

**MINUTES**  
**STOCKTON HEATH MEDICAL CENTRE**  
**PATIENT PARTICIPATION GROUP**  
**Wednesday 11 October 2017**  
**5.30pm – 6.30pm**

Present: Susan Scales- Barlow, Angela Fell, Kath Douglas-Furner, Joanne Price, Diane Bowers, Richard Utely, Dr Gemma Askey, Bernie Wilkinson, Karen Chriscoli

Apologies: Dave Lamb, Peter Whitehead, Laura Fargher, Dorothy Carter

The Practice welcomes 2 new GP's to the team following Dr Palmer's retirement.

Dr Dominic Anglin – 5 sessions a week

Dr Hemma Mistry – 4 sessions a week

The Practice continues to advertise for a further GP to join the team.

### Marie Ann Hunter CCG updates

*(apologies received from MarieAnn) Briefing presented by Karen*

#### Access

**Local Enhanced Service** – The CCG commission a Local Enhanced Service (LES) with all GP Practices in Warrington, and one of the quality standards which they have to report against in the LES is access. A target has been set for the number of patient contacts (with a GP, Nurse prescriber or clinical pharmacist) at 65 per 1,000 registered population.

**Capacity and Demand Software** - The CCG is in the process of procuring Capacity and Demand software for Practices, which will allow them to report against their access data more easily. They will have the ability to track trends in their activity and analyse their current capacity, enabling them to identify any potential bottlenecks which could impact upon their ability to deliver services for patients. It will also help with regards to planning for demand on a daily/weekly basis, taking current levels of staffing into consideration.

The CCG will be able to track the levels of activity and productivity across Primary Care, analysing the patterns and trends on how patients are accessing care and being consulted. This will enable the CCG to commission appropriate to patient needs and plan future workforce models against the supply and demand to enable timelier access.

#### Patient Survey

**Annual Survey Sample** – The National GP Patient Survey takes place annually and is sent out on a random sample basis, to adult patients who are registered with a GP in England. About 2 million adult patients registered with a GP in England were sent surveys this year. Although it may only be a small sample at individual Practice level, the data is weighted by age and gender, so that results resemble the eligible registered list population of each practice and CCG.

**Annual Quality Visits** – The findings from patient survey have been reviewed by the CCGs Quality Team and will feed into a larger piece of work, focusing on Primary Care quality. There are plans to establish an annual schedule of quality visits to each

Practice, focusing upon the areas of quality highlighted in the patient survey and Warrington Local Enhanced Service.

### **Cluster Maturity Model**

***Maturity Model*** – A model based on 5 developmental steps has been produced to help guide Clusters through the processes required to achieve fully collaborative Clusters, whereby Health and Social Care teams are fully integrated to deliver planned pathways of care for patients, bringing care closer to home.



Stepped Maturity  
Model V5 FINAL.docx

***PPG Maturity Model*** – Following discussions with the PPG Network, a maturity model has been produced for PPGs to help align them with the model that Primary Care is working to. This was presented at the last PPG Network meeting in September and is currently out for comments/review.



Draft Stepped  
Maturity Model for PP

***PPG Network*** – The PPG Network which runs on a bi-monthly basis, facilitated by Katie Horan (CCG Engagement Manager) is open to all PPG members and can add value in a number of ways. It is a means of keeping up to date with what is happening in the CCG and in other PPGs, providing a forum to share good practice and new ideas. The Network also provides the opportunity to support the CCG around the new models of care, particularly the Maturity Model.

## **Self Care**

**3. PPG network briefing** – request from Warrington CCG to circulate the information below:

**Self-care consultation - what should we prescribe in Warrington?**

This is the second phase of our work reviewing what other medicines should be bought over the counter, rather than certain medicines being prescribed. The first phase took place in 2015

We believe medicines included in the second phase of the consultation shouldn't be prescribed because:

- they are easily accessible to buy over the counter

- there is limited evidence of clinical benefit or cost effectiveness

- or there is no clinical need for treatment

We are undertaking a formal 12 week consultation on the proposal of 'other than exceptional circumstance, medicines for minor health problems should be bought over the counter by patients **INSTEAD** of

these medicines (outlined below) being routinely prescribed by GPs or other health care professionals in Warrington'

- The medicines being considered under phase two of the project are:

**Medicines that can be purchased over-the-counter for the treatment of minor or short-term conditions:**

- Pain relief cream/ointment for short-term use
- Oral antihistamines for hay fever
- Decongestant nasal sprays and tablets
- Teething gels
- Vaginal moisturisers (for example lubricant gels and creams)
- Warts and verrucae paints
- Heparinoid gel/cream
- Antiperspirants
- Antifungal treatments (for example for athlete's foot)
- Treatments for bites and stings
- Treatments for cold sores
- Antibacterial eye drops
- Treatment for diarrhoea
- Head lice treatments
- Treatments for infant colic
- Creams/ointments for nappy rash
- Threadworm treatments
- Vaginal thrush
- Haemorrhoids treatment

**Medicines with limited clinical or cost-effectiveness:**

- Cough preparations
- Eye care products (for example blepharitis wipes)
- Probiotics

**Medicines used for conditions where there may be no clinical need to treat:**

- Treatments for mild acne
- Dandruff and cradle cap treatments
- Baby milks (unless a clinical need for a specialist milk)

There are some exclusions as some medicines are only available in certain circumstances. For example, some medicines may not be suitable for children under two years of age. If you explain your circumstances to your local pharmacist, they will be able to offer further advice. If you are worried about your symptoms and you haven't seen

an improvement after self-care at home, your GP practice is the right place to contact.

As part of the consultation we need your views on the proposals and to understand the impact they may have on you and the public.

To hear what you think about the proposals you have a variety of opportunities to give your feedback:

- Online - by filling in the online survey by visiting <https://www.surveymonkey.co.uk/r/SelfCarePhase2>

**- Coming along to our public event to hear more about the proposals and to give your feedback on Thursday 9th November 10am, at The Gateway, 89 Sankey Street, Warrington.**

If people do not have access to the internet or need this leaflet in any other format, please contact the Engagement and Communications Team on 01925 843 745.

## Patient Access to Records

Discussion led by Dr Askey – Patients can currently have electronic access to their Coded Medical Record via Patient Access which gives details of Medication, Problems, Allergies, Results, Consultations.

The Practice is investigating giving patient further access to free text and documents.

Dr Askey has spoken to a Practice that embraced this a few years ago; The positives:

- More empowered patients – who can view the agreed plan of action. Often patients will only retain 40% of what is discussed during a consultation. Being able to view the documented details helps patients to understand/remember what has been discussed. Helps to build trust in the patient/GP/Nurse relationship.
- Patients can review hospital letters and then focus on the one area they need explaining. Example – a patient with mental health didn't feel that she was benefiting from seeing Psychiatry, didn't think that they were listening – upon reading the 6 page letter, she could see that they had been listening and could also view the plan that had been put in place.

Concerns:

- Would there be an increase in calls from patients not understanding clinical terms? There are links to recommended health websites patient.co.uk and nhs choices. We can also provide patient leaflets explaining about how results are interpreted.
- Confidentiality breach? Access to third party information/Safeguarding issues/external agencies that have been raised – Karen to discuss with Information Governance team.

- Practice need to contact hospitals to advise that we will be giving patients' access to documentation - shouldn't be a problem as many hospitals are now sending copies of clinic letters to patients.

## Feedback from Peter Whitehead- PPG

*At the PPG meeting earlier this year Dr McCarthy attended and gave us some information on potential problems with giving patients access to their medical records. After the meeting Karen gave me access to part of my record, to examine and comment on. More recently Karen gave me access to the documents section of my record but only from 2<sup>nd</sup> January 2017.*

*On September 11<sup>th</sup> this year I circulated an article from the Daily Telegraph reporting that Jeremy Hunt had pledged to make medical records available to patients, on an app, by the end of 2018. Personally I doubt that his timetable will be achievable in all practices but believe that it will happen eventually. Patient Access is available as an App so Stockton Heath Medical Centre already has this facility.*

### **1. ITEMS FOR CONSIDERATION**

- The process should be secure and it should be made clear, at the time of registering for access, that it is the patient's responsibility to ensure that any data they access should remain private to them. **New patient form being drafted.***
- How can data, which a patient may find worrying or even offensive, be excluded? **If GP thinks patient may find the information worrying, this will be discussed before access is granted.***
- Are there any cost implications to granting access.. If so what are they and how can they be minimised? **No***
- Is access via the Patient Access website only?*
- What about patients with no computer access? **Patients can request to view records or for copies of records but there may be a fee.***
- Will granting access create a great many questions from patients who do not understand the medical terminology used? **Can this be minimised by advising them to search on line for answers? [Links to Patient.co.uk](http://Patient.co.uk) and [NHS Choices](http://NHS Choices).***
- It should be made clear that terminology cannot be altered retrospectively but that any significant errors can be corrected. A process to correct errors should be in place. – **New patient information leaflets are being drafted.***

*Peter Whitehead  
09.10.17*

Patient Booking-in screen currently out of use, the Practice is under discussion to replace and awaiting further satisfactory quote.

**Date for next meeting Wednesday 10<sup>th</sup> January 2018 @ 5.30pm**

