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| **PATIENT PARTICIPATION GROUP meeting, Monday 16th September 2019** | | |
| **Present: Patrick Legg (PL), Louise Shaw (LS), Michele Legg (ML) Margaret White MW), Joyce Lee (JL), Brenda Reeves (BR), Bobby Mason (BM), Dennis Ford (DF), Julie Higney (JH) and Phyllis Newbery (PN)** | | |
| 1. | PL welcomed Phyllis Newbery as a new member and explained the structure of the meetings and what the purpose of the PPG is. | PL |
| 2. | 1. Apologies: Joanna Gibson (JG), Ronnie Waterman (RW), Elizabeth Sturton (ES) and Liz Hyatt (LH), Michele Legg (ML), Bobby Mason (BM), Alfred Murdoch (AM), Sandy Ramdany (SR), David Rowe (DR) | PL |
| 3. | Minutes of the previous meeting approved and DF had an update regarding Parking in West Cowes when you have a hospital appointment on the mainland. He said that you can park for free but you have to go through the council about this. There is a new leaflet regarding this which will be available shortly. | PL |
| 4. | Matters arising from Minutes: None | PL |
| 5. | Practice Update:  Staffing  Dr. Rittmeyer is on a three month sabbatical where she is helping Operation Riley in Tanzania. Dr. Hafiz Aladin is covering three of her four working days. Dr. Aladin was with us until recently to complete his training and is now a newly qualified GP.  Although we are fully staffed with regards to nurses we will have a couple of long-term nursing locums with us for three to six months as the younger members of the nursing team complete their training.  PCN’s (Primary Care Networks)  Patrick explained that the NHS Contract that was signed in April included PCN’s. We have joined with Argyll House, The Esplanade Surgery, East Cowes and St. Helens surgery to deliver this service. This means that as a network we are able to purchase services in the community that we think will benefit our patients.  Firstly, as a network we are going to employ a Social Prescriber who will be able to assess patients and signpost them to the correct service that they feel appropriate, i.e. social groups etc upon referral from a GP. Initially there will be one Social Prescriber employed for the five practices in the network, which is 44,000 patients, but it is hoped that after the first year if it is successful that another one will be employed.  JH asked who we would be looking at to employ to deliver these services. PL explained that we are working with Age UK as they previously had Care Co-Ordinators who had a similar role.  In the future we will be looking to expand the service with Pharmacists and physiotherapists.  Tower House is the Lead Practice for our network, Dr. Jo Hesse is the Lead GP and Patrick is the Business Manager.  DF asked if My Life a Full Life still exists. PL said – NHS England want more community services delivered by the PCN’s  JH asked that if a patient wanted to get fit for example can the GP refer them for swimming etc. Dr. Legg said that GP’s can refer for help with weight loss which includes reduced price gym membership.  NHS England want services pushed away from the Trust and into community-led services.  EAS (Enhanced Access Service)  PL explained, for the benefit of PN that part of the GP contract says that surgeries have to open seven days a week which Tower House runs for the Island. On a Saturday we have three main hubs around the Island; Tower House, Sandown Medical Centre and Carisbrooke Medical Centre. We have satellite hubs which we also run at Ventnor, Godshill, Brading, Bembridge sometimes and we will be doing a Saturday Clinic at Freshwater in the future.  We have GP’s, ANP’s, HCA’s, asthma nurses and reception staff who all work on Saturdays.  111 can book four of these appointments per hub.  We have been doing a pilot in the 111 hub at the weekends where we have provided GP cover to triage the phone calls to see if this benefits the patient because the GP will be able to issue a script or offer advice rather than the patient needing to be seen. The idea of the pilot is to collect data to confirm this.  We have been unable to cover every shift so there are still some weekends when there is no GP available. If this is the case the phone calls are triaged to a company called PHL who are not Island based so there may be a delay in the GP phoning the patient back. If this is successful it is hoped that the contract with PHL will be ended as it is hugely expensive and the service will be run by the GP’s.  Lighthouse do phone calls Friday evening and Sundays but do not offer face-to-face appointments.  We are the first service in England to offer this. | PL |
| 6. | AOB |  |
|  | DF said that a friend of his on the mainland was refused any prescription medication under the Pharmacy First scheme unless it was for a female. PL had looked this up and there are some things that Pharmacy First can’t provide treatment for, i.e. recurrent urine infections in females but not males. ML explained that if a man gets recurrent infections this could be a sign of something more serious.  MW said that she had read an article in the newspaper where it said that if you phone 111 for minor ailments you will be directed to a Pharmacy but she understood that you would have to pay for any medication given to you. PL confirmed that 111 can direct people to Pharmacy First.  PL explained that you have to ask to see the Pharmacist under the Pharmacy First scheme and you will have a consultation with the Pharmacist who will provide any treatment they feel appropriate. If you are entitled to free prescriptions you don’t have to pay for the medication.  Not every Pharmacist has signed up to the Pharmacy First scheme so it is not always available.  JL asked if we could employ more ANP’s to cover minor ailments but PL said that the ANP’s are always fully booked.  DF said that he had been told by Tesco Pharmacy that they send the Surgery a bill to cover the consultation and medication but PL confirmed that this is not the case. The Pharmacist gets paid £50 per consultation which is paid by NHS England. | PL/ML |
|  | We have a patient who is visually impaired who has been talking to somebody at Head Office at Boots because they say that they cannot print the medication labels in anything larger than 12 font. He says that nobody is monitoring the Patient Access Legislation with regards the visually impaired.  It was agreed that we would write a letter to Boots to find out why they cannot print labels in bigger font for the visually impaired and how they deal with people who are blind and need braille printed on their medication. Copy to be sent to the CCG. | PL/ML |
|  | JH asked if it would be possible to have a copy of your consultation notes following an appointment to make sure that everything has been dealt with because sometimes you forget if you’ve asked something when you leave the surgery. ML said that this wouldn’t be possible in a ten minute appointment but the best thing to do is to write a list so that each thing can be ticked off once it is dealt with. | ML |
|  | DF asked who is responsible for referrals for ADHD/Autism. PL advised that we do referrals for autism and that there is a new provider for this called Pscion who have recently taken over the contract. They have been dealing with the backlog of referrals that they took over from the previous provider and are now caught up. The current wait for an assessment is approximately three months.  DF is a regular member of the Education Appeals Panel at County Hall and without a diagnosis or a letter from the consultant children can’t always get a place at their preferred school. ML explained that we can’t refer children under the age of five for an assessment regarding ADHD/autism but if there were concerns with a child under five they would be referred to Barnardo’s who offer help in dealing with children’s behaviour. We cannot diagnose either condition within Primary Care. | PL  ML |
|  | PN has been referred to the Diabetes Prevention Programme and wondered how her recent blood result would get to them. ML explained that they wouldn’t get the result as they didn’t one as they are just for education because she is pre-diabetic. She will be called annually for a further blood test to make sure that she isn’t becoming diabetic. | ML |
|  | JH asked if the CHD and diabetes clinics were an open session but ML confirmed that they were booked appointments.  JH then asked that if a patient wanted referral for help in getting fit, for example, could we refer for swimming etc. ML explained that we can refer for physical exercise which also includes reduced membership at the gym.  DF said that he had recently requested copies of his clinical record and was amazed and impressed at the amount of background work required of the  practice to keep the records up to date, commented upon as appropriate and complete. He said that it was completed very quickly. | PL  ML |
|  | JH mentioned that she had concerns regarding Health & Safety with the reception staff on the desk not having their computer monitors at the right height.  Patrick did say that we monitor this but the screens do get moved. We have a Health & Safety policy about this which is accessible for all staff to read.  If an employee is having problems with the equipment we do involve Occupational Health if we can’t deal with by it providing alternative equipment. | PL |
|  | Post meeting note  Deborah Rooke from Healthwatch Isle of Wight has asked us to let you know about an event that is coming up on the 11th October which I attach a poster for. |  |
| 7. | Next meeting to be held on Wednesday 11th December at 12pm |  |