

Thaxted Surgery – Patient Participation Group

Minutes of meeting – 7 June 2018

Present: Jo Curtis; Lowie Bingham; Pamela Gale; Dianne Claxton; Margaret Legg; Sheilah Rengert; Chris Rengert; Sue Bosh; Diane Drury; Joan Greenfield; Carol Skelton; Michael Delahooke; Sara Carruthers; Wendy Grafton

Apologies: Sheila Roberts; Jill Russell; Joan Gray; Harry Ellis; Maxine Banks.

Data Privacy Notice

The group reviewed the surgery's new Patient Data Privacy Notice. This is required under the General Data Protection Regulations (GDPR) effective from May 24 2018.

- Overall, the group agreed that the notice is comprehensive, reasonable and supportable from patients' perspectives, but recommended some clarifications, including:
 - Explicitly state role of data controller
 - Add that DNAd ("did not attend") and cancelled appointments are part of medical record
 - Clarify what happens to medical records when patients leave the surgery
 - Clarify how long records are kept at death
- The group discussed use of e-mail and text for patient newsletters and other bulk communications (e.g. raffles). New patients joining the surgery will be explicitly asked to opt in as part of the registration process. However, existing patients may not have explicitly consented. The group agreed that existing patients have had the opportunity to opt out, and that therefore it is reasonable that we continue to use these communication channels. Our next e-mail newsletter should include a copy of the Data Privacy Agreement to reinforce this.

Test results

The surgery's practice of receptionists giving out test results was raised as an area of concern for some PPG members. Specifically:

- There can be a lack of privacy in telling patients their test results in the reception area.
- Some patients would expect that their results were communicated by a clinician, not a receptionist.

We agreed to come back to this topic at a future meeting. Sara to present draft revised protocol, including:

- Understanding which issues will be solved by the new building and which will remain
- A clear statement that our practice is for doctors and nurses to contact the patient themselves where test results are of concern and need urgent action.

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- Clarification of the script that receptionists are to use when they give patients test results. It should include:
 - stating that the doctor has reviewed the results and that the message given to the patient is as written by the doctor – the receptionist is not qualified as a clinician.
 - an opportunity to ask for a doctor or nurse to call with any clarifications if needed
- Opportunity for using on-line access such that patients get their own test results, and for providing results on paper rather than verbally over the desk

Models for e-consulting and triage

West Essex CCG are currently looking to invest in e-consulting for surgeries, and are seeking patient views about needs and opportunities. Wendy Grafton, who is leading the project presented to the PPG.

Thaxted already uses Patient Access – this is an online system originally provided by EMIS, who provide our clinical systems. It is very well integrated and provides on-line appointment booking, repeat prescriptions and access to medical records. 52% of repeat prescriptions are ordered this way.

There are however, also some newer systems on the market, including Engage Consult (Wiggly Amps), Substrakt, and iPlato. Wendy talked about Engage Consult, and Substrakt as examples in particular. The patient participation group noted that:

- Engage Consult asks patients a lot of questions before getting to book an appointment. This might be helpful to some patients who just want reassurance and guidance, but could be off-putting to patients who really need an appointment. PPG members were nervous that it was a bit like going through 111 questions online.
- iPlato books the appointment first and asks questions later. The answers to the questions go through to the surgery, and can help to give the GP useful information prior to the consultation itself.
- None of the systems provide telehealth (e.g. collection of home BP readings/temperature etc.) This could be helpful.
- Substrakt provides self-help guides for long-term conditions, which would be an addition to what we already provide through Patient Access.
- Some systems allow video consultation. The PPG discussed the difficulties of taking readings and doing examinations that this would present. Face to face is clearly better – but video may have a place for patients where face to face really is not feasible.

Overall, the group felt that the systems didn't offer a great deal beyond what is already available on Patient Access, and tended to be more off putting. However,

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they did recognise that there may be other groups of patients – younger people and people who work away - whose needs might be better served by these models. We need to find ways to reach out to these patients. Agreed we will campaign again for some younger members to join the PPG and broaden representation.

Email and phone access to GPs

The PPG discussed the issues that patients experience when they feel that a quick phone call or exchange of messages would help, rather than a booking a consultation.

Sara expressed that phone calls and e-mails can very quickly eat into GP time. GPs are consulting from 8.30am up to 12.30am, and again from 3.30pm to 6pm. Patient visits, test results, discharges, correspondence from hospitals and referrals all have to happen in the rest of the time. Calling patients and answering e-mails add additional pressure, and GPs perception is often that a call or e-mail is no quicker than a consultation, and less thorough.

Nevertheless, there are some matters that are more administrative. Reception do take messages from patients and forward to GPs, who then can either ask reception to call the patient in, send a message back via reception, or call the patient themselves. Similarly, the surgery does have a central e-mail address – WECCG. ThaxtedSurgery@nhs.net for messages of an administrative nature. This is manned by the medical secretaries who will can raise matters with clinicians if appropriate. Again, the clinician has the choice of asking the secretaries to call the patient in, sending a message back, or telephoning the patient.

The Patient Participation group asked that the surgery publicise this more. Agreed that we should do this.

Fund Raising Update

- The patient participation group ratified Keith Isgar and Sheila Rengert as the new joint chairs for the fund raising group, and extended their thanks to Harry Ellis.
- Noted we will need to change signatories of bank account.
- Summer raffle is set to take place with tickets on sale from June 11, and draw on June 23rd
- Fluathon is planned to take place in the day centre this year (because of building works), and will include Tombola and coffee as fund raiser.
- A patient has volunteered to raise money for Thaxted Surgery by running a marathon. Agreed this was an offer we would gratefully accept.
- Reported that the fund raising group is just beginning to plan a major event for next year to coincide with completion of building – a sponsored walk.

Premises Extension Update

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Prime contractor has been agreed and we are in the process of finalising contracts. Building is scheduled to start in August.

The Parish Council has been very proactive in identifying and offering an area by Jubilee Gardens both for use of site office while building in progress and for potential long-term parking for the surgery staff. This is being negotiated at the moment.

Date of Next Meeting

- Thursday 4 October 2018 – 10am