



## GP ISSUES SUB GROUP MEETING

**Monday 29 March 2010, 10 am**  
**Parish Centre Board Room, Beverley Minster**

		<b>Action</b>
<b>1. Apologies:</b>	None received.	
<b>Present:</b>	Pat Perkins, Stuart Carr, Ruth Marsden, Joan Fletcher (Chair), Mavis Austin, Pat Simmons, Geoff Pearson, Julia Bugg (note taker).	
<b>2. Minutes of previous meeting and Matters Arising:</b>	<p>The minutes from the meeting held on 09/02/2010 were accepted as a true record with the agreed alteration of the spelling of Weighton.</p> <p>JF took over the planning of the visits to Holme-on-Spalding-Moor and Pocklington surgeries and as a result a date is booked for the visit to HoSM and Pocklington are just confirming their date. PP requested that the outcomes of the visits be clarified. JF identified these as identifying good practice, identifying problems, giving advice on patient participation, access etc. Visits will be made to all surgeries identified as good on NHS and ERYLINK surveys. Age Concern are also carrying out a similar process but as they have different remits it is not seen as a problem. We are addressing issues for all ages and have powers to address issues.</p>	<p><b>JB</b></p> <p>Wiegton to Wiegton in minutes.</p> <p>Clarify if Age Concern is part of LINK and produce an organisations list to share with them and send to the Lead Group.</p>
<b>3. Out of Hours Care:</b>	<p>Report distributed to members prior to meeting. 2.5 Drew RM's attention as it gives the reasons for the review being carried out but none of them include improved services. Out of Hours care is dictated by cost and not customer service.</p> <p>Access to the O of HS needs a simplified system and one which does not go to Wakefield as this means that operators have no local knowledge.</p> <p>Patients are responsible for getting to hospital. 999 is the emergency service, yet the O of HS directs away from this. JF reported that the meeting was helpful but now needs further action on their behalf and further inclusion. JF and RM to raise this issue in Quarterly Meeting on 30 March if possible.</p> <p>Response times to a request for O of HS are not made clear at the beginning; individuals may wait 3 or 4 hours. If the wait time was clear then this would allow individuals to decide if they need to go to A &amp; E.</p> <p>Carson Report, as referenced in 2.2 of the report, states that :</p> <p>"Patient access to out of hours care should be simple</p>	<p><b>JF</b></p> <p>Watch the further actions as a result of this report.</p>



## ERYLINK

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and straightforward. There should be one telephone call that provided effective and timely advice, and, where necessary, a face to face consultation at a time and place agreed by the patient. **There should not be multiple phone calls and double triage**"

RM

This is the service we should demand. RM noted that the Transport group should be included in this.

Email Transport demand to JF.

The Transport Issues Sub Group met with a representative from YAS, actions required as telephone calls not being answered leading to the need to call a number of times before being connected. Additionally there is currently a survey of passenger transport being carried out as the PCT which has the new contract want to get it right. Has extended the deadline date for responses to the end of July as it needs more replies. MA stated that the service was not available to non-NHS sites and RM disputed this as she feels that the GP has the ability to arrange this and it is about referrals management.

PP

Send quality standards to William Uglow.

Direct query regarding transport issue to Transport Group.

SC added that the elderly who are old, alone and ill at night will be scared stiff, they should be able to dial 999 at night and not have to deal with this – cost and PCT issue.

#### 4. Pharmacies:

Previous contacts have not been replied to. There is a 20 day turn around to questions and requests and it isn't happening. We have received nothing back from region or other contacted individuals.

SO

Link co-ordinator to write and remind them of this requirement.

MA identified that in Pocklington the issuing of drugs to incorrect patients has been identified as an issue. If 2 patients have the same name, then drugs may be issued to the wrong person. When this mistake is pointed out they seem to think that it is OK to simply cross the name out. GP should ensure that this is addressed as it could be a major issue if the mistake is not noticed and the wrong drugs are taken. Individual should raise this with them in the first instance. Perhaps part of the problem is that pharmacists are often not full time and so don't get a 'wholistic' view to the issues.

Email Paul Bennett at Boots, (paulbennett@boots.co.uk) as he had identified that he is happy to come and meet us. Notify Iona that this is happening.

On a positive note, the FORUM did identify one pharmacy in Bridlington as being very responsive and that the pharmacist there is preferable to the GP. Not the Boots pharmacy, Lloyds or Alliance?

JB

Chase Deon and Jackie Matthews.

6. on minutes of previous meeting – Methadone Users, no reply yet received.



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### 5. Telephone Appointments and Triage:

Is working but taking time. Pointed out that GPs need to publicise the correct ways of doing things

PS reported that the system in Willerby and Anlaby works well, with 3 mornings having pop-in surgeries when it is guaranteed that you will see a doctor if you are in by 10.30 am. Alternatively they have 2 half hour slots when you may call for an appointment.

MA reported that Pocklington has a duty doctor who will call you back, chat and decide if an appointment is necessary.

There are many different systems in place in the Riding – they are businesses and are run as such. GPs are at liberty to set up as they want.

If you are unhappy with diagnosis over the phone, insist on an appointment.

### 6. New NHS Numbers:

New NHS numbers are being issued to replace the old ones. They are in the form of a ten digit purely numeric number rather than the alphanumeric number system previously used.

RM reported that the 999 emergency number may be replaced by a two number system which includes 111 as well as 999. 111 will be used for calls which did not constitute a vital emergency.

JB

Add to newsletter and put a link on the website.

### 7. GP Choice:

The proposed abolition of practice boundaries will mean that the general public may select their own practice regardless of its location. Felt that this was a logistical nightmare and that not all groups will be wanted by practices, some may be left in run down surgeries which doctors don't want. Rural and urban practices need to be treated differently. Could be possible to have more than one GP, one at home and one at work for instance. Better to have pop-in centres which treat you regardless of the practice with whom you are registered. Free access to these centres would benefit all. Only a small number of disillusioned patients may be the only ones to switch.

JF

To feedback the views of the group to the Trust as part of the consultation to 30 March Quarterly Meeting.

Vote carried out within group to assess views: 6 against and 1 for – group not in favour of practice boundaries being removed.

You are at liberty to change your doctor if you are unhappy with them, as they too may ask you to leave. Not necessary to change the system – is this an urban issue?



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### 8. Market Weighton Surgery Visit:

The visit identified that there are 3 full time partners who are GPs as well as 1 part time GP who is a partner. Additionally there are 2 salaried full time GPs. The practice has 8500 patients to include neighbouring villages. Now one large single surgery rather than having surgeries in villages.

RM

To assist in increasing patient participation. Awaiting reply to documentation sent.

A new Health Centre is part of the plan for a large 350 home development in the town, early stages yet as still going through planning.

JF

Older People's Charter Monitoring Group – one of the doctors is very interested but can not make meetings on Monday mornings. She is actively involved with older people and feels that she can add a great deal to our group.

Raise at OPCMG meeting on 12 April 2010.

Transport to the new surgery may be an issue, when it is finished.

JB

Practice Manager has issues with Boot's Pharmacy in town.

Minutes of Pharmacy Management meeting to be distributed to group when they come in.

Pharmacy assessment is happening – this is the time to adjust and improve.

### 9. Issues Raised at FORUM:

A good event, which was very enjoyable. Raised a number of issues including:

- Appointments – mixed response
- 6 week wait for scan results – Driffield
- GPs do not flag up carers or disabled in their notes so can't support them
- DDA do not have access as per requirements
- Out of Hours – Locums
- Neighbourhood Care Teams – Bridlington and Goole pilot supported financially by the PCT. Beverley will be the next to be rolled out but the same amount of financial support will not be available so it is unlikely that we will see much of an improvement.

More notice would be liked next time please. PP reported that the short turn around was necessary in order to ensure that the newly formed Marketing and Membership group get an event out quickly. The next one is in June and notification will be distributed earlier, decisions will be made at the next M & M meeting in April. We need to attract more members to ensure that issues are communicated effectively. RM reported that this problem is a common one with other groups reporting very low numbers of the public at events facilitating communication.



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### 10. PALS:

Papers not yet received so carry forward to the next meeting.

RM fed back that her understanding of what was expected as a result of actions agreed at the Lead Group meeting for the 'filtering' of information was not the same as SO.

RM

Take to Lead Group meeting.

### 11. AOB:

JF found PP's report on St Nicholas Practice meeting very interesting. Practice Managers have been very defensive as they see nothing wrong. Practice doctors are excellent but problems are down to Joy Dawson, Practice Manager. Part of the problem may be that she isn't really aware of the issues as she is not situated within the working part of the practice. However, Joy will continue to meet with the Charter Group bi-monthly and PP will feedback to the group.

PP

Continue to keep group up-to-date with Charter Group findings.

RM suggested that GP actions from reports and Older People's Charter Group etc be extracted and fed to sub group. Asked JB if this was possible. JB indicated that she was not in a position to be able to agree to this and would report back to SO and RS for further discussion.

JB

Put request to SO and RS.

#### **Change to Group Proforma**

JB

#### **Terms of Reference to include Out of Hours Service as Priority 3.**

Amend Group Proforma.

### 12. Date of Next Meeting:

10 am Monday 19 April 2010 – Parish Centre Boardroom.

JB

10 am Monday 24 May 2010 – Parish Centre Boardroom.

Book venue and invite Paul Bennett.

Meeting closed at 11.40 am.