



## TRINITY MEDICAL CENTRE PATIENT REFERENCE GROUP

11 September 2012

**Present:**

Keith Ratcliff  
Vera Skipper  
Dorothy Robertson  
Bob Wilson  
Margaret Weaver  
Carol Craggs  
Sue Barnes

**Apologies:**

Brian Richardson  
Dorothy Richardson  
Robert Pollock  
Ann Foster

**1. Minutes of Last Meeting**

Minutes of the last meeting were reviewed and there were not other matters arising apart from what has been identified on the agenda

**Matters Arising**

**(a) Priorities**

Margaret had pulled together what she felt were the outcomes of the discussions from the previous meeting. It was agreed that information covered a whole wide area and this generated a great deal of discussion. It was wondered if patients were really interested in getting any information and suggested that perhaps we should be asking patients what information they would like. It was also noted that the hardest part was getting information out to patients who do not come into the surgery. Was the web page useful? After a healthy debate it was agreed that we had to decide what information was important that patients needed to know.

It was agreed that the priorities listed for 2012 were a good start.

Keeping patients informed of the STCCG: All priorities within that section were agreed

Quarterly Newsletter: Agreed all priorities were good and that we should include “to send this out to patients with an email address”. Carol advised that we are still collecting these but it is very slow. Margaret mentioned that we should be looking at the Christmas Newsletter and she would need to send this out for review rather than wait for the next meeting which would be too late.

Continue to develop the web: agreed this was necessary and that the newsletters should also be uploaded on the web.

**(b) Patient Survey**

Bob commented that he found the national one to be very good. The questions were short and although there were a lot of pages it was easy to complete. Bob also commented that he felt the responses were very good with little to improve on. Margaret agreed and to this end had tried to pull out the couple of questions that were scored lower.

Our patient survey for September on the GP consultation was thought to be very good with appropriate questions and all on one page which made it easy to complete. After some discussion it was agreed that we should do 20 per GP to commence asap. Margaret agreed to notify the GPs of this and commence.

**Summary Care Record**

Carol had agreed to audit this to find out if the patients who refuse to have their data uploaded really understood what they were opting out to. Carol contacted 8 patients who had refused to have their records uploaded. 1 patient admitted she didn't really know what she was objecting to and further admitted that she had not only opted herself out but her husband and son. Three didn't know that they were opting out. One definitely know and wanted to opt out and one didn't want any of her information shared with anyone whatsoever. Carol advised that anyone opting out can opt back in at any time and vice versa.

**2. Commissioning news update**

**South Tyneside Referral Improvement Scheme**

Margaret explained that the aim of this is to improve the quality of referrals from primary to secondary care. This is an ongoing process and GPs have to review their referrals to see if they were appropriate – Could something have been done in primary care or other form of treatment before referral was considered.

There are three elements to this

**Evidence Based Medicine** – supporting GPs in increase their clinical knowledge in the three specialities

**SDM** – Training to help GPs develop skills and expertise to discuss with patients treatment options available, along with the evidence for their benefits and risks, to come to a decision together about management

**Feedback** - Information given to GPs regarding their referrals

At the moment practices have been given a “fair share” budget allocation in which to work within on 3 speciality of referrals

Orthopaedics  
Surgery  
Gynaecology

Margaret explained in further depth regarding the shared decision making and how the GP had to go through all the options and the statistics of success and risks. Margaret handed out copies of one of the tools the GPs has to use regarding carpal tunnel. There followed a lot of discussion regarding this and it was felt that patients prefer for the GP to tell them what they feel is best. Bob wondered if patients should be able to opt out of anything like this. The general consensus was that this was not necessary and they were happy with the amount of information the doctors have been giving and it all seems a waste of time.

In order to measure this, patients are given an exit questionnaire to complete and Margaret handed out a copy of this questionnaire.

### **New Pathway Redesigns**

Last year there were three new pathways

#### **Carpal Tunnel**

GPs to encourage patients to use a wrist splint first for 6 weeks and then if no improvement then they are referred to MSKCATS for management before referral to secondary care for surgery. Margaret did point out that this was in direct conflict with the shared decision making where patients can now request surgery straight away.

#### **ENT Microsuction Service**

This is GP led service at Farnham Medical Centre to avoid referrals to ENT in secondary care. Anyone with certain ear problems will not go to hospital now but to Farnham Medical Centre – Sue said that this was a very good service.

#### **Dermatology**

Community which is held at Cleadon Park is a clinic to avoid secondary care referral for the following:

- Low risk basal cell carcinomas
- Rashes of diagnostic uncertainty
- Lesions of diagnostic uncertainty (no-2 week wait pathway) including:
- Acne:

Sue felt this was much needed as the waiting list was so long at the hospital.

Pathways for this year are still being designed but these may include:

- Incontinence management in community care setting
- Cellulites
- End of Life/Palliative Care
- A&E – doctor

Bob mentioned that someone at A&E were doing a survey on why patients were attending during surgery hours.

In addition to all this GPs are asked to review and manage the following

- Patients diagnosed with AF and on medication
- Radiology requests – were they of any benefit to the consultation
- Gastroenterology ????

## **Nursing Homes**

Each practice is allocated a Residential/Nursing home and all patients registered will receive

- Fortnightly ward round visit from the GP
- Medication review
- Care Plans
- Concerns
- Review any A&E attendances

Each practice to provide structured annual reviews for all patients registered in all homes.

Margaret advised that Trinity Medical Centre were now looking after Garden Hill which was a lovely new purpose built nursing home with 40 beds.

### **3. South Tyneside Clinical Commissioning Patient Reference Group**

Bob advised that he had spoken to Helen and informed him there were currently 13 practices members with 19 people attending – some question if this was more than one person per practice.

It was agreed that Bob will represent Trinity and that Margaret will put his name forward to Helen.

Margaret had asked Helen if we could receive the minutes and if they could coordinate the content of the group with ours or vice versa so that we deal with the same issues topics etc. Helen thought this to be a good idea and will take this forward.

### **4. A&E Attendances**

Carol advised that the Practice has to look at three areas of A&E attendances –

- Children under 16
- Frequent flyers
- Over 65's with co-morbidities

We look at patients in these areas who have attended A&E during surgery hours. We then discuss them at Practice Meetings. Children under 16 are the main attenders at A&E. We, as a practice think this is because the Paediatric Department there provide such a good service. In February we were asked to audit 26 patients who attended A&E during surgery hours of the 26 patients audited:

#### **Recurring Themes**

All of the 10 children seen in A&E were then discharged to the care of the GP. Some had been given prescriptions for antibiotics. It seems that parents are using the Paediatric A&E Department instead of coming to the Surgery.

The Practice will have a proactive educational campaign within the Surgery. This will include posters.

Stats January to August 2012

JANUARY	-	144
FEBRUARY	-	173
MARCH	-	195
APRIL	-	152
MAY	-	163
JUNE	-	149
JULY	-	154
AUGUST	-	165

**5. Members Issues**

(a) Ann Foster had received a questionnaire from Health Watch and did not know what it was or why she had received it. Bob said that it was a random selection from the electoral roll.

(b) Margaret gave details of the next Local Engagement Board AGM. Bob advised that he would be attending.

**6. Date of next meeting** is 6 December 2012