## <u>Notes from the Roundwood Patients' Group Meeting held on Tuesday 12<sup>th</sup> March 2024</u> <u>6-8pm at Roundwood Surgery, Wood Street.</u>

1.	<b>Present:</b> Arthur Lacey (Chair), Dr Tadpatrikar (Dr T), 7 members with 2 apologies. It was <b>sadly noted</b> that
2.	member Christopher Morely has passed away. Notes from last meeting were <b>AGREED</b> and there two small alterations but <b>NO</b> matters arising.
5.	Practice Matters and Feedback
5.1	Last week the practice offered 1729 appointments, there were 68 DNA's (4%)
5.1	Dr T summarised the <b>difficult issues primary care are experiencing</b> ; the government and BMA have been
5.2	in negotiations for a year regarding the GP contract which will replace the current 5-year contract which
	soon comes to an end. The government is offering 1.9% rise which will not enable GPs to provide
	optimum care due to increased cost and inflation and may result in some services not being provided.
	Last year <b>Roundwood GP partners took a pay cut</b> to fund paying staff at least minimum wage and a pay
	rise, it is not sustainable to do this again. Primary care staff <b>do not benefit</b> from the NHS Agenda for
	Change pay structure, but the practice does try to match it, but for example cannot afford the same
	maternity pay benefits. GP pay is what remains when all practice expenses have been paid, with
	inflation and increased GP pay is being reduced further.
	Dr T played <u>this video</u> which summarise the issues. <b>He said there is a danger that present GP practices</b>
	will be taken over by Private Companies with salaried GPs, with lack of continuity of care.
5.3	<b>Chair encouraged</b> members to share the information with the public and any press contacts. <b>Staff News</b>
	<ul> <li>Jess Biddick had a baby girl Lowen on Valentines Day.</li> </ul>
	<ul> <li>The new practice nurses are doing well with their training.</li> </ul>
	<ul> <li>It was highlighted that the admin staff as well as answering phones and dealing with patients also</li> </ul>
5.4	must produce reports requested by NHS England.
	Questions and Answer Session
	• The <b>new telephone system</b> is proving very popular; it has a <b>call back system</b> . It is a 'cloud based'
	system which is a requirement of the GP contract.
	• A Member queried that only Junior Dr's are on the list when booking appointments through the
	NHSApp. Dr T explained that this was because the senior GP appointments are booked up in
	advance. Patients get a longer appointment (30 mins) with junior Dr's, and all have access to a
	supervising senior GP. Several good practice <b>examples of excellent care</b> from junior Dr's were
	<ul> <li>shared.</li> <li>Issues with people parking in the Practice car park and going shopping continues. Ros is looking</li> </ul>
	at a <b>new system</b> which will require visitors using the car park to record their number plate.
	Failure will <b>result in a fine</b> . There will be a <b>15-minute grace period</b> to accommodate drop offs.
	<ul> <li>A member shared an example of poor discharge planning, the Chair suggested contacting PALS.</li> </ul>
	Another member reported that a <b>new discharge process</b> was being developed in Mid Notts and
	would anonymously feedback the member's poor experience.
	• Mid Notts Clinical directors have met with SFHFT to discuss key issues that will help Primary care.
	Suggestions discussed included:
	<ul> <li>Giving GP's access to acute clinical notes to help them care for patients immediately after</li> </ul>
	discharge.
	<ul> <li>Give patients 4 weeks' worth of prescribed medication.</li> </ul>
	<ul> <li>Provide a dedicated telephone line for patients who have hospital appointment queries as currently primary care get many phone calls about this but don't have the information.</li> </ul>
	Dr T left the meeting.
3.	Chair's Report on the Group's Activities
	• The Chair reiterated that members <b>must support GP's</b> in relation to item 5 above.
	• The group agreed that the questionnaire circulated about the <b>NHS Joint Forward Plan</b> was poorly
	designed.
4.	<b><u>Treasurer's Report</u></b> - Nothing to report. There have been no financial transactions.

6.	Wider Health Issues
6.1	Sylvia had attended a useful Community Voluntary Service (CVS) Networking Event.
	Highlights:-
	<ul> <li>There are community group funding application opportunities relating to employment, skills &amp; support; economically inactive; Mansfield CVS infrastructure projects; digital inclusion.</li> <li>Notts Police and fraud protection officer (Dale Richardson) available to deliver group talks on Action, Courier, romance, investment and investment fraud; rogue traders and "Friend in need"</li> <li>Violence Reduction Partnership – are conducting research into 1<sup>st</sup> time offenders &amp; underlying causes, see www.nottsvrp.co.uk</li> </ul>
	<ul> <li>SFH@home virtual wards – being provided for 40 – 50 per 100,00 population. Mid Notts currently only have half what they should have, but this is being expanded and paid for through ringfenced national funding. Pathways are intravenous antibiotics, respiratory, frailty, therapy, pain management and stroke.</li> </ul>
	Concern was expressed that this does <b>not inversely impact on General practice</b> and that patient will continue under the hospital on a 24 hour basis.
	<ul> <li>Inspire and Achieve Foundation are targeting 16 – 26 year olds who are not in education, employment, or training (250 helped per year) who often struggle with their mental health, have a learning disability and almost all have been a victim of abuse of some kind. Providing 12 week employability programme (Princes Trust).</li> <li>MSK personalised sessions being delivered at Water Meadows and Rebecca Adlington.</li> <li>Arthritis Community session following Good Boost Session</li> </ul>
	<ul> <li>Maun Refuge have recruited a worker to work with refugees and asylum seekers in Mansfield.</li> <li>Mansfield CVS AGM is on 29<sup>th</sup> April.</li> </ul>
	<ul> <li>Next event is in June if anyone wants to go.</li> </ul>
	• Next event is in june if anyone wants to go.
6.2	<b>ACTION:</b> Sylvia to feedback that timely communication & publicity about these events is required to reach our local population.
6.3	Gilly reported that <b>SFHFT patients</b> on a <b>MSK waiting list</b> had been invited to attend an event to explain services available to help them whilst waiting for surgery. She had attended and found it very helpful.
6.4	Gilly mentioned a <b>Partners ICS Assembly meeting</b> on Monday 22 <sup>nd</sup> April, 10 – 1pm at John Fretwell Centre. She asked if anyone wanted to go, as she was unable to attend. Arthur and Sylvia both expressed interest.
	<b>Citizens Digital Forum</b> – Jayne was a new member to this group, explaining the purpose was to represent the ICS population relating to digital health and care. <b>Highlights:-</b>
	<ul> <li>Group looking for new members, specifically social care users, young people, and parents.</li> </ul>
	NHSApp leaflets are being revised. Comments are being sought on existing ones.
	<b>ACTION:</b> Members to contact Jayne if you want to contribute; Jayne to forward them to Arthur.
	Digital Notts strategy has been revised and is available <u>here</u> Section in the section of the SEUST visitory to be available to be existed dependence to be a section of the sec
	<ul> <li>Feasibility of creating an app for SFHFT visitors to help navigate to hospital departments is being undertaken as well as looking at signage generally.</li> </ul>
	<ul> <li>undertaken as well as looking at signage generally.</li> <li>A <u>presentation</u> on the "Shared Care Record" and what it means for patients was given, with the</li> </ul>
	• A <u>presentation</u> of the <b>Shared Care Record</b> and what it means for patients was given, with the offer to present at other groups. This will be launched in early summer.
7.	Rosewood Primary Care Network/Nottinghamshire Integrated Care System - Covered in item 5.
8.	Any other Urgent Business
	None
9.	Proposed Date of Next Meeting - Tuesday 14th May 2024, 6 – 8pm