DRS Hamilton-Smith, Oladimeji & Imran

Chadwell Heath Health Centre

Ashton Gardens

Chadwell Heath, Romford

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Practice Telephone: 0844 387 8044 Practice Secretary: 0208 598 4535

31st May 2012

12:30 in the Reception Area

**PPG AGENDA**

1) Address by Ron Curtis Chairman of PPG, discuss last times items especially set a date this summer for Health Day

2) Phone System

“There is obviously an issue with the new phone number. Please could you research alternatives for us to consider at the next meeting.

We could also discuss the issue of getting appointments within reasonable time. It may be necessary to log requests and time scales”. Janet Henney

“By then we should be able to establish what the old system was.  What the advantages of the new system are supposed to be and whether there any further systems we could consider”. Ron Curtis

3) Alternative ways to book appointment

“Which company you approach depends on your current system. Both EMIS and Vision provide software for on-line appointments. It is necessary that the surgery create its own website, to facilitate this service, and that it is linked to NHS Choices. It is not expensive and there are companies that specialise in doing this for surgeries for about £250.00; for design and maintenance; the sums or very cost effective. If you ask Google to supply you'll be surprised with the number of firms that offer different ways of doing it [creating a medical practice website].

This enables your PPG to have a virtual PPG. I have tabled this subject for discussion at the next CCG Engagement Forum.

It has many advantages, for example, the average DNA's nationally is 17% but within 6 months nearly all the surgeries with this facility I have surveyed, the rate has dropped to under 1%. It also benefits patients that do not have a computer as visits to the surgery and telephonic request are made easier.

To get full details:

EMIS:   [www.lookinglocal.gov.uk/site/case\_studies](https://web.nhs.net/owa/redir.aspx?C=15dcb6aaf0d84ae2871f3590208ec14a&URL=http%3a%2f%2fwww.lookinglocal.gov.uk%2fsite%2fcase_studies)” John Croucher

**Overview**

Over 1,600 GP surgeries - approx 55% of all surgeries in the UK - are in a position to offer their patients the ability to book, amend and cancel GP appointments via digital interactive TV, Wii and mobile phone using the Looking Local portal. Patients can also order repeat prescriptions using the same secure service ensuring a continuity of supply.

Looking Local, in conjunction with EMIS, the leading primary care systems provider has extended the successful internet based GP booking and repeat prescription services to TV, mobile and Wii in order to reach households across the digital divide and those who find TV and mobile services more convenient.

Patients across the country are now able to safely access their GP's appointment book just by pushing a few buttons on their remote control or mobile phone. Patients are given a PIN number and ID and have access to the same system that the doctor's receptionist uses when someone phones up or asks for an appointment in person. When ordering a repeat prescription the patient can see a list of their regular medicines and order those that they are running low on, the doctor still signs off the prescription - as they would under any other ordering method - and then the prescription is ready to collect.

**Benefits**

* Some surgeries marketing all electronic channels have experienced incredible take up, with over 50% of appointments being booked electronically
* This has led to a significant decrease in the number DNA (Do Not Attends), in one case dropping from 13% to less than 0.5% in six months
* A decrease in DNAs means the surgery has greater resources and more time to give to patients
* Once the EMIS software is installed in the surgery, allowing access via Looking Local is a simple command within the system, no additional technical work is required
* Links in with other [**health, Telecare and Telehealth**](http://lookinglocal.gov.uk/site/case_studies/health.html;jsessionid=AEC7963BC055EC0ECF13DC93637F3D79.web2) offerings via Looking Local
* Coherent, useful, sticky service that will encourage usage and fits in with the local strategic partnerships and community cohesion of services
* Goes towards meeting local policy, political and strategic objectives

**Service Features**

* Allows real time access to the diary of all the doctors diaries in the surgery, showing all available slots to allow the patient to chose the one most convenient for them
* Safe, secure, personalised system
* Negates the need to call as soon as the surgery opens and wait for the receptionist to get an appointment (the surgery can still keep certain emergency slots back using their end of the system)
* Free on DiTV, available 24/7 and accessible on the go on mobile phones and on the Wii
* Easy to navigate, accessibility and usability tested and specifically designed for each device

**Comments**

*"I can get my medication sorted and book a time to see the doctor while watching TV so it doesn't feel like a chore. Most of my colleagues would love it if they knew about it and it would be perfect for my Dad who doesn't have internet and spends hours on the phone and in the surgery at the moment."*

Regarding your query below about patients being able book or cancel appointments online.  The most common method of providing this service to patients is through the use of a third party such as Emis, SystmOnline, Vision etc.  This provides a secure database system where the patients can login to access the services required.  If you use one of these services we can include a link to the login page within the site with any text to advise patients what they need to do to sign up for this service.

If you don't wish to use one of these systems but would like the option for patients to request an advance appointment or to cancel an existing one.  We can create online forms for these facilities.  An online contact form generates an email containing the details which the patient has entered. In order for us to add a form to your site, we just require the information which you would like to request via the form and the email address which you would like the form to be sent to. If you wish the form to be based on an existing electronic or paper form, you can send this to us by email or post. If the information you require to be entered into any form is of a sensitive nature, we are happy to cover the cost of a service called Hush Secure Forms for the practice which provides a secure web-based mailbox that you can log into to retrieve the form submissions. Using Hush Secure Forms for sensitive data transfer is compliant with the Data Protection Act.

An example of an online form to request an advance appointment is:

[http://www.orwellsurgery.ie/howdoi.asp](https://web.nhs.net/owa/redir.aspx?C=15dcb6aaf0d84ae2871f3590208ec14a&URL=http%3a%2f%2fwww.orwellsurgery.ie%2fhowdoi.asp)

 from the webteam

4) Tablets

“There is a concern that pharmacists are being unable to get regular supplies as many of our tablets are being bought up by the EU  because they are cheaper to purchase from the UK and therefore substitution are having to be  made to regular perscriptions. Perhaps we would look into this”.  M.Justice

5) Questions for PPG DES

**Survey: what is your view on outpatient services in Barking and Dagenham?**

**Question 1.**

**If you to go to a hospital for an outpatient appointment, what hospital/s do you usually attend?**

I usually attend …………………………………………………..hospital/s

**Question 2.  When you go to your usual hospital for an outpatient appointment, how good are they at each of these?**

Please tick the relevant box to score each item on this scale:

1: Poor    2: Unsatisfactory   3:  Satisfactory   4: Good   5: Very good

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| --- | --- | --- | --- | --- | --- | --- |
|   |   | **1** | **2** | **3** | **4** | **5** |
| A | Making sure you know exactly when and where your appointment  is |   |   |   |   |   |
| B | How easy and cheap it is to get to the hospital |   |   |   |   |   |
| C | Once you are in the hospital, how easy it is to find your way to the right room/area |   |   |   |   |   |
| D | The comfort and facilities in the waiting areas |   |   |   |   |   |
| E | Cleanliness - both in the waiting area and in the appointment rooms |   |   |   |   |   |
| F | Keeping the appointments running on time |   |   |   |   |   |
| G | Attitude and friendliness of the staff |   |   |   |   |   |
| H | Giving you information and advice about your  condition |   |   |   |   |   |
| I | Including you in decisions about your care or treatment |   |   |   |   |   |
| J | Making sure they always give you the privacy you need to talk about your condition or treatment |   |   |   |   |   |

**Question 3: Imagine your GP could offer you the choice to attend an appointment somewhere other than at a Hospital.**

**How important would each of the following be to you in making a choice?**

Please tick the relevant box to score each item on this scale:

1: Not at all   2: Fairly important   3:  Important 4: Very important 5: Essential

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| --- | --- | --- | --- | --- | --- | --- |
|   |   | **1** | **2** | **3** | **4** | **5** |
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| I | Including you in decisions about your care or treatment |   |   |   |   |   |
| J | Making sure they always give you the privacy you need to talk about your condition or treatment |   |   |   |   |   |

**Thank you for taking the time to complete this survey please send to:-**

**Introduced to us by Michael Inns**

6) Welfare Reform

**Welfare Reform – A Summary of the Main**

**Changes to Social Security Benefits**

The Government is introducing a wide range of changes to the social security benefits system under the Welfare Reform Act 2012 and the Pensions Act 2011.

Some of the changes are focussed on people of working age, and so will not affect older people in the same way. Younger disabled people will experience many changes and the age at which people are considered to be ‘of working age’ or ‘older’ for benefit purposes will both increase.

**Housing Benefit**

·     The maximum amount of Housing Benefit, to help with paying rent, allowed for people in private sector tenancies is called ‘Local Housing Allowance’. The Local Housing Allowance rates were reduced in April 2011 so that about 3 in 10 private sector properties available for rent in the surrounding area should be affordable to people on Housing Benefit.  Previously the rate would have allowed for about 5 in 10 properties. If someone with a private sector tenancy has been receiving Housing Benefit since before April 2011 they may still be receiving the previous higher rate and will see their Housing Benefit change over the next nine months.

·     A further £40million per year will be added to the Discretionary Housing Payment budget available to local authorities to assist people in receipt of Housing Benefit who are experiencing financial hardship.

·     In April 2013 the Government will introduce a cap on the amount of Housing Benefit that can be paid to tenants in social housing (council or housing association) who are of working age and ‘under-occupy’ their home.  This means that they live in a property which has more bedrooms than the Government says they need.  For example, a single disabled person living in a two bedroom council or housing association property will only receive Housing Benefit up to the level for a one bedroom property, unless they need a non resident overnight carer.

·     Housing Benefit will become part of the new Universal Credit for people who are working age from 2013 onwards (see below).  People who already receive Housing Benefit will be transferred to Universal Credit between 2013 and 2017.  Pensioners may receive help with their rent through Pension Credit following the introduction of Universal Credit.

**Council Tax Benefit**

·     From April 2013 the national system of Council Tax Benefit will be replaced by local schemes.  This means each district council will have to devise its own scheme.  In practice neighbouring council’s may adopt similar schemes to each other.  The Government has said that older people should receive the same level of support that they currently receive under the current Council Tax Benefit system.  This means that any reduction in assistance available in the future is most likely to be focussed on people of working age.

**Contributory Employment and Support Allowance**

·     For most people of working age payment  of Contributory Employment and Support Allowance (ESA) will be limited to one year from April 2012. People who are in the ESA ‘Support Group’ are not affected.  People who have been in the ‘Work Related Activity Group’ for more than 12 months will have their Contributory ESA stopped in April 2012 or when they reach 12 months, if that is later.  Some of these will be able to switch to Income-related ESA but not if they have a partner in full-time work or have savings above the capital limit, for example.

**Disability Living Allowance**

·     Disability Living Allowance (DLA) will be replaced for people of working age with a new Personal Independence Payment (PIP).  From April 2013 onwards all new and existing DLA claimants will be required to undergo a medical assessment to help determine their entitlement.  Currently this will not apply to children under 16 or people over 65. It is expected that people in receipt of DLA of working age will be transferred to PIP by 2016.

**Universal Credit**

·     Universal Credit will become the main means-tested social security benefit for people of working age, replacing the current Housing Benefit, Income Support, Income-related Employment and Support Allowance (ESA), Income-based Jobseeker’s Allowance, Working Tax Credit & Child Tax Credit.  Universal Credit will be phased in between 2013 and 2017.

**State Pension Age**

·     State Pension age was planned to increase to

§     66 between November 2018 and October 2020

§     67 between 2034 and 2036

§     68 between 2044 and 2046

The government has announced that they plan to bring in the increase to 67 between 2026 and 2028.

**Pension Credit**

·     Pension Credit will be changed to incorporate help with rent and any dependent children, following the introduction of Universal Credit.  The Government has said that they will introduce a capital limit for Pension Credit in the future, possibly 2016, that will be higher than that used for benefits for people of working age (this is currently £16,000).  Also in the case of a couple both members will have to be old enough to claim Pension Credit.  If one member of a couple is of working age they will have to claim Universal Credit as a couple.

**Community Care Grants and Crisis Loans**

·     Community Care Grants and Crisis Loans, part of the discretionary Social Fund, will be abolished, probably in April 2013.  Some money will be allocated to local authorities to provide a local scheme, however, there will be no requirement for them to provide assistance in emergencies.

**Total Benefit Cap**

From April 2013 there will be an overall limit on the amount of benefit payable to people of working age of £26,000 per year (£500 per week) for couples and lone parents and  £350 per week for single person households.  The figures represent average net earnings of working households. There is no Benefit Cap on older person’s benefits, but a couple where one member is working age and the over is older will be affected. The Benefit Cap will not apply to households that are in receipt of Disability Living Allowance/ PIP, Attendance Allowance, Employment and Support Allowance which includes the Support Group Component, Working Tax Credit or households which include a war widow/widower.  Discretionary Housing Payments, support for childcare through Universal Credit and localised council tax support will not be included in the assessment of the total value of benefits received.  The cap will be applied by first reducing any Housing Benefit paid by the local authority and then from out of work benefits. Once households have been transferred to Universal Credit, it will apply to their combined income from Universal Credit and benefits including Child Benefit and Carer’s Allowance.

Michael Inns

7) AOB