

MINUTES OF AMBER VALLEY HEALTH MEETING

THURSDAY 20 SEPTEMBER 2018

PRESENT – Marion, Yolanda, Simon, Amanda, Carol, Justine, Nic, Anne, Jane, Julie, Suki, Charmagne, Ian Lawrence

APOLOGIES – Cheryl, Lynne

Extended hours – SLA was handed to Marion by Julie.

X-ray Department at Ripley (Trishia) had contacted Charmagne to inform her that they will only send results back to the GP who signed the form. We are stamping forms with the surgery stamp and they should be going back to the relevant practice. Her comments are surprising as it seems to work in other hubs and there are occasions when locum GPs sign forms on the Practices behalf. Charmagne informed her of our agreed procedure and gave a list of practices represented by the hub. Hopefully it will not be a problem, but if practices have any forms rejected this needs to be fed back as soon as possible.

One of the GPs attending the hub the previous evening had problems printing prescriptions in an EMIS system. Carol had been into the hub earlier in the day to test all of the smartcards specifically to make sure they would print prescriptions in EMIS and had not encountered any problems. The GP had mistakenly tried to send the script via EPS in the first instance so this may have affected things. As a result the patient's surgery had to be tasked to do the script the following day.

It was acknowledged that there have been inevitable 'teething problems' and there are issues that come up that really need to be disseminated to groups of staff promptly to ensure that we are all working consistently. For instance the receptionists need to switch on the mobile phones as soon as they arrive in case a manager or GP needs to contact them. GPs that are used to working a certain way who are working around the AVH rules need to be prompted. It would be useful to have a system whereby bullet points can be circulated to all concerned promptly.

Carol has been collecting feedback both from all staff and patients working in the hub during her visits;

There is no contact number for staff to ring in to inform if they are running late or not able to attend - in future staff will be texted to remind them of their shift and will have the mobile number to respond.

There is no contact number for patients to inform of running late or DNA – this was a conscious decision made by the directors to ensure that patients had no avenue to call in or text for other matters. They can ring their own practice during working hours (although they may not be aware of this – perhaps receptionists should inform them on booking). Otherwise their appointment cannot be filled anyway so there is no benefit in them

contacting us to DNA. We may look at sending reminders out (whilst also blocking the number) in future.

Anne commented that as a result of bringing the start date forward the IT was arranged at the last minute and there have been some problems. In addition there was no opportunity for training. From her experience in the hub it is difficult to work around the IT and deal with patients in the time available. It is intended to send the handbooks out in advance to new staff before they arrive at the hub so that they can review procedures in advance.

Marion commented that despite all of the 'teething problems' the hub has worked well with very good feedback from patients, support clinicians and patients. The positives outweigh the negatives. All agreed. GPs from outside the nine practices have already started expressing an interest in working with us and new receptionists are joining in October.

Julie reported issues with rooms mainly because of IT issues which are hopefully sorted now.

Carol reported other common themes that she has picked up:-

Referrals/ultrasounds should be tasked to practices to arrange. This is not always happening.

There has been conflicting advice around samples and whether they could be left from Friday onwards for collection on Monday. It had been confirmed with the microbiology lab at Derby that all samples would save until Monday, including urine, swabs, cytology, etc. The only confusion was around which samples needed refrigerating and which should be left at room temperature. Members of the microbiology team had given conflicting information and it may be useful for this to be clarified, but all samples will wait until Monday in either the sample box or fridge. It would be useful to have a protocol.

Action – feedback to Cheryl

If a clinician calls an ambulance and it has not arrived by closing who is responsible for staying? It was agreed that the GP is responsible to stay with the patient. However, there may be issues around locking up. Julie would probably have to be contacted in such cases. She has a Whatsapp group for the keyholders..

Are notifications of admissions being sent to the patients GP – no need as we will be informed in the usual way.

Practices are emailing Cheryl with smear forms, but what happens if she is on leave? - hub needs to have an NHS net email address. This is on Cheryl's list of actions and will be dealt with in due course. Carol reported that receptionists had had difficulty in locating the forms recently (although they did find them in the end). Justine has had issues around setting up Open Exeter access for all of the Practices to enable forms to be printed off by the nurses at the hub, but she will revisit this. This would make the process easier.

Action – Cheryl/Justine.

It was acknowledged that both the receptionist and clinicians handbooks need to be updated to ensure that relevant information is added now that the hub is up and running. Cheryl and Nic will be working on this over the next week.

Action – Cheryl/Nic

Anne will be doing three monthly audits on data quality and feeding back to the clinical staff. This is to ensure that the standards we have set for entering data are met.

Managers will not be routinely attending the hub in October. There will be an individual manager on call for all shifts. They may be required to go in to the hub to induct new starters.

It is hoped that from November onwards every shift will have a nurse and HCA. Less GPs will then be required to cover. The HCA will do health checks. Practices should arrange the bloods and receptionists only book into the hub clinics once the results are available.

Practices have been instructed not to book into each other's appointments. This was agreed by the Directors for various reasons; switching from SystmOne to EMIS is very time consuming (Cheryl had tried to keep EMIS patients grouped together to make it easier). GPs are finding it time consuming to get used to the IT (DNAs give much valued catch up time currently). Late availability is useful for practices (particularly in Heanor patients are more willing to attend the hub for acute issues when their surgery's appointments are full). In addition we need to ensure that patients and staff in all of the areas have an equitable opportunity for an appointment and allow patients and staff the time to book in. Not only will everyone have their own share of appointments, but it will also be helpful when reviewing the appointments to pick up issues and trends.

The need to advertise was stressed and Charmagne handed out copies of leaflets to the Practices. All practices have information on their reception screens. Patients need to be educated that this is an extension of our in hours service rather than an out of hours service, but this may take some time.

Despite all of the minor issues all agreed that the hub is running efficiently and providing our patients with valuable additional appointments. Ian commented that from his point of view it is running far more smoothly than in Hardwick.

Wound care – from 1 October Ivy Grove, Somercotes, Alfreton, Crich and Jessop have given notice that they will no longer be providing complex wound care to their patients. Ian acknowledged that it has been an ongoing issue and despite assurances has not been sorted over several years. It is unfortunately that it has reached a head at a time when lots of money is coming out of the community contract. He spoke about the issues around funding, but also acknowledged that if we carry on as we are the CCG will just let us get on with it on the assumption that there isn't any problem after all.

Ian is keen to ensure that with resources shrinking and practice workload increasing we do not develop in fighting between practice and community services. We need to work together in not only putting pressure on the CCG, but also developing ways to work more effectively and efficiently and to put a stop to for 'tit for tat' attitudes.

There was further discussion around the various issues practices have with wound care in general. It was also noted that the waiting time for doppler has increased to two months and in the meantime practices are having to manage the patients. More practices will inevitably be forced to serve notice as a result.

Justine asked what practically happens to patients if we stop providing the service for complex wound care and was informed that they will be directed to MIU or A&E. DCHS run the MIUs and one of Ian's concerns is that staff are not appropriately trained. However, they will have to address this issue by arranging relevant wound care clinics or ensuring that staff with the appropriate expertise are brought in. There are others initiative around prevention, education, self-care and other constructive work that could be done together to improve the services.

Next steps will be for Ian to arrange for the Integrated Team General Manager (Jo Sills), relevant leads and nurses to meet with practices nurses to look at ways forward. Our AVH group would be a good place to start. It was pointed out that a recent group in Heanor of DNs and PNs met on one or two occasions, but the meetings have 'fizzled out' due to staff changes. It needs to be ensured that this does not happen by relevant staff driving it forward.

It was agreed that Practices need to inform the CCG of their issues and intentions around wound care. Clive Newman, Stephen Lloyd and Kate Brown would be suitable contacts.

Action – Ian/Practices.

DATE AND TIME OF NEXT MEETING

Thursday 25th October (moved from third Thursday because of Place meeting requiring all directors), 1.15 pm.