We do have a twitter account now.
- **Clinics**
  - **SN** informed that there is a migraine clinic at Penrith and wondered if surgery was aware of this.
  - **SD** yes we are aware.
- **Surgery Merger**
  - **FH** asked if we knew when the merge would happen and will Derwent be provided for as good as they do now.
  - **SD** the anticipated merger date is October, 2015. Both surgeries will be provided with the best service that we can offer. We had no choice regarding the merger, Derwent will only have 1 ½ GPs left by the end of the month, so we have to make a success of this. It will be a challenge. Most GPs enjoy working in smaller surgeries so we aim to have one big overall practice with smaller teams of GPs. We need to get it right.
  - **RL** do we have a new name yet?
  - **SW** we are waiting to hear back from groups, but it could be something like, Cockermouth Surgery.
  - **AM** will it cost?
  - **SW** yes, everything costs.
  - **SD** there will be new uniforms etc.
  - **DJ** how do you get 1 ½ doctors?
  - **SD** Allison and Mark. If we merge then Jude Ashburner stays, and Alison Hetherington will join us too. Both these GPs want to work in a large surgery.
  - **AM** will we be registered with a specific GP?
  - **SD** all patients will be allocation with a usual GP, which can be changed if the patient wishes.
  - **MC** if you have team systems can you then be allocated to a team of GPs rather than one specific GP?
  - **SD** that's how we do it now, we use a buddie system. After the merge we might have 3 teams. We have found that the younger patients don't really care about seeing the same GP.
  - **DJ** I've not seen a GP for years but if you need to the GP it is good to have a set one.
  - **SW** after the merge patients will have access to 14 GPs, which will be for our area.

Next Meeting:

Castlegate Surgery Meeting Room, 28.09.2015 @ 18:00

Adjournment:

The PPG meeting finished @ 19:00.