Minutes of a meeting held on Thursday 22nd June at 5.30pm at One Wight Health Offices

In attendance:

Simon Johnson (Chairman) Dr Fox (Partner, Surgery) Jon Matthews (Manager, Surgery)

Graham Driver Christina Arnold Karin Wales Elizabeth Hughes

Janet McNeal Robin Hamilton Geoffrey Key

Guest expert: Rachel Howard (Pharmacist, Surgery) Minutes taken by Alice Johnson (Secretary)

Apologies for absence were received from Tessa Theodore, John Molyneaux , Roger Merry, and Nuria Rico

*The original notes taken during the meeting, from which these minutes have been prepared, are available for perusal from Alice at any time. Actions / key points to note are made in italics.*

Item 1: Welcome & introductions

The chairman invited everyone to introduce themselves, beginning with himself, and after we had done this, brief discussion established that the PPG did not at this stage in it’s life need to have a constitutional quorum.

Item 2: Practice update and immediate challenges

Several points were given by Jon & Dr Fox, these being:

* Dr Spencer has recently left, and the surgery is currently recruiting for her replacement; mention was made of the specific issues in recruiting for the island, and these were acknowledged by all.
* Changes to GP contracts made by NHS England, regarding access and capacity. In essence the triage system is changing and patients will be asked a number of predetermined questions at the point of initial enquiry, ie by receptionists. Patients may also be sent directly to outsources services eg Specsavers for eye services. *Feedback will be sought from the PPG once these changes are activated.*
* Online booking for standard test such as blood test is being set up *Feedback will be sought from the PPG once this is in place.*

At this point the chairman asked for an indication of the percentage of patients registered with the surgery who are known to have mobiles (smartphones) and internet. This was estimated to be at least 70%

* Referring to social media postings about the surgery moving, and Westacre having been mooted as a possibility, Dr Fox explained that this was no more than pre-emptive “chat” and that although the current premises do not provide enough space, especially taking into account such things as patient mobility issues, the search for alternative and better premises is ongoing and “ear to the ground”. Dr Fox added that patients would be consulted before any such move was undertaken.

This led to brief discussion of the need for infrastructure, such as bus routes among other things, to be taken into account by the council as well as the surgery

A question was asked about the issue of patients having a “named GP” on their records, and Dr Fox explained that every patient has “Dr Esplanade” on their record simply for the purpose of logistics.

A question was asked about the links with Tower House surgery. Dr Fox explained that there was no direct link, but that being larger, Tower House hosts certain services, and the Esplanade surgery contributes to the cost of these.

Item 3: Guest Expert Rachel Howard

Rachel told us a little about her background as a clinical pharmacist and the various areas of medicine within which she has worked. She has been with the surgery for eight years and is now able to prescribe, as this is within her professional competency. She works two days a week (Mon/Tues) and her colleague Heather works three days (Wed/Thurs/Fri). The two have different specialisms as well as working together in medicine management and medicine reviews, especially regarding those patients who are on multiple medications – split into between four and ten and more than ten. Lack of space limits face to face appointments. Home visits can be done if considered essential. Rachel made it clear that the pharmacy is for medication, and that disease/condition control requires the attention of a Doctor or and Advanced Nurse. She also expressed hesitancy about the idea sometimes asked about direct appointment booking with the surgery pharmacist as this can lead to pressures beyond their competency where the issue is not the medication but the condition itself

A variety of points and questions were then asked:

* the number of patients registered at the surgery; Jon gave this as approximately 9000.
* Face to face reviewing of medicines: this was explained to be not possible for most people because of numbers, and Dr Fox explained that medicine reviews are often done during a standard GP appointment.
* The percentage of patients on complex multi medications regimes are a minority.
* Changing of brands; Rachel explained that this was not for cost saving
* Addiction to long term medication; Rachel replied that changes would be made to a person’s medication to intercept this situation. Discussion followed about adoption of new medicines, and Dr Fox and Rachel explained that they are not obligated to act under instruction from NICE as a rule, their professional expertise and judgement can take precedence.
* Pharmacy audits – these are done regularly to monitor safety, usage and cost.
* Side effects – questions about these can be answered over the telephone and subsequently managed
* The surgery pharmacy does not diagnose or dispense, but does engage with the ease of access to regular medicines. Discussion then picked this issue up and focussed on the recent sale of Lloyds pharmacy and the surrounding uncertainty, the change in system at Boots so that they will no longer system manage repeat prescriptions, and the change away from blister packs for pills.

Rachel then talked us through the document which showed the planned system for monitoring anti-coagulant medication. After demonstration of how this would work discussion raised the following points: was the a repetition of information needed, should there be an e-questionnaire, and was there a “safety net” for those who do not have internet or smartphones. The recent Covid pandemic was recognised by all to have accelerated acceptance and use of the internet for communication. However, this still leaves vulnerable groups including the elderly and particularly those for whom sight or literacy skills are an issue requiring alternatives. *The consensus of the group was that the system “seemed ok” and that further feedback would be necessary at a later date once piloted.*

Item 4: The aims of the PPG and proposed activities

The chairman asked each of the group to consider how the Aims, as set out in the original Terms of Reference – might be linked to Activities, ie what should we be doing/offering to do/be asked by the surgery to do to achieve those aims. He remarked that Aims and Actions need to be relevant and likely to be simplified. *He asked that our thoughts and ideas on this be brought to the next meeting.*

Item 5: What do we do differently tomorrow from what we did today

The chairman remarked that this standard management question had been put on the agenda, as something to bear in our minds when responding to and working with the surgery to support them in their requests to us.

Item 6: A.O.B.

One item was raised that led to discussion, viz, the inability to get an appointment when a note came through from the GP asking for one to be made. This led to discussion of the issue of anxiety this causes to patients, who cannot know if the matter is serious or not. *The conclusion was that the system of communicating to patients should be looked at and possibly amended, and the PPG look forward to any ideas from the practice.*

The meeting closed at 7.15pm

Date of Next Meeting: Agreed to be Thursday 21st September 5.30pm at One Wight Health offices