

Dr T C McGee (GMC No 2336091)
Dr T W Hunter (GMC No 2916112)
Dr J G Lawrie (GMC No 3188938)
Dr P J Hulme (GMC No 4298506)
Dr K A Pearson (GMC No 6129609)
Ms J B McCulloch (Management Partner)



Report of Meeting with John Burns, Chief Executive of NHS Ayrshire & Arran
Thursday 4th February 2015, 7pm

The Practice Patient Participation Group invited Mr Burns to meet with the patients of Barns Medical Practice to provide an update on the future of healthcare within NHS Ayrshire & Arran and the challenges arising from that, and to raise any specific patient concerns.

The Practice gave notice of the meeting in the usual way via the Waiting Room notices, and also sent email invitations to everyone. Questions for Mr Burns were requested in advance. On the night 20 patients were in attendance.

1. Introduction

Jan McCulloch, Practice Manager opened the meeting by thanking everyone in attendance and giving some background to the work of the Patient Participation Group (PPG). It was of interest that many of the questions put forward were from a broad spectrum of current healthcare concerns and topics that had been covered within the PPG Meetings.

2. Challenges Facing NHS Ayrshire & Arran

Mr Burns took to the floor and explained to the group the challenges and opportunities facing NHS Ayrshire & Arran as a whole with the biggest opportunity being that of Health and Social Care Partnerships.

Health & Social Care Partnerships bring the NHS, local pharmacies and opticians, and local Councils together to plan for services whilst engaging with local communities. NHS Ayrshire & Arran cover three Council areas and therefore work with three Partnerships, the first Health Board in Scotland to do so. The Partnerships were created in April 2015. Each Partnership, it was explained, has taken the lead for developing services in particular areas of healthcare, not only for their own Council area, but for NHS Ayrshire and Arran as a whole.

- North Partnership leads on Mental Health Services
- South Partnership leads on Technology & Telehealth and Allied Health Professionals (Podiatry, Physiotherapy, Speech & Language Therapy, Dietetics)
- East Partnership leads on Primary Care

40 DALBLAIR ROAD, AYR, AYRSHIRE, KA7 1UL
TEL: 01292 281439 FAX: 01292 288268
PRESCRIPTION LINE: 01292 272140
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One of the many challenges in healthcare is recruitment of doctors. This is a national problem, and one that affects NHS Ayrshire & Arran. There are vacancies in hospital and general practice. This can lead to an increased spending on locums in order to maintain services. Mr Burns explained that NHS Ayrshire & Arran is reviewing how posts are advertised to make the area attractive to potential applicants but there is heavy competition with hospitals in larger areas such as Glasgow and Edinburgh where the potential for working on call shifts may be far less than in a smaller hospital.

It is recognised that with 90% of healthcare contacts made via General Practice there is also a strain on General Practice. As in Millport, there is a current trend for more Advanced Nurse Practitioners being employed to fill gaps in services and develop a multi skilled workforce to take some of the strain from doctors. Mr Burns then went on to address the specific questions raised by patients.

3. **Mental Health Services**

Which Improvements are planned for the future of Mental Health Services in South Ayrshire?

Woodland View is a new purpose built facility for in-patient care within the grounds of Ayrshire Central which is due to open in April 2016. This new unit will enable better delivery of care for those patients requiring intensive treatment and support.

A new head of Mental Health Services has been appointed and is working on changes to offer a more “person-centred” approach to service delivery.

(In order to answer the patient’s more specific questions on her particular experience, Mr Burns advised he will take her case to those involved to gain more specific answers for her).

Action – Mr Burns to follow up on the patient specific concerns with those involved in her care

4. **Hospital Appointment Invitations**

Why was an appointment sent out directly from Mr Burns with instructions to contact his PA if the appointment was not suitable? Why not from the Appointments Department?

Mr Burns stated that he had signed a letter that went out alongside appointment letters giving patients information on their rights. This had caused some confusion and the issue has been rectified.

We took this opportunity to discuss the hospital appointments system in general, and it was felt that by streamlining the process and ensuring that each department use the same lettering format that there would be less confusion for patients.

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A working group has been put together to look at ways of improving the appointment system and services on a specialty by specialty basis.

Action – Mr Burns to raise concerns voiced with the working group tasked with streamlining the hospital appointment systems

5. **Clinical Assessment Units**

Given the present problems recruiting doctors and nurses and over £300,000 being spent between April and October last year on Agency staff, how will the new Clinical Assessment Units at Ayr and Crosshouse be staffed? The use of the new CAU is to speed the patient turnaround using “Decide to Admit” not “Admit to Decide” and have them returned to their GP Practice with a care package in place within hours, preventing admission to hospital if possible. It is also hoped that GPs will refer to Consultants for advice only rather than the usual face to face clinic appointments. How are GPs going to cope with this increased workload?

The units have been in planning for three years and staff have been recruited in advance to bring in nurses and acute physiotherapists etc to support patient care and avoid hospital admissions where possible. Patients will still have a hospital stay if necessary.

In addition, a Clinical Decisions Unit was opened in Ayr to aid diagnosis and treatment. Health and Social Care Partners will also have a role in supporting patients in the community providing a better range of services thereby reducing the need for patients to contact their GP as the default position.

6. **Addressing Isolation and Loneliness in Local Communities**

How will the Health & Social Care Partnerships influence the increasing issue of loneliness and isolation in local communities?

There are now more people living on their own and the Partnerships are very aware of this. The South Partnership has introduced Community Link Workers to identify those in need and are working at putting people in touch with befriending groups to alleviate loneliness and isolation.

7. **GP Access to Investigative Procedures**

Why is there restricted access for GPs trying to order investigative MR/CT scans eg for back problems?

The Imaging department have already adopted new working patterns and procedures in an effort to streamline services and maximise access, however it is recognised there is a growing demand on MR/CT services generally and the Medical Director is currently chairing a group of Hospital doctors and GP’s looking at ways to improve services. One area being considered is GP direct referral and the IT considerations in the process are being reviewed.

8. Using IT Facilities to Improve Patient Access

Could a more personalised service like NHS24 be delivered within normal consulting hours by a member of the Practice team who knows them? Could this be done by improved use of IT facilities such as Skype?

The Practice already offers telephone consultations with the GPs and Practice Nurses at set times throughout the day and recognises the value to the patient by having a familiar voice on the line who has access to the full patient record. Whilst the Practice would like to expand the telephone consultation service, we are unlikely to have resources to do so. The Practice is currently evaluating this.

Though it is unlikely the NHS Ayrshire & Arran IT system would allow access to Skype within General Practice, this may be a development worthy of consideration in the near future.

The patient was interested in exploring the use of email as a method of contact. It was agreed that patient safety was of the utmost importance and any new consulting methods using technology would need to be safe and secure.

We discussed the vast amount of healthcare resources available online to patients, and nationally there have been discussions about a patient portal allowing access to information about health. Educating patients to be confident in managing their health is an important part of healthcare delivery now, and the Practice tries to make use of available resources to encourage this. The Practice is in the midst of a campaign to collect patient e-mail addresses so that general and specific health information can be easily shared with the patients.

It was agreed there is clearly a great deal of potential in using IT to assist in healthcare delivery in the future, but it is clear that there is work to be done by NHS to ensure this is safe and effective, and the debate on this topic was drawn to a close.

Action – Mr Burns to discuss with his IT colleagues on how NHS Ayrshire & Arran could continue to use existing technology to enhance patient care and provide quick, easy and reliable access to appropriate healthcare information

9. Promoting Clinical and Psychological Awareness of People Living With Dementia

What is NHS Ayrshire & Arran doing to promote clinical and psychological awareness of people living with dementia for GPs and cascading the use of General Practitioner Assessment of Cognition (GPCOG) tool?

The Director of the new North HSC Partnership is working on all aspects of developing Mental Health Services with regard to dementia and post diagnosis care in particular. Dementia training

for staff across all sectors is beginning to have some effect in how service is provided. There is discussion in developing a Dementia Assessment Unit and the use of psychological therapies such as behaviour management.

10. **Developing Counselling Services within General Practice**

Could the role of the Practice Healthcare Assistant be expanded to offer counselling services?

The patients value the superb service offered by the Practice Healthcare Assistant, and as with other members of the Practice team, benefit from being able to build a relationship with someone they are already familiar with.

Whilst the Practice would be happy to develop the counselling skills of the Healthcare Assistant, or any other member of the team, they do not have resources to release time specifically for counselling-type appointments, rather the team's counselling skills could be developed to enhance the type of consultations already delivered. However if extra funding was available to General Practice then we could employ a counsellor and reduce the waiting time for counselling-type appointments, and as already recognised the patient would be more at ease being seen by a familiar person.

NHS Ayrshire & Arran recognise there are long waiting times for psychological services and with Mental Health Services under review they are looking at how the gap in services at Primary Care level can be bridged and how more support can be offered in Primary Care Mental Health Services.

11. **Delayed Diagnosis**

A patient underwent a procedure during which some tissue was removed for biopsy. Six months later he was informed that there were cancerous cells found. The Consultant concerned informed the patient that due to administrative "mistakes" this information was not acted upon earlier. Fortunately the patient was treated successfully but his trust in the internal procedures of the NHS is damaged and he hopes it will be restored.

Mr Burns will take this specific case back to the Consultant/Team involved to get specific answers for this patient. He did however explain to the patient that there are policies in place for investigating procedures, looking at why something has gone wrong and how it can be avoided in the future.

From this a question was raised about Locum cover and who takes responsibility for their patients when they have left? The patient felt her care had been disjointed due to various changes in staff, and she had been lost in the system when tests arranged by a locum were not followed up.

The complaints procedure was discussed and the importance of patients highlighting issues in order for improvements to be made. Often when a patient is invited to discuss their issues, a positive outcome can be achieved, though the group suggested many patients are put off making a formal complaint, instead just want to ensure that systems improve and mistakes are not repeated.

Action - Mr Burns to address locum follow up procedures

The evening came to positive end with a member of the group thanking Mr Burns and NHS Ayrshire & Arran for wonderful treatment and service during her own recent period of illness and hospital admission.

Mr Burns was thanked for attending, and the meeting was drawn to a close.