Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Thursday 23rd November 2017

Present: **Patients x 6** Ian N**,** Gillian H, Beryl W, Pam M, Jennifer E & Sarah C

Surgery staff Rob Paton – Practice Manager,

Apologies Dr Slack**,** Gill R, Steve W

Non attendee Bernard P

The meeting started with an informal time and refreshments. Dr Slack popped in to offer her apologies but she was still working.	
Agenda Items	**Action**
IN welcomed everyone. Apologies were given, IN will try and remind BP to send apologies if he cannot attend. The minutes of the last meeting were agreed. RP will arrange for these to be put on the website. IN went through the minutes to check if the actions had been followed up on. KS had shared with the other doctors some features of electronic prescribing she had discovered to ensure they were all taking advantage of its functionality (such as recalling a prescription). The IT lead had contacted EMIS about the message box on the online prescription service but has not yet had a response. All members were reminded to continue to look out for information for the support group packs. GR will meet with RP when there is opportunity to check through them. The badges have been made. The recruitment/survey text had not been sent out due to other pressures at the surgery but RP will set it as a task for the new apprentice to investigate. The email address is on the website. The questionnaire is done and has been set up online and a session held in the waiting room to get feedback from patients.	**IN** **RP** **RP to check there is a response** **ALL/GR** **RP**
Practice Update • Dr Mackay will be going on maternity leave in December. Dr Turner will be a like for like replacement, starting in February. She will do 3 days a week and be here for up to 2 years. • Dr Aduragbemi Efuwape (Dr Adura) will finish his placement at the end of January. All GPs support with training through the practice's buddy system. This ensures all consultations are reviewed to ensure appropriate treatment and advice has been given. Dr Adura needs little support now. • RP explained that the trainee doctors the practice currently have are ST2/3 and so fully qualified doctors undertaking specialist GP training. They take consultations on their own unlike FY2 trainees who predominantly observe doctors. • IN asked if we try to keep on trainees once they have qualified. RP shared there is a good training system locally and efforts are made to retain trainees when they qualify within the town.	

- Patient numbers have increased again, up 54 to a total of 10958, with an expectation of hitting 11000 before the end of the year. Other practices are removing patients on the fringe of their areas and housing continues to be built within the Wetmore area. Applying for Section 106 money is the responsibility of the CCG on behalf of NHS England. Space continues to be an issue. NHS England have been approached regarding funding for the premises to address the issue.
- Appointment availability is better but there is no room for additional consultations even if all the doctors are in.
- Staff absence has been a challenge recently. A new receptionist has been appointed and interviews are being held to fill further positions. GH misses the continuity of care that long serving reception staff offered. Job retention is an issue across the board, although the nursing staff sees little turn over. BW asked if there were any roles that could be filled by volunteers. RP said they could consider this – there may be some basic day to day admin tasks like photocopying that they could think about. BW and PM were both willing to offer time if it would help. Confidentiality would need to be considered.
- Shared care is when prescribing of a specialist drug which has been initiated outside the practice but is then prescribed in primary care. These drugs need regular monitoring and specific instructions need to be followed. It is often quite complicated due to the nature of the drugs and checks (such as blood tests, blood pressure, ecg etc as well as contraindications). It is an enhanced service that GP practices can opt in to supplying. When it was established 10 years ago there were 4 drugs on the list and it affected about 20 patients. Now there are 32 drugs and 200 patients. The doctors need detailed knowledge of very specialised drugs. Some patients are less compliant than others with all the monitoring needed.
  The GPs have decided they cannot continue with this. It is optional and other areas eg Derbyshire don't offer the service. Most practices in inner Burton are pulling out simultaneously. It has been a very difficult decision and not taken lightly but patient safety is at risk and this has to be the priority. The CCG were warned in April when the contract was not signed and on 28/09/2017 RP wrote to them to give formal 3 months' notice. From 01/01/2018 patients should revert to getting these medications prescribed directly by secondary care. However the practice are committed to not leaving any patient without medication they need so if there is a delay with any department of secondary care accepting taking responsibility back the practice will still prescribe. All patients affected have been written to notifying them of the change. There was much discussion about the wording of the letter and how patients will have felt on receiving it. GH was worried patients would be frightened, fearing they won't be able to access medication. SC shared that some secondary services don't seem to be acknowledging the change is happen and IN felt some patients may feel if the GPs were no longer prescribing a medication the patient may feel it is an unnecessary drug and so simply stop taking it.
  GH felt strongly that it is important we stand up now and raise awareness of the problems with the NHS before they get even worse.
  RP continued to explain drugs have to be prescribed in accordance with NICE guidelines to ensure they are safe. 30 years ago there were less drugs and things were less complicated. Also specialists should be more familiar with the drugs they are prescribing and so are better placed to monitor and assess patients.

A FOI request has been put into the hospital regarding the cost to the NHS of these changes as specialist appointments cost more than GP appointments.IN is also concerned that the cost of deterioration in health if a patient is adversely affected by this has not been considered. Some of the drugs on the list are targeted at mental health patients who are particularly vulnerable. RP explained the prescribing budget is notional and so there is no financial benefit to the practice from this change. The CCG had originally agreed to fund the additional monitoring but the figure offered didn't cover the costs. The CQC are aware of the changes and are not concerned. RP stressed the GPs were reluctant to make this decision but the balance was tipped by safety concerns with everyone acknowledging we live in a blame culture and people are risk averse. However the PPG are representatives of the patients and while understanding why the decision has been made they was a great deal of concern about the impact on the patients. While the practice say they will continue to prescribe the patients are not aware of this and older, sick and vulnerable patients are left feeling scared and marginalised. It was requested the a second letter could be sent to the patients affected clarifying the hand over process but also the practice want to help if they have problems accessing their medication. RP will discuss this with the GPs and hopefully agree on suitable wording. GH asked that this letter could be signed.	**RP**
Report from visit to waiting room • JE shared some feedback from when she asked her husband to sit at the back of the waiting room and share his impressions. He said the only noticeboard he looked at was the one at the front and also it was difficult to hear and messages given by the receptionists. • JE and SC spent 2 hours in the waiting room last month talking to patients about their perceptions of the practice – both positive and negative and asking for feedback on areas of improvement. It was a really positive experience. Patients were willing to talk and almost all were quicker to sing praises than criticise. It was good to have the opportunity to address some concerns that patients would never have felt significant enough to bother the practice with. The survey responses were read out. The consistent themes were praise of staff across the board and issues with phone lines, appointments and time keeping. It was felt the younger generation have higher expectations that are not always realistic. There were also questions about triage and test results that RP will look into. JE and SC spent some of the time observing how things were working. The timekeeping was not good and there was only one announcement we heard to notify patients, and this was by a receptionist with a quiet voice. We could not ascertain whether the electronic sign in was notifying patients of a delay, the consensus is that it doesn't. RP said there should be updates every 20 minutes so will check what is happening in practice. There are 4 phone lines which realistically all that can be manned. Not having a significant queuing system, and instead just getting the engaged tone avoids patients paying to be on hold for lengthy periods of time. There was little awareness among patients of the PPG. One patient responded expressing an interest in joining the group and hopes to attend the next meeting. The PPG email address was not really visible on the noticeboard and the message box did not stand out among the	**RP** **RP**

displays. RP was asked to put up the larger sign with the email address on that SC took to the meeting and the message box has been replaced with a larger one. SC was asked to type up all the feedback so it can be published on the website as evidence we are listening to the patients. This will be done but maybe not for a few weeks. All the feedback from completing the survey online is compiled electronically and will be added to it. Hopefully the link to this will have been sent out by text before the next meeting. It was considered a very helpful exercise and would be good to repeat it at a different time of the week (this was done on a Monday morning when it is predominantly book on the day appointments).	**SC**
Recruitment • As this is inextricably linked with the texting and survey which are ongoing the agenda item was not discussed in any detail and will be carried over to the next meeting.	
AOB • SC asked about access to later appointments (up to 5.30pm) as had been discussed at a previous meeting. RP said they have not been made available online to try and protect them for those who most need them. It was questioned whether those needing them were in a position to ring and ask for them, as they were the working demographic who couldn't get time off for earlier appointments and also they were unlikely to be aware they were on offer. • IN asked it could be put on the agenda for the next meeting for him to feedback his experiences of registering for online services. • It was felt the shared care discussion had been particularly helpful.	
Date of next meeting It was agreed that it was working well alternating days as it was giving maximum opportunity for people who had other commitments to attend. <u>However,</u> it was a greater priority to have a doctor attend the meetings whenever possible, and as Thursday is a significantly better day for Dr Slack the next meeting will also be on a Thursday. The level of frequency seems about right and so it will be in 2 months – Thursday 25th January. Again, refreshments from 6pm, to formally start by 6.30pm.	
The meeting closed at 8.10pm	