

BRIDGE SURGERY'S PATIENT GROUP

Minutes of Group Meeting held on

Wednesday 17th October 2018 at 6.00pm

Present:

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| Dr T Georgiou (GP) | Gerry Chatfield (Patient) | Kelvin Langford (Patient) |
| Julie Finch (Practice Manager) | Marion Grenville (Patient) | Melissa Palfreyman (Patient) |
| Sandra Gallear (Administrator) | Judi Griffiths (Secretary) | Carol Riches (Patient) |
| Angie Carpenter (Patient) | Angela Henry (Chair) | Mick Robinson (Patient) |

Manzar Maqsood, Clinical Pharmacist for the Practice, introduced himself and explained what he has been doing so far and how his role will evolve. He started in June and has mainly been sorting out repeat prescriptions, prescriptions/records for those returning from hospital with altered or additional medicine and medication queries e.g. what can be used as alternatives. Recently he has begun his own clinics, currently only by telephone but will soon be taking face-to-face appointments. This has already begun to free up doctors' time and will continue to do so, particularly once he is able to prescribe (qualification obtained, but still awaiting completion of some forms), also when patients become more aware of his availability. To this end there will be a piece about Manzar in the next newsletter. He is currently at Bridge Surgery Monday, Tuesday, Wednesday & Friday mornings.

A question about his funding was raised by Kelvin. Julie and Manzar explained that the NHS currently provide 50% funding, but this will reduce over the next 3 years.

At the end of this discussion, Manzar left the meeting after being thanked for attending.

1 Apologies

Apologies were received from Graham Lamb (Patient).

2 Notification of Any Other Business

None.

3 Minutes of Last Meeting on 18th July 2018

On point 6 - News from the Practice - there is a slight correction on the number of extended hours appointments; this should read 12 appointments on a Saturday morning and the 6 for the evenings, 4 for patients of this practice and 2 for others.

4 Matters arising from Minutes of Last Meeting

Point 4 - Matters Arising. Gerry wasn't able to ask Ian Wright if he still required a stand at the surgery as Ian did not attend the September District meeting.

Point 5 – Group Business. Marion had expressed an interest in the exercise classes demonstrated at the end of the Diabetes UK meeting held in June. Having obtained the “Move It Or Lose It” details from Judi, Marion attended one of the classes, held by Annie Serato at Tutbury, as a paying customer. As well as “keep fit” Marion reported that it was great fun socially, and that Annie would be willing to come to one of our PPG meetings to hold a “class” for us to experience, and she thought that perhaps it would also be beneficial for the Practice nurses to attend so that patients could be referred where appropriate.

Point 9 – Any Other Business.

Kelvin had raised concerns about E-Referrals and asked for further clarification as he had an appointment on a Friday, heard nothing by the next Friday, but did hear on the Monday before he had chance to follow up. Julie confirmed that if it took a week for a non-urgent letter to be dictated and

typed, the Practice would not be unduly concerned. Kelvin's concern was whether all patients would chase it up. It was suggested that perhaps the doctor should explain that it could take the secretaries up to a week to type non-urgent letters. An audit of throughput would be helpful to see what numbers are involved. Julie also explained that we were due to have a digital dictation system installed in November which may help with this.

The question was raised as to whether Walking For Health still advertised in the Burton Mail; this was something Kelvin was going to follow up on.

5 Group Business

Virtual Patient Group - Nothing to report, numbers still steady.

PPG - There are now two people on the waiting list to join.

Flu Clinics - Angela and Judi attended the 15th September flu clinic, where patient appointments were every 2 minutes as opposed to every 1 minute at previous clinics. There were 'freebies' from the Lions Club, Healthwatch and Carers Hub and quite an assortment of leaflets, although not many were taken, apart from AAA which had a greater uptake. "Everyone For Health" also attended, and Judi expressed concern that their leaflets stated their classes/meetings were only available to certain "wards", which included Stapenhill and Winshill, and not specifically Brizlincote. Angela and Judi will also be attending the 24th October clinic and Melissa and Carol the 7th November. Julie confirmed that for the 7th, there were two clinics, one for children and one for patients aged 65 and over, and that there would be a break between age groups. This session will be from 2pm until 6pm.

6 District Patient Engagement Group

Healthwatch - Have been awarded a new 3-year contract, with the option of a further year. However, funding has been greatly reduced and as a result the advocacy side and research team have been lost. There are now only 4 people to cover the whole of Staffordshire.

Patient Stories – At each Patient Board meeting any patient stories that have been forwarded are discussed. In order to clarify how they should be recorded a new protocol has been put in place as follows:

- Any Patient Story brought to the DG must have permission from the patient concerned.
- The patient's name must be known to the reporter. It need not be divulged to DG.
- Any story, negative or positive, that involves a GP practice must have been reported to them before being told in public.
- Any story involving a Hospital or other outside organisation, must be firstly brought to the attention of the Chair. In their absence the Vice Chair.
- Complaints must be handled in line with usual practice.
 - GP complaints to GP practice.
 - Hospital complaints to PALS.
- Any issues that cannot be resolved by these means can be discussed with the Chair.
- Stories will not be allowed until it is clear all parties are aware the matter will be heard, in public, at a DG.

These guidelines are generally in line with those of the East Staffordshire Clinical Commissioning Group Patient Board.

MacMillan – Nichola Sherratt, MacMillan Engagement Lead (Staffordshire, Walsall and Stoke on Trent), returned to update the DG following their successful event held earlier in the year, and ask where do we go from here? Nichola had done a presentation, to pass onto the members, on how to navigate the Macmillan website, how to order brochures and leaflets, that hopefully will be displayed within all East Staffordshire GP Surgeries. The next step is to discuss how do we take things forward in East Staffs.

Future DG meetings – Dates and venues for 2019 meetings to be finalised, with 3 venues being considered, Burton and Uttoxeter Fire Stations and Barton Health and Community Centre. Some of these meetings may be held during the evening (6pm – 8pm), to allow those working to attend.

Feedback required from PPG's –

Do GP's get their Virgin Care bulletin? Dr Georgiou answered - Yes, and the important sections are read.

Ian Wright from Healthwatch would like to be informed if anyone has been adversely affected by the closure of Mobility Link.

7 GP Patient Survey 2018

Julie had sent everyone copies of the main slides from the GP Patient Survey, which was sent out between January and March this year and published in August. The information is quite useful and data can be compared to other Practices by going online and looking at the details. The main area for improvement was patients not being able to get through on the telephone (61% respondents find it easy to get through compared to 70% nationally) however 92% of respondents describe their overall experience of the practice good, compared to the national average of 84%.

8 News from the Practice

A new receptionist has joined the Practice, Jayne, who works Monday, Tuesday and Wednesday. She currently does not have a uniform but wears a "Trainee" badge.

A new GP Trainee has started, Dr McCaul, he currently holds a full-time military position (Navy), his appointments are for 20 minutes and are supervised, and debriefs done after each consultation. DR McCaul is with the practice for a year until next July.

The Practice is still looking for a replacement for Dr Pidsley. In the meantime, locums are being used who are carefully selected, usually doctors who are known to the Practice or come highly recommended.

Installation of the new telephone system scheduled for August/September hit a rather large snag; on go live day the installation engineer pointed out that the new system would mean overall there would be less lines. This would have been unacceptable, so a new order has been placed (with 6 incoming lines), delivery to be in 2-3 weeks. There was a mismatch between what we understood we were getting and what was due to be installed. Due to the delay "active signposting" may be introduced before the new system is installed.

The Jayex information board in the waiting room has been tweaked to go up or down rather than coming in from the right.

With regard to flu clinics, there are 3 vaccines; 64 & under, over 65 and a nasal vaccine for children. After the point was raised about not having a 64 & under clinic on a Saturday, some extra evening clinics have been arranged. There have been issues with vaccine supplies, but a big delivery of the over 65 vaccine is due on 2nd November. So far 750 over 65 have been vaccinated, with the 64 & under not being taken up as fast. Some nursing home and home visits are still to be done. Take up stats to be provided for the next meeting.

Of the 96 Friends & Family Tests for July - September the majority were from the flu clinic.

The number of patients using Online Services for appointments and prescriptions could be better, currently the Practice has 16% which is in the lower percentile of the middle band, which is orange (10-30%). Sandra pointed out that forgotten passwords are an issue, they can be reset as long as the patient hasn't been locked out, otherwise the patient has to re-register, which means visiting the surgery with the relevant documentation again, which some may be reluctant to do.

The Extended Access initiative is now live, with all practices in East Staffs working together to cover 18:30-20:00 on weekday evenings and Saturday 9:00-12:00, which means 1 evening at Bridge every 2-3 weeks and 1 Saturday every 3 months or so (rota based on list size). To the patient these appointments don't show any differently, but the surgery has to use a different computer system to book these specific appointments. The surgery also has to offer 8 additional hours (in-hours) of clinical time (Nurse, Pharmacist or GP/Locum).

Significant events

A nurse saw a patient on the 24th September for a diabetic review, but no blood results showed on the system although the patient was adamant blood samples had been taken at Hill Street. The blood test request was renewed. A second patient came in with the same issue, samples taken on the same day at Hill Street. This has been reported to the Hospital, but to date there has been no response.

At the last flu clinic, held during a ½ day closure, the duty doctor took a call at 13:07 and asked that the patient attend the surgery, they arrived at 13:28 and were seen immediately. At the doctor's request the receptionist called an ambulance at 13:45. The duty doctor called for the start of the flu clinic to be delayed so that the paramedics had a clear passage down the corridor. By 14:10 the ambulance had still not arrived so the flu clinic was started each patient being called individually, at 14:25 the ambulance arrived but was hindered by the car park being very busy. The flu clinic was halted again. Marion was, by chance, in attendance at this clinic and stated that she thought the whole incident had been handled very well and that all patients there had been happy for the clinic to be suspended during the emergency.

9 Burton & Derby Collaboration Update

Although Graham was unable to attend the PPG meeting he had sent some notes.

At the Council of Governors elections Graham finished in second place; his term of office will run until July 2021. He has a workshop tonight to decide who sits on the various committees, he hopes to be on the Finance Investment & Performance committee. At the last meeting they had a presentation on the merger transformation plan, which they will be keeping a close eye on.

A case is being finalised for the movement of hyper acute strokes to Derby, consultation will be required by the CCG. In the merger patient benefit case, this was one of the main patient benefits, citing improved mortality rates.

10 Any Other Business

None.

11 Next Meeting

The next meeting will be held on **Tuesday 4th December 2018** at 6pm with refreshments from 5.45pm, this will be the AGM so please allow for extra time. Dr Wong will attend.

At this meeting Angela and Judi will resign their roles as Chair and Secretary in accordance with the PPG's Constitution, but can stand for election again if they wish.

Agenda items to Julie or Angela by 20th November 2018 please.

12 Effectiveness of Meeting and Meeting Close

"Very effective". Angela thanked everyone for attending and for their input.

The meeting closed at 7.44pm.

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| Abbreviations: | AAA | Abdominal Aortic Aneurysm | PALS | Patient Advice and Liaison Service |
| | AGM | Annual General Meeting | PPG | Patient Participation Group |
| | DG | District Group | | |