



The Oaks Medical Centre

Dr: Mansford, Jacklin, Laurance, Harris, Johns, Burns & Swain.

20 Villa Street Beeston Nottingham NG9 2NY Tel: 0115 9254 566 Fax: 0115 9677 470

Patient Participation Group Minutes of the Meeting 6.30pm Tuesday 11th July 2017

PPG Members

Ian Kirkdale (IK)
John Sellers (JS)
Barbara Worrall (BW)
Michael Worrall (MW)
Ellie Duncan (ED)
Thomas Turner (TT)
Edward Jolley (EJ)
Sharon Bilbey (SB)
Cheryl Smith (CS)

Practice representatives

Laura Scott-Lead Secretary (LS)
Dr Claire Harris (CH)

Apologies

Graham Mansfield (GM), Chair

Ref	Discussion
1	Welcome, introductions & apologies Dr Harris welcomed everyone to the meeting. Introductions were made and apologies noted.
2	Minutes of the last meeting / matters arising Everyone was in agreement that the minutes were accurate. No questions arose from the minutes of the last meeting.
3	Extension Update CH explained that we had experienced a few setbacks; we had now gone into the next financial year, issues with scaffolding has having it up too long, NHS England person changes so different people dealing with it etc. IK asked what the pharmacy would be doing, would they be in some type of cabin. CH answered that they would be in their current building for as long as possible and once the new pharmacy building was built they would turn over in a weekend so there won't be much disruption for them. Start date of 24 th July and would be expected to last 6 months.
4	PRG TT gave feedback from the PRG. The main discussions included: <ul style="list-style-type: none">• TT informed that there was a meeting this coming Thursday (14th) at John Clifford School 7-9pm with regards to health services for Nottingham West. Dr Mansford would be attending for Broxtowe. It is open to anyone who wants to voice opinions and have any questions.• It was discussed that there will not be one of head governance for 7 commissioner groups but one for the 4 in the North and one for the South. MW asked how that could be done as some are rural and some are urban-how can know what doing? TT said it was a way to save on money as needed to save £44 million this financial year.• Arriva - ? Darren Clarke gave a presentation and discussed that it is a problem with



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	<p>amount of wheelchairs at the hospital and there are not always one available however every EMAS has a wheelchair but Arriva don't.</p> <ul style="list-style-type: none">• Medilink – introduced a £1 charge to use-meeting on Thursday – if someone has a City card they can use Medilink at any time and if they don't have a City card the times of use will be restricted. TT will find out at the meeting if it will still be a £1 charge to get around the campus. From 24th August the bridge will be completed so patients would be able to travel via the tram and walk over the bridge which would take them straight into A floor of the QMC.• Celebration – there is talks about doing another one where PPG members are invited to a meeting with other PPG members to discuss what they get/want from PPGS.• Health Watch – City and County health watch may merge and just have one health watch that covers Nottingham as a whole.• Clinical Survey results have been announced, some of the results are; 75% had seen the GP of choice, 44% thought it was important to see their GP of choice, 86% happy to be seen by another clinician if it meant an earlier appointment, 84% booked over the phone and 28% were on an emergency appointment.• Carillion – they lost their contract on 1st April, weren't cleaning properly and the food was deteriorating. Now a lot of it has gone back in house and the senior nurses will inspect wards to make sure they are cleaned properly. Catering is back in house and they are trialling a discharge bag where vulnerable patients are sent home with essentials such as milk, bread etc so that they don't have to worry about getting out to get it once discharged from hospital.• Helipad – has been built above car park 3. There are warning signs around and its coming into force that if cars are parked on red lines they will receive a £50 fine. Carillion will still be in charge of car parks and British Parking Association will have the ability to issue the fines. <p>CH asked TT if the PRG still ask for feedback from PPG and TT commented that they did. EJ asked with regards to queries and complaints that could be brought up with regards to Arriva but it was agreed PALs would be the best place to contact as Arriva are not compelled to write back like PALS are and therefore complaints don't make much difference to Arriva. TT mentioned it was a catch 22 as EMAS are also no better.</p>
5	AOB <ul style="list-style-type: none">• CH mentioned that Dr Johns had now finished work to start her maternity leave, and her sessions were covered by two locum GPs. Dr Ali was covering the Monday all day and Dr Jandu who was already working one day a week for us is increasing his sessions to cover Dr Johns on a Thursday morning and all day Friday.• CH also explained we had Lidia-clinical pharmacist-sitting in and shadowing GPs. IK asked if Lidia was able to do prescriptions to which CH answered that she would be as an experienced clinician and that she was able to do medication reviews and clinics with patients. TT asked if staff did prescriptions or if it was a GP. CH explained that all reception staff can issue repeat meds for GPs to authorise and that there was a small team that could initiate creams or medications suggested by consultants etc however there was not much monitoring until it came to medication reviews. TT asked with



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	<p>regards to tablets that come in boxes of 30 rather than 28 and it can cause complications. CH agreed that care homes struggle with 30s as they end up with surplus and then it gets messy. CH mentioned that if anyone ever experienced a problem, they could speak to reception and request changes to medication. CH commented that it was an awkward situation as 28 days is not a full month's supply. CH said that nor everything suits everyone but reception has more responsible-we can adjust. EJ asked if it was a government thing that only 28 days were given. CH answered that it wasn't but they heavily suppress us doing more than two months' worth at a time as it can lead to wastage with dose changes etc. We are looking towards doing more repeat dispensing where we can authorise so many months and the prescriptions will automatically send EPS to the pharmacy on the selected dates and this is something Lidia will be working with. EJ commented the EPS works well. CH agreed and mentioned that it does especially if away from home and forgotten meds etc.</p> <ul style="list-style-type: none">• ED spoke about care home agenda and asked if we did the weekly ward rounds to the care homes or did we opt out. CH mentioned that she wasn't aware there was an option to opt out but they do ward rounds and have responsibility for Landermeads (Meads & House) Cath Tam, Queenswood and Beeston Lodge. The problems they faced were to do with patient choice and patients didn't want to re-register when they have been patients here for a long time. They do also require a lot more input and it is better if GP is responsible for one. CH explained that Dr Laurance goes into Beeston Lodge on a Wednesday morning and Dr Burns and herself go on a Thursday morning to Landermeads & Cath Tam. Dr Mansford goes into Queenswood on Thursday but they are not as high intensity patients. CH explained that they can take a remote PC which means they can make medication changes etc and improves patient care. ED asked if they met up with District Nurses etc which CH commented that it is normally GP lead but they do sometimes meet community nurses and arrange joint meetings. It also gives GPs a chance to meet with relatives as they have more defined time and are able to keep on top of things more. Also means that GP gets to know they best.• TT mentioned that it was announced that BMA not registering patients. CH mentioned that it is a crisis step to close list and can lead to severe penalties but could be a capacity issue. We had 7000 patients four years ago and now we are over 9000. CH mentioned if they were looking at some form of closure than NHS England have to look at getting patients registered rather than GPs and risking patient care. TT commented that there was similar situation with the closure of Wollaton Vale as it was a single GP practice and the GP was retiring and the other surgery within the practice grounds couldn't take the volume of patients.• BW spoke about having Polio when she was younger which was eradicated now but lives with the after effects. She mentioned training GPs on polio awareness. CH mentioned that it is difficult to know what level-? electronic learning or ? educational events. BW mentioned 12,000 survived in this country but CH not seen any major campaigns.• MW mentioned that Notts Police had a psychiatry nurse who was based in the control room but this will not be the case anymore as NHS have withdrawn their funding.
	<p>Date of next meeting and close Graham Mansfield, Chair, thanked everyone for attending. The next meeting will be on: Tuesday 5th September* 18:30</p>



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	<i>*Date rearranged due to annual leave, moved to 19th September 18:30</i>
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