

PATIENT PARTICIPATION GROUP MEETING

Monday 23rd January 2017
7pm at Weobley Surgery

MINUTES

ACTION

In attendance

Anthony Barraclough, Maria Haines, Brenda Havard, Alan Jones, Raymond Jones, Andrew Kerfoot, Bill Montague, Jean Rees, Dr. Rob Sykes, Michele Petrie

1. Apologies

Helen Cotterell, Alex Davies, Gary Griffiths, Gladys Henesey, Kristine Stevenson

2. Minutes of the Last Meeting

Agreed as a true record.

PPG Representatives

Posters indicating the contacts for the PPG are now available in the waiting rooms at both surgeries.

Packaging of Medications

The Dispensary Manager had discussed these issues with the Dispensary Team and plans were in place to resolve this issue moving forward.

3. STP & CCG Feedback

RS indicated that the Sustainability and Transformation Plan (STP) was an initiative from NHS England (NHSE) to reorganise services to become more streamlined whilst saving money. Our STP area involves both Herefordshire and Worcestershire jointly as STP areas are governed by patient population numbers. Various parties are working on a plan however this doesn't address what is required for funding now and there are concerns nationally about STPs in general. £300m+ overspend to be addressed with only pump-prime monies of £30m being offered. There is a drive for more services in the community although limited funding to help with this. The STP is about other organisations coming together to provide a joint plan of agreed working. Taurus are leading in this area for Herefordshire so GPs do have a foot in the door. GPs already have concerns and have raised with the Local Medical Committee who have tried to talk with the CCG. Hereford Hospital is now being run by South Warwickshire Foundation Trust (SWFT) as a partner with a similar geographical/demographical area following being put into special measures. There is an option to reduce community beds quite dramatically in the current plan and increase acute beds at the hospital however, SWFT don't seem to have taken into consideration that they already have considerably more acute beds than

ALL

Herefordshire has already. Also problems with social care funding being available although often when it is carers are not available.

NHSE sees economies of scale, big is better, however as we already know this is not always the case.

A link to the CCG feedback page for patient's thoughts on services in Herefordshire in the future had been sent to all PPG members and further information posted on the practice website. All were encouraged to make their feelings known by accessing the online link.

<http://www.surveygizmo.com/s3/3216526/Your-Conversation-Herefordshire>

4. Healthwatch Feedback

AJ attended on the behalf of the PPG. Groups were asked to discuss how we could save money in the county and looked at how PPGs could come together to focus on how we could move these ideas forward. Diane Jones, Lay Member of the CCG, had suggested that she could attend our own PPG to discuss this further. All present agreed to invite DJ to our next meeting in April.

MP

5. Practice Update

- Dr. Ogilvie has left the practice and is now on Maternity Leave.
- New GP Registrar starts in March but will only be with us until May as she is also pregnant.
- Dr. Amy Wilkins FY2 has recently started with us in the practice.
- RS explained that the practice finds training new doctors very rewarding and it is hoped that by doing this these doctors may stay in General Practice when qualified. However FY2 doctors need to be supervised very closely and has an impact on the number of patients a GP can see in a session although a Registrar can add to the number of appointments available in each session as they require much less supervision.
- RS explained that the practice has always accommodated medical students from Imperial College in London however very few were seen back in the county to become GPs. The Practice has therefore teamed up with Cardiff and they are keen for us to take medical students for eight weeks at a time. Half of this time the students will be sitting in with one of the GPs and for the other part of the time they will be seeing patients. Their appointments are extended to 45 minutes, they see the patient and take a fully history, present that to the supervising GP and then both the GP and medical student see the patient together. Medical students are never allowed to treat a patient on their own and patients booking appointments over the telephone are asked if they mind seeing the medical student and will need to sign a declaration on arrival at the practice. If the patient is not happy to see the medical student then a different appointment is offered. However, the feedback from patients is very positive and most patients seem to enjoy the experience very much as they have an extended appointment to discuss their concerns at length.

6. Dispensary Pressures

MP circulated figures for the number of prescriptions raised and items dispensed at both surgeries during the last six months. The Christmas and New Year period had been exceptionally busy last year due to the Bank Holidays and it was anticipated that this would be the same for this year. The Practice would need to look at ways in which to try and contain the level of work during this period moving forward. MP also asked for PPG support when discussing the practice with fellow patients with regard to requesting repeat medications and to remind others of the pressures the

dispensary staff were under. There is currently a vacancy within the dispensary that we are trying hard to fill however there is a county-wide shortage of dispensers and dispensary assistants. The practice has taken the decision to train our own dispensers but unfortunately this takes about 12 months (1000 hours hands on work) and an NVQ qualification needs to be gained before they can progress to dispensing and working without supervision. Discussions were continuing as to how these pressures could be abated including extending the turnaround time and looking at different ways of working.

The use of Clinical Pharmacists have been discussed in other practice but this would simply help doctors to reduce their workload and not actually help the dispensing and distributing of medications in the dispensary itself. Pump priming monies were available on a five year reducing basis but this would still leave the practice having to fund this post out of their own monies which would be expensive and not actually solve the problem.

7. Phone Calls to GPs

RS asked for PPG support in reminding their fellow patients that phone calls for visits should be received before 10.30 am and requests for routine telephone calls to be received before 3.30 pm. This would allow doctors to plan their day around clinical sessions especially when moving from one surgery site to another during a split day.

It was made clear that GPs are still more than happy to speak to patients with regard to urgent matters when on duty. Unlike other surgeries we do not utilise the 'duty doctor on the day' who deals with all telephone calls and visits but each individual GP still returns their own calls and undertake visits however there are limits to the number of visits and calls doctors can make.

8. Taurus Appointments

MH had asked for this to be raised as an issue in that a patient had approached her asking for information regarding Taurus appointments as they were unaware of this service. MP indicated that currently information has been made available via poster in the practice, within the practice booklet, on the website, radio, leaflet drop to Herefordshire homes, advertisements in the paper and also the service is offered to patients via the telephone when appointments are not available. Unfortunately patients are not receptive to taking up these appointments and wish to wait and be seen in their own practice. MP asked for ideas on further ways in which this information could reach patients as it was clear not all patients were being captured. MH suggested handing out leaflets at each surgery a few times a year to try and embed the idea of using the service. MP agreed to contact Taurus for additional leaflets to try this approach and would also provide an article for the local parish magazines.

MP

9. Lighting in Car Park at Weobley

MH raised this point on behalf of a patient as they felt the car park and pavement outside the practice was rather dark. MP suggested that she could take this up with the Highways Agency who would be responsible for lighting of the pavements and would look at the provision of extra lighting at the front of the building to assist with access during the dark evenings.

MP

5. Any other Business

AB praised the service that he had received recently from the practice and Primecare but felt disappointed in the service he had received from the District Nurse hub with lack of communication when he needed advice. This was not a

criticism of the District Nurses personally more regarding the communication arrangements which were incredibly frustrating. MP agreed to take this up on his behalf and feedback through the appropriate channels.

6. Date of Next Meeting

Monday 10th April 2017, 7.00 pm at Staunton Surgery