

Notes from the Roundwood Patients' Group Meeting Tuesday 14th November 2023
6-8pm at Roundwood Surgery, Wood Street.

1.	Present: Arthur Lacey (Chair), Dr Tadpatikar, Ros Reavill (Practice Manger), 5 members with 6 apologies
2.	Notes from last meeting were AGREED . (thanks to Jayne for preparing them)
2.1	Fundraising: Internet search shows 1Kg of aluminium cans equated to about 70 cans (50p).
2.2	<p>Health and Care Awards had been announced:</p> <ul style="list-style-type: none"> • Best Outcome Award: 'One Version of Truth Data' – agreed elderly discharge data from hospital. NottsCC, Nottm CC; NHS • Health Inequalities award: 'Targeted Lung Health Check' project team NHS Nottingham & Notts. • Value for money award: 'Promoting Independence' Service Bassetlaw Action Centre • Social Value award: 'Family Mentor Service, Small Steps Big Changes'. Health support to 0-4 yr. olds. • Prevention award: 'Bassetlaw Food Insecurity Network' Bassetlaw Community & Voluntary Service • Equity award: 'BAME' wig project Nottm University Hospitals Trust – for those who have hair loss issues from illness or cancer treatment. • Lord Lieutenant's partnership award: 'Veteran Care Through Custody', Notts Healthcare Trust <p>Dr Tadpatikar had been nominated for an award for his work with through the P.C.N. with Severe Multiple Disadvantaged patients (Including mental health issues, homelessness, offending and alcohol or substance misuse etc.). Although not winning an award his work and the presentation was highly commended.</p> <p>C.L. reported that there had been 155 nominations from all parts of the health service and social care. The award will be run again in the future to involve community actions as well as hospitals. Lessons have been learned from this year. Gilly Hagen reported that she had mentioned P.P.G.s to the Lord Lieutenant when she met him to be present with her B.E.M.</p> <p>She also reported on an Action Day for S.M.D. to be held at the Beacon project on 18th January 2024. Supported by District Council, CISWO and others & designed to offer a hot meal, basic health screening and care, and encouragement for attendees to access health care through GPO surgeries.</p> <p>She also indicated that this was from the Mid Notts Place Based Partnership was looking at supporting local needs identified in our community, not just those decided centrally. (see website)</p>
3.	<p>Chair's Report on the Group's Activities</p> <p>A questionnaire from the Integrated Care Board about alternative sources of urgent care, had been circulated to the Group. The general feeling was that this was more an advertisement to direct patients away from G.P, & A&E, rather than a fact-finding document. It was suggested that the PPG feedback on this.</p> <p>Musculoskeletal Care (M.S.K.). Sylvia reported on a Virtual NHS England Meeting she had attended:</p> <ul style="list-style-type: none"> • Self referral to MSK Services in the community; NHS Improvement framework for MSK waits; One of 6 conditions on the Government strategy around major conditions; There is a budget for MSK employment advisor, digital help and an MSK hub; Tool kit on self-management of MSK developed. • Available on the ARMA website resources page, along with broader information and advice • Risk factors for MSK: Physical inactivity; BMI; Smoking; Diet; Alcohol; Income deprivation. <p><u>Types of MSK:</u> Osteoporosis; Rheumatoid; Hip; Knee; Back Pain</p> <p>Waiting Times and referrals is higher & waiting longer in the region.</p> <p>Case Load of MSK; Referral to MSK within 35 days for first contact, Follow up second contact should be within 8 days – should be 97 days to discharge.</p> <p><u>Outpatients</u> – 35% discharged after first appointment which is higher than the national average of 23%</p> <ul style="list-style-type: none"> • Future planning: Prehospital pathways (MSK hub); Person centered via partnership working; First contact Physio; Focus on improving MSK in the area; Areas of working together; What support might help? Next meeting: 12th December).

	<p>This led to a wider discussion about members M.S.K. experiences.</p> <p>Problems identified:</p> <ul style="list-style-type: none"> • Early discharge after joint replacement is now 1 day rather than several days. • Unclear who is responsible for taking clips/suture out etc. • Lack of post op physiotherapy. • Reliance on documentation for postop patients may be unsuitable for all. • Complex medication sanctioned by the hospital often not delivered appropriately leaving patients to 'chase' how to obtain it. • Lack of choice of place of treatment. <p>Dr.Tadpatrikar reported:</p> <ul style="list-style-type: none"> • Patients can now be referred to MSK without seeing a GP. Receptionists can pass on their names to a First Contact Practitioner who can triage their needs, arrange to see them, and offer physiotherapy as well as referral on for MRI or consultant care as necessary. • Post operative care is the responsibility of the surgical team and patient should be properly advised and arrangements made for them. • Patients who are not house bound should come down to surgery, (there was debate about what 'mobile' meant). • Patients encouraged to ACTIVELY mobilise and do their own physio. had been found to have better outcomes than physiotherapist PASSIVELY moving limbs. • Clinicians have access to TEAMNET which provides them with documentation them can print off for patients to follow. • GPs now refer patients to the local NHS HUB and don't themselves have the right to decide on the need for surgery. (It is not clear where MSK patients are given the 'Choice' promised by the Electronic Referral System/Choose & Book). Chairman agreed to try and find out.
4.	<p>Treasurer's Report There was nothing to report.</p>
5.	<p>Practice Matters and Feedback</p> <p>Last week the Practice offered 1523 Appointments and there were 72 D.N.A.s</p> <p>Question and Answer Session (Dr Tadpatrikar)</p> <ul style="list-style-type: none"> • G.P.s are still having problems receiving letters from the hospital which causes problems with treatment changes. Multiple attempts speaking to the hospital and the patient increase the number of interruptions to the G.P.s day. • A survey of the practice has indicated that the practice offers 6.6 appointments/patient each year. This means that the practice's own staff see 12% of the whole practice per week. • Housebound. Difficulties differentiating between the completely housebound (for whom the practice supplies medical care in the home, and temporarily housebound. Sadly, there are patient who register as housebound, but when visited are found to be out! • The practice has a register of Carers of their patients, and endeavours through their own Carers Coordinators to offer them support. It is impossible to be aware of all carers needs unless they are informed. He apologies if some Carers felt ignored. (we were reminded of the burdens on unpaid Carers). <p>Staffing News: A new Practice nurse has been appointed and interviews are taking place for another. They will require training to do all P.N. activities. Sadly, after major Practice investment in training, staff often move on elsewhere (Hayley has gone back to the hospital, as this suited her better). The practice can take credit for some of the junior staff who having gained confidence in working at Roundwood have moved on to university or further study.</p> <p>7. Wider Health Issues – nil to report.</p> <p>8. Any other business – none</p> <p>9. Date of Next Meeting – Tuesday 16th January 2024</p>