PRG 8th April

At, LP, BE, LH

No apologies received though noted it was Easter holidays.

Very real anger at the loss of the Physio service, but directed at those who had failed to attend not at the commissioners. Practice manager explained that given how tight the funding is within NHS it was not realistic, no matter how sad, that the physio service could not continue. One of those present had had to go to alternative venue because the practice in house physio was fully booked and was incensed to know how many people simply booked but did not then attend appointments.

This led to further discussion around the perennial problem of wasted appointments, Practice manager confirmed that this was widespread though more prevalent in some areas than others. Suggestions were made that people should be charged for missed appointments but realised that attractive though this proposition was it would not be allowed. Further discussion as to why it is not allowed but no one knew the answer; the prospect of those who do attend being forced to pay for services at some level was mooted as a strong possibility if NHS is to survive.

The press stories that practices are closing down was noted and there was concern expressed around expending money on services that were abused instead of sticking to core activities. BE raised fact that he had been offered some medication by a relation because they had a ‘back store’ and queried how these were paid for. Practice manager confirmed that individual practices have a notional drug budget and there is pressure to reduce the costs of unnecessary prescribing. The attempt to get a prescribing waste technician was supported. If people in Leeds ordered only what they need it is estimated enough could be saved to build two new hospitals a year in Leeds without resort to PFI funding which has brought so many problems in its wake.

The priorities for coming year were discussed – staying open was the first suggested but the practice manager reassured those present that there was no immediate danger of the practice closing but that things have to be taken one year at a time in present political climate.

Looking at developing an in house eye health service was agreed, the idea being to check health of eye rather than sell glasses. The eye as a predictor of health and the need for example for diabetic eye checks and that again some people with diabetes do not attend for eye checks, was explained by Practice manager. The fact that people fail to attend their diabetic screening was met with incredulity.

Referring back to the occasion when he was rung and offered carer support was referenced by BE and it was suggested that there were many people under 75 who for medical reasons needed support in the daily lives, running a similar project for patients under 75 with medical indications. Agreed that this was something we could explore.

Developing the idea of discharge buddies was supported as an idea and Practice manager was tasked with taking this forward through her contacts in SHIP and Leeds Uni.

The marking of the car park was positively commented on – indeed described as better than when building first opened.