

Notes from the Roundwood Patients' Group Meeting Tuesday 14th January 2024
6-8pm at Roundwood Surgery, Wood Street.

1.	Present: Arthur Lacey (Chair), Dr Tadpatrikar, Ros Reavill (Practice Manger), 6 members with 7 apologies
2.	Notes from last meeting were AGREED.
2.1	<p>MSK Hub. The Hub lead had responded to an email and addressed all the points raised.</p> <p>Summary:</p> <ol style="list-style-type: none"> 1. When the hub has decided on referral to secondary care, every patient is given the choice of hospital, location, and consultant, without referral back to the GP. 2. Referrals are dependent on clinical condition and comorbidities and patients are notified of the shortest waits. 3. Patients offered Sherwood Forest are offered the Hip & Knee Group where surgery and post op care are explained, and they are assessed by a physiotherapist who prescribes post op. exercises, which are detailed in the booklet. Patients can be referred for further physio by the consultant at their post op check if necessary. 4. Contact details for therapy services are in the booklet and can be given out by ward staff. <p>Dr T. advised members that if they were offered and chose an alternative provider, they may then have to undergo reassessment as the provider may not accept the MSK HUB assessment.</p>
3.	<p><u>Chair's Report on the Group's Activities</u></p> <ul style="list-style-type: none"> • Arthur apologised that he had put up the wrong date for this meeting on the notice board, and this had been recently brought to his attention. • A member had raised that the Appointment and DNA data did not seem to be updated regularly – this has been brought to the PMs attention. (The receptionist who was doing this has recently left to undertake a college course).
4.	<u>Treasurer's Report</u> There was nothing to report, and no change to the bank balance.
5.	<p><u>Practice Matters and Feedback</u> <u>Last week the Practice offered 1529 Appointments</u> and there were 61 D.N.A.s</p> <p>Dr T. pointed out that this mans that 12% of the practice population were seen last weak and that each patient on average had about 6.6 appointments per year (this having raised from 5 in the last 12 years)</p> <p><u>Question and Answer Session (Dr Tadpatrikar)</u></p> <ul style="list-style-type: none"> • Staffing News: Nurse Jess Biddick is still working but is expecting her baby in February, • A new Practice nurse has been appointed Laurie Lyons who was in A&E. She will be undertaking all the usual training for the role of a Practice Nurse. • Dr Tadpatrikar advised us that from February he will not be working on one day a week, and will have two days working in the practice and two days working for the Primary Care Network. This will be following his 60th birthday. • Dr Rashmi Dixon will be working in the practice on Mondays. She usually works in Eastwood. • Ros reported that the practice is having to again update its telephone system with the change of BT lines from analogue to digital systems. This will offer a 'Call-back' function (it is essential that the patient is available to be called back and not in a 'dead-spot' as the practice will not know that the call has not gone through to them. •

- As well as the usual **Text message** to ask patient to comment on their experience after an appointment, the practice is undertaking a **paper survey** of patients attending to assess their experience in getting appointments.
- Members reported they were still having **problems obtaining medications** and being sent back to the practice for new prescriptions.
- Dr T. said that the Pharmacy Team had already raised this issue with pharmacies and asked that if something was not available, they could dispense a similar alternative, or indicate to the GP what the alternative was, as GPs do not what is available or not. **Patients are encouraged to ask the pharmacist for this information themselves to take back to the G.P practice.**
- Patients needing **Specialist drugs prescribed only by the hospital** are have difficulties as they are supplied from a special supplier and delivered by another system. This involves patients often having to makes multiple telephone calls to get their drugs. Dr T. said that unless the hospital agrees to transfer the monitoring of the drug to the practice (under a **Locally Enhanced Service for Disease Modifying Drugs**) then they are responsible for prescribing, but in many cases, this is not possible due to risks involved.
- It appears that the prescription is accurate for the patient, but the delivery is the problem.

Wider Health Issues

Rosewood P.C.N.

- **Carol Hayes** (First Contact Physio) is retiring, and a replacement is being recruited.
- The PCN is employing data staff to monitor experiences over the five practices in various aspects of **population health** to help optimise care in the best ways.
 - Ensure all diagnostic coding is accurate,
 - Tidy up disease registers for enhanced services,
 - Look at preventive tools.
- **Extra surgeries** are being run for **Winter pressures**, and we have access to 29% of these appointments.

Any other business – none

Date of Next Meeting – Tuesday 12th March 2024