Harford Health Centre
Minutes of Patient Forum Meeting
Monday 23rd April 2012

Present:

From Harford Health Centre:

Dr. Tai Okun
Dr. Shahtab Chowdhury
Kobir Ahmed
Claris Quartey-Papafio
Ellen Quartey-Papafio

Patient representatives:

Monsur Ali
Sylvia King
Joseph King
Vera Hullyer
David Pack
Terry Scaddon
John Rymell
Farzana Ali
Abdullah Al Azuued
Shahanur Khan
Faruk Ahmed
Harun Roshid

Introductions
Each person present introduced themself.

1. New Premises – Dr. Tai Okun

Dr. Tai Okun welcomed all to the group. This is the first Patient Forum in the new premises. He gave a brief background of the context for the meeting.

Dr. Okun joined the Practice in 2000. Meetings had been going on a few years before he joined about the gas works site being used by the Practice. "So here we are in beautiful premises", he said. New Deal for Communities came online to help and the Ocean. This was partly because the London Borough of Tower Hamlets had been flagged up as a very deprived area. Only Newcastle in the whole country was deemed to be more deprived.

The government started looking at ways to see how to improve the area. They were considering bringing in opportunities for employment, cutting down crime such that this would be an area people would choose to want to live and work in.

What people wanted was a coordinated Health Centre. At the time, we had:
Biscay House
45 Ben Johnson Road
47 Ben Johnson Road
These made up Stepney Green Health Centre.

In 2004, with moving to 79 Ben Johnson Road, Stepney Green Health Centre became Stepney Health Centre. Shada was also on the premises so that it could serve the Practice.

Unfortunately between the drawing up of plans for a move from Stepney Health Centre to new premises and the final plan, the economic crisis hit the country.

<u>Plans had been originally made for:</u>
Health visitors;
Councillors could operate from here;
Dedicated student doctors (both undergraduates and G.P.s undertaking studies);
The room upstairs which had been available, we were informed was no longer available;
Those upstairs who were going to use the space are now trying to back out of the agreement.

<u>The current situation</u>
We have close to 10,000 patients.
We are the only Practice in the district which have not got district nurses and health visitors.
The midwives only come for Clinics.
- there is no place for them to keep their things
- they have to carry so much

Pharmacy – within one month they will be on site.

Question: Will we have an optician's? – it is possible – we do use their services a lot. It would not be too much to imagine. We know which ones are best, but for impartiality we can not tell patients. We will be able to influence high quality care if we actually had one on the premises.
Dr. Okun: We have been working towards new premises since 1955. Originally Dr. Redstone said we were going over to Lifra Hall but even that they did not manage to secure.

Question: Do the 10,000 patient not automatically qualify us to have a purpose-built Health Centre? Lifra Hall has now been demolished. Barkingtide in comparison has all the facilities. If we are similar, we have a right to also ask.
Dr. Okun: If we find a place, the Department of Health will pay for it.

Dr. Chowdhury: The people who own the developments are East Thames Properties. As Dr. Okun said, there are 10,000 patients. The development was going to be bigger but it has been cut and cut and changed, but there are severe limits on capacity. We now only have the ground floor. There is space upstairs but no one has been assigned to it.
Dr. Okun: The patients did a petition and asked the Council before the PCT confirmed that Stepney Health Centre was moving across to Harford Street.
The PCT say they do not have funding for anything additional to what we currently have.

Question: Are the other services on the premises franchises?
Dr. Okun: We share facilities with those who independent bidders. An optician's was not on offer – what we have is what was available. The Stepney Health Centre was on the ground so we sat in on the commissioning board.
Patient: nearly 2000 people signed a petition
Patient: There was a proposal for a bigger surgery.
It was originally going to be 70% private and 30% social housing *****
As far as he remembers, the Council said they would not give a single penny to a new surgery. They said only about 20 children would live there. He said there were likely to be more like 200 children. He said it would accommodate a big community centre. He believes that everything is already done on paper and that it is not too late, unless we work together.
Dr. Okun: There is still time and an opportunity to make a difference. We have not signed any leave. He has not seen any head lease.
Patient: We could write to independent operators and put a suggestion to them about coming here.
Patient 1: For years we were campaigning
Patient 2: Things have changed now
Patient 1: People pay little for what they get out in terms of providing services.
There are not enough doctors.
If the councilors see that the people are very quiet, they will not do anything. He believes we are not strong enough. But if the Surgery has not signed a lease then maybe we can do something.
Dr. Chowdhury: There are clinical capacity issues – doctors, clinical psychologists. The surgery has it's issues about what it would like to see and the patients also have issues such as
Opticians and
Chiropodists
Patient: District nurses – she personally thinks a District Nurse request has a strong case.
The premises are not enough – from our experience.

Question: Is there a greater need
Dr. Chowdhury: He expects patients will be about 13,400.
Question: Was that planned for
Dr. Chowdhury: Yes

Question: Is there a limit set by the PCT of how many patients you can have
Dr. Okun: The PCT has to provide for the population as it is. It does not limit the number of patients. It may open another site if necessary.
There are 4,800 per G.P.
Some G.P.s have a closed list because they can not take more. (Patient: although in some areas, G.P.s have to take people on.
Dr. Chowdhury: Things have changed now – boundaries are changing.
Tower Hamlets will be ring-fenced – so if you live in Newham, you can not register.
Postcodes have changed with the new bill.

The Department of Health sends money to PCs. Funding is central. The PCTs pay for the doctors.
Dr. Okun: By 2013 PCTs will no longer operate.

Dr. Chowdhury: Is representative of a Commissioning Board.
Theoretically they are authorized to replace the PCTs in 2013.
Dr. Sam Everington is Chair. They will be responsible for Primary Care services.
There is £350m to work with for all of Tower Hamlets. All health services.
The PCT now has more than that. It will be cut and cut again as the government takes money out of the NHS.

The types of services which we have in the Community which now no longer come under the PCT:
Community Respiratory Team
Children's Services
Community Heart Failure Team
47 services have gone over to the Barts and the London hospitals (£53m last year).
The PCTs/Commissioning Board is paying the hospitals to manage those services.
This happened before the Commissioning Board was set up.
Waiting times have problems
Dr. Chowdhury is working with Dr. Nicola Hagtropp of Jubilee Street Practice. They look through to see how the hospitals have been performing.
A lot of changes are occurring.
Community services are only a part of it, but an important part.
The PCT is an entity in itself. It looks after the community. (Primary Care Trust)
Secondary Care Trust is hospitals.

Dr. Okun: The PCT Commissions services from Secondary Care Trust and runs Primary care.

A & E – this is a charge that the PCT has to pay for. The Hospital bills the PCT.
In looking for ways to make savings, the Commissioning Board is looking at frequent attenders etc.

Patient suggestion: reference premises, you need to be clear in what you are asking for.
Dr. Chowdhury: Diane baron works with PINK (a Patient engagement body). You need a patient representative (on the Commissioning Board?. **********

Patient: We need a GAP analysis

Question: We need to let them know what difficulties you are having plus from our point of view.
Dr. Chowdhury: Rooms; we want to become a Training Practice – of Doctors in their 1st two years of their training. This is a fantastic training ground for a doctor – Tower Hamlets. The two training doctors' rooms would mean 2 rooms that we need.
Patient: If you do a feasibility study and focus on the future – working with the patient forum – the government would like to give power to the patient. Some patients say, "don't worry – it's a nice building". He believes that together, the Council will listen to us.

Question: The three local Councillors here – are we working with them?
No.

Dr. Chowdhury: So we could go on the Commissioning Board; we need a feasibility study; a GAP analysis – we need a business plan to facilitate this.

Patient: You in the Practice know what you need. It is a good idea to get the 1st floor sorted out.
Patient: Can we have ideas of what we will be covering in the next meeting a few days before we next meet.
Patient: The Council will be aware of our needs but if we are not prepared, we will not have a productive meeting. We need to be very well prepared.
Patient: It would be nice if they could attend something like this. The Mayor is very local.

2. DNAs
Frequent attenders Dr. Shah Chowdhury

DNA is a frequent acronym used around these parts. The patients in this borough are quite high in this: 72% attendance, 28% non attendance.
Also for hospitals DNAs are also high: 25% non attendance. It is the same across the board and across the borough.

Patient: is aware of patient being late and insisting on seeing the doctor; the receptionists spending a while debating the issue whilst the queue behing the patient grows.

Patient: We need to emphasise the importance of keeping time.
There must be clear rules – if you are late beyond this point, you miss the appointment
Booking appointments – we should check that the time on their watches matches our time to show that we are serious.

Printing out the appointment time for the patient is a good idea.
Patient: some of them lose these pieces of paper. It is a good idea for them to put the appointment into a diary when they get home and get reminders. Also, she does not get reminders for her children's appointments and that would also help. She would recommend some sort of penalization for those who miss appointments but knows that there are problems with this.

Patient: We could have incentives and things to facilitate behaviour changes, such as fridge magnets. It would cost, but eventually it could save.

We could do a whole raft of things.
We could put a notice up to say this amount of time was lost.

Patient (Shahanur Khan): DNA's they had 3 in the last 6 months. We need to do promotional work with patients – they tend to lose things. If the reception is calling, they could update the patient's phone details. He came to this appointment because Kobir sent him a text. If there is a reminder, he's there.

Patient: It helps if your mobile phone beeps at you to say you have an appointment.
Reception could spend time to ensure the patient does not have problems which delayed them making an appointment.
Hospital – they ask what a patient's mobile number is. Maybe not every single time, but sometimes.
Sometimes a patient cannot wait very long
Communication is important – we have sometimes mixed generations – a younger generation helping an older one to get to an appointment and sometimes it is that something holds up the younger one.

Mr. Monsur Ali (?) Had to leave a this point. He stressed that we have to make a campaign; we are over-subscribed and people are suffering. ******

--

Dr Chowdhury: In 2010 the cost of a Doctor's consultation was £67.50.

- we have highlighted how different generations may involved in patients being able to make appointments
- there are also personal responsibilities
- we spent some time checking people's phone numbers
- Kobir – we get a delivery report when a person has received a message so we know when there is something wrong with the number
- We tried updating numbers for about 3 months.

Why are DNAs happening?

Perhaps it is not being able to get out very easily
Needing a translator
Stuck in a bus
etc.

Sometimes if it is pairs, one may be dependent on the other.

- We need fairness and policy – an appointment could have been given to someone else
- In some places, if you've missed 3 appointments in 6 months, you are struck off. We don't do that here.

Suggestion: to have a working group to work with us – (lady and other….?? ***
Hospitals - There are two general attitudes which were identified:
"Oh, I just didn't know – sorry mate"
or else it's not the patient's fault – mishandled by the hospital. Sometimes letters are sent out after the day of the appointment.
Shah and his group are monitoring a list of hospital letters coming too late.

Patient: We can also ask patient why they **did** turn up. Did they write it in their diary, did someone remind them – it sounds simple but it could help us.

Printing out slips stresses responsibility to the patient – they are given the date. Even with mistakes we can clarified where the problem was.

Patient: there is an onus on the patient to turn up for their appointment
Patient: but we do need to work out a way to get around DNAs.

Frequent attenders

These are patients who visit the Surgrey and A & E a lot. **Harford has the highest number of A & E attendance in the borough.**
We need to address why. Dr. Shah Chowdhury will be doing an audit. It is muti factoral:
Location (close to A & E /hospital centres)
Education
Fear/anxiety

We should not approach this with a sledgehammer. We should approach this delicately. But there is something to be done about this and Dr. Shah will get more information for the next meeting.

3. Online Services Kobir Ahmed
200 have registered with online booking.
How have the patients found it:
Patient: He tried using the online service. He registered which was o.k. although there was an initial problem with the password
The message then said he had used his allocation for the month.
- Someone else also experienced this.

The Patient Access system – we have no choice but to restrict it to having 1 appointment on the system at a time. Sometimes other members of the family use it to hold appointments. Eventually they will be able to book more appointments. They are looking to reduce DNAs before this.

We have just installed the LCD for calling patients and the TV system. The T.V. is a promotional thing. If there is anything which patients feel could go on the T.V., to let Kobir know.
Suggestion to put up notices/messages in other languages.
Some people have booked online and DNA'd

Text messaging reminders – we stopped doing these 2 weeks ago – the PCT cut the payment for these. We could also send to Smart phones through emails which go to text. Emails do not cost anything. We use EMIS system. Kobir will speak to them to see if we can link this with email messages.

Patient: it suits her to just walk in. If someone is emailing in their booking appointment, is there a danger of double booking?
Dr. Chowdhury: no the slots are taken sequentially – it is all on one screen.
Question: Where should people go to register for online booking?
To reception – we have got some leaflets there.

Different people have different tastes. If people book online, it will mean more time for others to spend with receptionists.

Telephone booking
Patient had a problem with booking at the surgery on the telephone early in the morning. No one was answering.
Response: We open at 8. At 5 past 8 we are not yet ready
Nurse Quartey-Papafio: at 8.50 – 9.00 the phones are switched on.
The Doctors see the patients earlier.
The surgery opens at 8 but the phone lines open at 8.50.
Patient suggestion: we could change our message about when we are open

Patient comment: The website is very good
The online booking is probably the most important thing on there, but you have to click several links to get to the one we need.
Kobir: It is funded by the PCT. We manage the contents and they put things up for us.
We are looking into a specific website for the Practice.
There is a centrally run contract which applies to all 36 Practices within Tower Hamlets.
We will create our own website

The online booking system will probably be able to order repeat prescriptions.
Someone would have to process it. It would probably need someone full time.

There is a facility to see your record. Not sure it will roll out. On security grounds.
Patient: Probably not possible to be secure as it is automated. A security issue.
Patient: Currently to receive your records you have to fill in a long form, wait 40 days and pay for it etc.

We have a lot of requests from people saying they want to see their records.
Patient: records specific to them being at this Surgery.

Patient question: Why do we offer 48 hours and there aren't any.
Patient: does not understand why there are different rules.
Dr. Chowdhury: because of the stratified appointments:
Emergency
48 hours
Advanced

Patient: you can get a 48 hours but you can not get a 72, but a 3 week. You have to come in.
It is a problem with managing demand.
Dr. Chowdhury: After we have dealt with the DNA appointments, perhaps another working group could look at the appointments. We talk about this a lot at surgery meetings.

--

In closing.

Dr. Okun thanked everyone for coming and said that it had been a wonderful and very productive meeting.

<u>Further questions</u>

Question: Someone came to have a prescription renewed but it had already already gone to the Pharmacist. Is this usual?
Answer: renewals come up automatically. Repeats automatically go to
The Pharmacist.

Question: If you have a Pharmacy here, will the prescription automatically go to the Pharmacy here. You can choose. There are mixed views on Sinclairs.

Question: Will it be just a Pharmacy or will there be non prescription items as well.
It will be medications – prescription and non prescriptions.
It will be open 365 days a year.
It is contracted to open like that.

There is a café at the front – that is run by the Council.
Dr. Chowdhury: The whole centre is a Health and Wellbeing Initiative. The Council run part of it. It includes:
Ocean Regeneration and Limehouse Project
The front will be run by the Council but it is not on tender yet.

Question from Mr. Khan
Should we have a board, electable and a quorum.
Patient: that may be over the top.
Dr. Chowdhury: there is an initiative from Tower Hamlets to have patient participation and virtual networks. There is an option to have patient involvement on our own as well.
Patient: For the number of people which we do/would get, quorums etc, for this level of participation, this is fine. If it were bigger then perhaps it may be necessary.

General discussion:
More notice would be useful - How often should we meet - Can we set a date for the next one - Could we not book every two months – but monthly may be better whilst we have these projects.
This could be a DNA working group. We could consider passing information to the population about these forums – how could this be done. What percentage have email addresses? Kobir could find out. We should aim at collecting the emails on the registrations. Can we try to get email addresses for patients?
Kobir: When we try and look, we cannot see the emails. We do not have the email box on our screen. When a new patient joins, ther is a request on the form and no space on EMIS.
EMIS is the name of our information system, where our patient details are stored.
It stands for Egton Medical Information Systems.
We are going to be changing to a new system in a couple of months.

Another way to disseminate information is by notice boards; newagents; people who are here more often are probably those we want to access. To advertise in the local papers – Canary Wharf does this but their patients are more geared to private care and they have access to more funds.
We could advertise where people go – we need to keep a venue in mind if we are to get a lot of patients coming to the Forums. There is provision here in terms of space n the building.

Recap
- DNA possibly as a project
- Feasibility study – how will we take that forward? We can contact the Council and declare our interest. Suggestion – we can say in notices what we discussed in the last meeting.

Suggestion from Dr. Chowdhury for the next meeting:

Monday 28th May 6.30 p.m.

SHAH - DNA working group
- A patient going on the Commissioning Board
- Frequent attenders – to obtain more information about them for the next meeting.

KOBIR - To send ideas of what we will be covering in the next meeting a few days before we next meet.
- To investigate sending to Smart phones through emails which go to text. To speak to EMIS to see if we can link this with email messages.
- Working on creating our own website

Harford: - Patient suggestion: we could change our message about when we are open to reflect that phone lines do not open at 8 a.m.

Harford: - We should aim at collecting the emails on the registrations.