

**DRS SHAMSEE, WARD, WILDING & ASSOCIATES**  
**Slaithwaite Health Centre**  
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**Minutes of Patient Participation Group Meeting**

**4<sup>th</sup> October 2012**

**Attendees:** Dr James Ward (GP Partner), Kelda Childs (Operational Manager), Brian Turner, Kevin Souter, Ann Middleton, Andrea Gregory, Christine Shepherd, Barbara Wood, Robert Bamforth, Vilma Oreniss, Clive Frost.

**Minutes of previous meeting**

The minutes of the last meeting on 5<sup>th</sup> July 2012 were unanimously approved.

**Matters arising**

With regard to text messaging, the practice shall be revisiting issues around obtaining up-to-date mobile telephone numbers.

**Practice Computer System**

The clinical computer system currently used at Oaklands, Holmfirth will not be supported as of next year. A decision is required as to which system Oaklands will migrate to and this, in turn, may lead to changes at Slaithwaite. Dr Ward expressed a preference for the same system to be deployed across both sites. This would be beneficial for the clinicians whose working week is shared across both surgeries. It would make the system much more efficient for both staff and patients. For example, 1 person could be dedicated to reviewing test results over both sites or there could be 1 telephone line to book appointments at both surgeries. The question was asked if patients could see a GP/Nurse of their choice at either of our 2 sites. Dr Ward explained that, at present, this is difficult due to compatibility of clinical systems, but that this may become a future possibility were the 2 sites to take up the same system.

**Patient Survey**

The practice must undertake a local practice survey at least once a year. The content and number of questions asked will be a matter for the practice and the Patient Group to agree. One idea would be to include a question regarding how patients feel about a potential shared computer system between Oaklands and Slaithwaite.

**Appointments**

Dr Ward and Dr Shutt were in discussion about the merits of introducing a half hour 'catch up' period into their surgeries. Dr Shutt has been trialling this for some time now and an audit has shown that this 'catch up' enables his appointments to run to time. Another idea for the patient survey would be to ascertain how much it bothers patients when a GP is running behind schedule. The question was asked whether it was appropriate for reception staff to inform patients when a GP is running significantly behind.

Dr Ward asked about the patient experience of appointment availability over the summer months. The response was very positive and patients agreed that availability had been maintained.

## **Reading material for the waiting room**

A new magazine rack has been installed below the TV. This is to be regularly replenished with a wide variety of reading material.

## **Turnover of staff**

Concerns were expressed over the apparent high turnover of clinical staff in recent months. Dr Wilding has taken an extended sabbatical. Dr Morton has left the practice to take up a partnership elsewhere. Dr Ward agreed it was paramount to try to stabilize the clinical staff base. Dr Nancarrow and Dr Kenogbon have now taken up short term positions at the surgery. Dr Ward, Dr Simcox, Dr Sambrook and Dr Shutt are permanent GPs and their position is unlikely to change. The general sentiment was that patients do not want to see Dr Wilding disappearing off the scene. A further idea for the patient survey would be to get patient thoughts on seeing the same GP or on seeing differing GPs.

## **Commissioning**

Dr Ward was asked to explain commissioning. In a nutshell he said it is all about where services are purchased from. The Greater Huddersfield Clinical Commissioning Group (GHCCG) defines commissioning as:

*'Securing the highest quality healthcare services to meet the identified needs of population within available resources'*.

Dr Ward went on to say that if someone had a sore knee, for example, they might be referred to orthopaedics and that this incurs a fee to the practice from the hospital. These fees would be the same at every hospital as they are nationally agreed tariffs. An alternate, cheaper option would be to refer the patient to a 'GP with a special interest clinic', such as those held at Moorfields Primary Care Centre. Commissioning is, therefore, about who we are going to buy services from in the future. It is about what services there are currently, what additional services are required and about how we will purchase them.

Dr Ward believes that most future services will, in all likelihood, continue to be provided by the NHS trust, but provision could come from anywhere. He explained the historical transition from fund holding GPs, to PCTs and now through to CCGs.

A suggestion to filter back to the GHCCG was to ensure greater integration of services, i.e. between GPs and educational services.

## **Locala**

Locala are a social enterprise service provider and were previously known as Kirklees Community Healthcare Services. They provide some primary health care services at Moorlands and also include the Health Visiting and District Nursing teams.

## **Open Share of Data**

Dr Ward was asked about the national programme for IT, where the aim was to create a fully integrated electronic care records system. The original objective was to ensure every NHS patient had an individual electronic care record which could be rapidly transmitted between different parts of the NHS. This would make accurate patient records available to NHS staff at all times. Dr Ward believed this proposal was now dead in the water and has proved beyond the capacity of the Department of Health to deliver.

### **QoF Results**

It was asked if it was possible to view, and discuss, the practice's QoF results at a future PPG meeting. Dr Ward agreed to this. One patient thought it was a great idea to pick up outstanding QoF, i.e. do asthma reviews, COPD reviews, at the flu clinics on a Saturday morning.

### **Date of next meeting**

TBA, but expected to be mid December. A draft patient survey will be unveiled for discussion.