

GP Access Action Group Meeting Notes
Beverley Minster Parish Rooms
5th November 2009

Present:

Mavis Austin
Ruth Marsden
Joan Fletcher
Stuart Carr
Cea Vulliamy (note taker)

Apologies:

Jean Turner

1. Previous minutes

Minutes of previous meeting accepted as accurate.

Actions from previous minutes:

0845 Numbers – the Government is saying that calls to these numbers should not cost more than a normal landline call. Ruth asked the meeting what it wanted to do with this issue. Joan suggested we keep an eye on it. Ruth pointed out that there are also others ‘horizon-scanning’ on this issue, so we are sure to be kept informed.

Roland’s Report – Ruth felt this could be used along with Mavis’s work.

ACTION: Yellow document on Patient Participation Groups to be emailed to all GP surgeries along with a note saying “as you are aware, the ERYLINK is up and running since XXX Part of our work has been around GP access. We wish to draw to your attention this recent document from the DoH, and would welcome any comments you wish to make on how your practise is working towards meeting these standards’

Mavis’s reported that Pocklington surgery is not interested in patient participation groups. Ruth reported her own success in establishing such a group at her own practice. Ruth noted that this might be an opportunity to make a visit to Pocklington Surgery. Joan reported that Holme on Spalding Moor are interested too. Ruth said that the whole thing needs to be packaged and presented and signposted.

ACTION: Host to contact Ms Bernie Judge at Pocklington, David Graves at Market Weighton and the practise manager at Holme on Spalding Moor to ask for their availability for a meeting.

Ruth has discovered a system called DUET – something about doubtful outcomes about treatments undertaken – a mechanism by which people can record how treatments work – or don’t. She will forward further details (attached).

Joan reported on her attendance at the Patient Experience Meeting – Quintina Davis was particularly interested in the group’s work. Joan reported the consultation findings to the meeting and the Meeting are very keen to keep in contact, and seemed to be very pleased that this was a balanced report, not just full of negativity.

Cea reported Quintina has requested information from our consultation on a locality basis.

Brough surgery visit was cancelled due to Ruth's illness, but has been rearranged.

2. RNIB Document

Ruth shared her summary of some of the issues in this document and pointed out that some of the issues sit naturally with the GP Access group. The document draws attention to the huge and dreadful gaps in awareness of the needs of blind and partially sighted people.

Joan pointed out that this should be kept in mind when visits to practices are made. Ruth noted that Point 5 in the document said that few Primary Care Trusts or health boards contractually require service providers to promote equal access to health information for blind and partially sighted people – Ruth suggests that we should ask commissioners to have such a requirement within the contract. Ruth has got a commissioning structure from the NHS East Riding and Alexander Whittaker is the commissioner for vulnerable people (amongst other things).

ACTION: Host to draft an email to Alexandra, including the RNIB document as an attachment and asking what the commissioning cycle is for such contracts, and to request a meeting with her to take forward our concerns.

3. Commissioning of GP Services

Ruth stated that she feels so many of the concerns of the group are things that can only really be altered under the commissioning umbrella. GP contracts are described as 'clunky', Primary Care Trusts are spending more on trying to scrutinise contracts. Things are not meshing together locally and regionally – some services are commissioning by the Primary Care Trusts, some are practice-based commissioning. It seems there are 2 tiers – a regional one under the PCT, but at a local level, individual GPs are able to alter, manage or negotiate. The government is pushing practice-based commissioning. In the NHS East Riding, Kate Ireland is concerned with patient experience.

ACTION: Ruth will email her to raise concerns and ask her to help clarify the situation.

4. Any Other Business

Cea asked the group to have a look at some draft 'Terms of Reference' for the work of the GP Access Action Group as a matter of standard and good practice. Ruth expressed her dislike of the idea of producing such a document. Stuart felt that it could be helpful to those outside of the group who may be interested in its work, or interested in becoming involved. Joan felt that the title 'terms of reference' was misleading and that it should be simply a 'description of the group'. Cea reminded the meeting that producing some form of terms of reference for a group such as this is common practice and good practice to make clear the agenda that the group are working to. Some alterations were made to Cea's draft document – see attached.