

# Patient Participation Group

## Notes from the Meeting Held 16<sup>th</sup> May 2016

Present: PS, DH, DH2, NP, SG, ZT, CT

Mr Simon Guy (Business Manager), Dr Noreen Powell

Apologies: AK, PE

1. Welcome and introductions.
2. The notes from the previous meeting were agreed.
3. Matters Arising:  
Following discussions at the February meeting the April e-newsletter was circulated with an additional 600 email addresses making a total circulation of 1100. There were no negative comments from patients.

The “Sharing Patient Data” mailshot to around 200 patients had taken place several months ago and we were still receiving one or two replies from time to time. Secondary care colleagues have reported that they find it very useful to be able to see the additional information from GP systems.

The Northumberland Vanguard continues development work with an online patient survey and face-to-face street interviewing having taken place. There was a local workshop for Practices and other agencies to discuss possible future ways of working. As yet no definite proposals have been made. The Accountable Care Organisation will be hosted by a secondary care trust – therefore likely to be Northumbria, from April 2017. It will have a capitated budget, meaning that income will depend on the number of patients living in the county rather than the actual activity that goes into looking after them. This follows the capitated budget model in General Practice whereby we receive a set amount per patient regardless of the level of contact and use of our services. Apparently GP Practice contracts will still sit with NHS England and will not form part of the overall capitated budget.

4. Dementia Event 19<sup>th</sup> May  
A range of organisations are taking part with dementia friends sessions being held in the meeting room. The Alzheimers Society had tried to get publicity in advance of the event through the Hexham Courant, though only the online edition had taken up the news story. The Practice reported a dementia diagnosis rate of approximately 67%, meaning that one third of patients with dementia are going undiagnosed. This will be due to them not yet having formally been assessed at a memory clinic or more likely that they had not yet come forward to discuss their concerns. This could be in part due to the perceived concerns around being barred from driving for example. We are given to understand that our diagnosis rate compares favourably with other

Practices. Part of the aim of the event is to encourage patients and their relatives to think in the longer term about memory problems and feel more comfortable discussing them with ourselves or another organisation such as the Alzheimer's society. Another aim of the event is to get these organisations together and talking to each other.

5. Car Park

The recent increase in the all-day parking fee to £2.50 at the private car park on the other side of Corbridge Road appears to be behind a recent surge in demand for spaces on this site. Northumbria had previously removed the Parking Eye system and reverted to pay and display, setting the tariff low and with the offer of a free hot drink in response to demand following the introduction of free parking in the town. The Practice will be keen to ensure that the free 40 minute parking period is retained if at all possible.

6. Newsletter

The April e-newsletter has been printed with copies at reception. If patients wish to pursue a particular article that has an internet link then the reception staff will be able to help if required. The June newsletter will be due out in around 4 weeks and ideas for content were sought. At the moment we have details about the new hearing aid clinic than will be running monthly. This is run by Action on Hearing Loss and caters for people with NHS hearing aids that need new batteries or tubes. We will also provide feedback on the dementia event and Prostate cancer awareness (A volunteer from Prostate Cancer UK recently attended to talk to patients in the foyer). Suggestions for additional content were hayfever and travel health. Any other content suggestions will be gratefully received.

7. The NHS GP Forward View

This new publication from NHS England provides an overview of a plan to invest £2.4b into Primary Care services over the next 5 years. The plan itself is short of detail and much of the money appears to be for initiatives that we were already aware of or which may not even be relevant to our Practice. However the tone of the document was welcome in that it acknowledged the real and growing pressures on Primary Care and committed to reversing the trend of defunding Primary Care in favour of Secondary Care. Time will tell exactly what impacts we notice locally.

8. Practice NHS Contract

Like the majority of Practices in Northumberland we had moved to a Personal Medical Service (PMS) contract in 2001. At that time moving away from the General Medical Service (GMS) national contract was a progressive move and provided access to increased funding and more flexibility. However after several rounds of budget cuts our funding situation is now no different to GMS Practices. In addition GMS was itself modernised in 2004. The time is now right for us to revert to the security of a national contract and so we have opted to move back to GMS. It should be noted that patients will not notice any change in the services we provide as a result of the change of contract.

9. Online Medical Records

A brand new feature of our clinical system is the addition of a button that will enable the clinical team to prevent the patient from seeing a specific consultation should they be using Patient Access to view their medical records online. This is important because we are obliged to maintain confidentiality, not just of the patient but also of a “third party” who may have contributed to the medical record. So for example if a concerned relative disclosed medical information about the patient which was relevant to a treating clinician then this needs to be stored on the patient record but not accessible to them. With this new feature we will be able to start prospectively noting such consultations. Once we enable online viewing of free-text in consultations this will help to ensure that confidentiality is maintained. As yet we are still unable to offer online viewing of attachments (mainly incoming correspondence and letters from the Practice) for similar reasons.

10. There was no other business

Date of next meeting – August 2016