

**Morden Hall Medical Centre**

Patient Representation Group – 17<sup>th</sup> October 2013

Chaired by Steve Hartley

Item	Subject	Action
1.	Present: Dr Amir Akhtar, Dr Ravi Patel, Steve Hartley, Gillian Clarke, David John, Hyacinth Bell, John O'Brien, Maureen O'Brien, Jayanthani Hattiaratchi, Angela Kilkenny.	
2.	There was a ten minute session to allow the patient members to liaise with each other prior to the meeting proper starting.	
3.	<p>The minutes of the previous meeting were checked and agreed as an accurate record. The actions were reported on and Dr Akhtar said that a specialist company had visited the practice to investigate requirements and they were in the process currently of preparing quotes.</p> <p>Angela Kilkenny asked whether it was possible to log how many calls are lost by the telephone system. Steve said he would check. AK also asked whether the practice intended to adopt internet booking of appointments. SH replied that this had been discussed on previous occasions but the partners' position was that they felt it potentially unfair to people who did not have internet access.</p>	SH
4.	<p><u>Updates by Patient members</u></p> <p>David John updated the meeting on his campaign for parking permits for doctors, saying that he had had a letter from Clare Gerada and a meeting with local MP Stephen Hammond. He said that the MP had written to the council asking them to take a moral lead on the issue and grant free parking permits to doctors, although he had asked David not to go to the media at this stage until he had a reply from the council. Dr Patel expressed his thanks to David for his work on this matter to date.</p>	
5.	<p><u>Better Services Better Value / Partnership position on St Helier proposed closures.</u></p> <p>Dr Akhtar told the meeting that the practice had received several letters from patients asking for the practice position on the closure of A&amp;E and other departments at St Helier. As a result the partners had produced a response which had been sent to local MP Siobhan McDonagh and posted on the practice website. He explained that the partners believed that there would be a considerable shortfall in funding for the NHS in the coming years and that savings had to be found somehow. He added that he also believed that in terms of patient safety St Georges offered better outcomes for patients than St Helier.</p> <p>Dr Akhtar went on to explain that as part of the new NHS structure locally the practice was a member of the Merton CCG, and he felt confident that the doctors and nurses who held leading roles in the CCG were well placed to understand local needs and would make good decisions. Dr Patel said he felt that the closure of an A&amp;E department often led to the demise of the hospital, and he felt that St Helier would either close or reduce in significance in the years ahead.</p> <p>Dr Akhtar said that one of the doctors who held a senior role in the CCG, Dr Howard Freeman, had recently given a speech where he forecast a change in the nature of general practice, with practices federating to create larger entities which would be open for much of the week, with smaller practices becoming unsustainable. In response to a question he said that there were no longer any single-handed practices in Merton.</p> <p>SH spoke about CQC governance and its impact on GP practices. He explained that the CQC had begun to regulate GP practices since April this year and the practice had to ensure that it complied with their regulations on a range of things which generally covered safety and security of patients, both in terms of their presence in the practice and their clinical treatment, security of information, patient involvement in their treatment and several other issues. He said that CQC inspections would be made with 48 hours notice but the practice hadn't been inspected as yet.</p>	
6.	<p><u>HSCIC</u></p> <p>Steve explained that another item of information had recently been posted on the practice website and was accompanied by posters in the waiting room and leaflets to be handed out at reception. This related to a data extraction exercise by the Health and Social Care Information Centre (HSCIC), a body which was created by the Health and Social Care Act (2012) which was the Act which had led to the creation of the new NHS structure. Steve explained that the HSCIC had the legal power to extract patient data unless patients objected and they had indicated that they would begin extraction from this practice after 24<sup>th</sup> October. He said the data would mean that patients would be identifiable in the first phase of processing. In response to questions about the reasons for the extraction he said it looked likely to be about reducing cost as it appeared to be targeting referrals and prescriptions.</p>	

	<p>Gillian Clarke said that she would contact the local papers to help spread the message as SH has said that the practice had done its best to notify patients by the use of internet and posters etc but could not contact all 14,000 patients individually. Drs Akhtar and Patel said that they had not been in favour of sharing patient data and would support patients' right to withhold consent.</p>	
<p>7.</p>	<p><u>Access</u></p> <p>SH explained how the practice had used various methods to improve access to clinicians and explained in particular the triage system, which was henceforth to be referred to as telephone consultations as it was felt that patients often did not know what was meant by triage. Dr Patel said that the practice's own figures indicated that upwards of 80% of patients could be dealt with over the phone and this was often the patients' chosen method and meant that they could consult the doctor without taking time off work in many cases. SH said he hoped to be able to introduce a telephone message to be played to patients while they were in the telephone queue which would explain to them how the system worked. He also acknowledged that receptionist had not always explained the process very well. Dr Akhtar said that it was a different style of consultation to what doctors were used to and took some getting used to, and there was a safety aspect to it which doctors needed to consider, particularly the lack of eye contact and being able to assess patients visually.</p> <p>The patients present said they agreed that there were benefits to this method and felt that patients generally needed to be re-educated. The doctors explained that there were dedicated sessions for telephone consultations and all doctors took part in it, but on any given day the two duty doctors did the bulk of the work.</p>	
<p>8.</p>	<p>AOB:</p> <ul style="list-style-type: none"> <li>• Security in practice – Dr Akhtar told the members that there had been some security issues recently with youths loitering in the car park and said that the practice was considering installing gates and/or cameras.</li> <li>• One of the members asked if the air conditioning was ever used in reception. SH said that it was frequently used, but that the temperature had been dropping recently and so it was not always called for.</li> </ul>	
<p>9.</p>	<p>Next meeting –exact date TBA</p>	