

Minutes of a Meeting of the Patient Participation Group held at Dawley Medical Practice on Wednesday 18th September 2019 at 1.00pm.

Present: PJS (chair), SM, JE, BA, BK, CL, SDH (note taker), NM.

Apologies: SW, EB-D, NC, DC, DH, MH, DN

Minutes of the Last Meeting (Matters arising & action points)

PJS – the minutes had been circulated. Matters arising would be covered in the practice update.

Terms of Reference

The documents had been circulated. There had been comments from two members – NC was happy to accept the document. SW had queried why people had to apply to join the PPG and also raised the issue of conflict of interest. PJS – it was hard to get a group that represented the practice demographic and the PPG needed to try and broaden its reach. It was felt that an evening meeting might encourage working patients to join. NM - It would have to be a Tuesday evening for security reasons

For action:

It was agreed going forward to hold meetings alternately on a Tuesday evening and Wednesday lunchtime.

The Terms of Reference were accepted by the meeting.

Refurb of Dental Room

NM – Had been chasing the third of the required quotes for weeks – it had arrived this morning. The paperwork could now be sent off to the various bodies. The NHS will decide which quote to accept. Another issue is the room where the District Nurses were based – the practice could do nothing with it as it was being sublet from Shropcom; however they have now served 6 months' notice. The room would need to be re-let to avoid financial loss

Staffing -NM

GPs

Drs Bufton, Pitchika & Murphy are doing extra sessions and regular locums are also being used. The salaried doctor was off sick with stress. Dr Yomi-Adeleke would be leaving at the end of the month (he doesn't want to be a GP anymore). The practice is therefore still down on GP numbers; however GPs are impossible to find despite advertising. The good news was that Dr Davies had returned yesterday. He would be working a reduced schedule.

The practice therefore is covering in a different way:-

1). A job has been offered to a clinical pharmacist; he will be working six sessions a week (three days). He is able to do COPD reviews, asthma reviews etc. as well as help with all medication queries and signing of scripts. (The GPs struggle with the sheer volume of scripts they are required to sign).

2). Another Advanced Nurse Practitioner (ANP) has been recruited – Natasha will be working 8 sessions a week and will be able to do urgent care appointments.

3). **Nurses** - A new nurse had been taken on - Bev will be working 8 sessions a week and will be doing extended hours.

4). **Practice Manager** - A new practice manager had not been appointed – the applicant offered the role had decided not to accept the post due to childcare issues and the post is being advertised again.

In summary: - The practice is going down the route favoured by the NHS (i.e. GPs not having to do everything). This will give the practice a wider mix of clinical staff. Reception staff will still be asking what an appointment is needed for so patients can be appropriately sign-posted. More training was being given

to staff. A summary of the admin staff was circulated to the meeting. There was a total of 484 administrative hours each week – roughly half in reception and half in the back office.

Primary Care Networks & Extended Access

NM – the extended access scheme had been launched on Monday (with only three months to set it up across Telford & Wrekin). It was widely accepted that the previous extended access scheme had been commissioned wrongly. Under the new provisions appointments would be offered 6.30pm – 8.00pm Monday to Friday and between 8am – 8pm weekends and Bank Holidays. There was a central call centre that all the other practices were using – unfortunately Dawley could not use the same system because of the current telephone contract which was too expensive to leave. However Red Centric the call provider for the rest of the network would be looking to see if their phone system could be put in alongside Dawley's current one. The reception staff had to log into a completely separate system to book extended hours appointments. There were many rules to follow – only certain slots could be booked and the practice was not in control of what was on offer. Patients would be asked every time they booked if they were prepared for their medical record to be shared (if they refused, an appointment could not be booked). What could be done in an extended hours appointment was limited (ie no repeat prescriptions, referrals or urgent 2WW referrals. In these circumstances a task would be sent to the patient's usual practice).

CQC

NM – the final report was now online.

Practice - General

NM - Practices were under great financial pressure. Part of the practice income came from 'enhanced services' which covered things like winter pressures and demand management. Details should have been available in April – the final version was received last week with plans needing to be in place by October! Essentially up to 50 % of monies allocated could be clawed back if a CCG committee felt a practice had missed targets on these. There was a lot of work involved in proving a practice was attaining the expected level (some of this was down to inaccurate clinical coding). Data was extracted retrospectively.

For action: NM to provide the PPG with an overview of enhanced services.

SaTH Pressures

NM – PPG groups were being asked to help practices come up with ways to keep people out of A&E. SaTH was under great pressure and were struggling to offer outpatient appointments – there was a 12 month wait for cardiology and neurology was over 2 years. Other departments under pressure were rheumatology, respiratory, pain management, urology and gastroenterology. Mental Health provision was poor (one young patient had been waiting 18 months). The effect of the long wait was that patients kept coming back to the GP which put more pressure on general practice. Part of the problem was that SaTH found it hard to recruit consultants. PJS – uncertainty over the future of the PRH & RSH didn't help – one of the reasons people gave for attending A&E in Telford was that if it was busy the authorities wouldn't close it.

For action: PPG to consider ways to keep patients from unnecessarily attending A&E

Flu Clinic

NM- the first one would be held on Saturday for 65 years and over. The vaccines for children and the under 65s would not be delivered until October (this is a national delivery schedule).

Date of Next Meeting

The date of the next meeting was arranged for **TUESDAY 17th December at 6.00pm.**

The meeting closed at 2.20pm