

MINUTES OF PATIENT REFERENCE GROUP MEETING
HELD ON 11th JANUARY 2017

PRESENT: Robert Kelso chair, Sylvia Hindley, Linda Sanders, Bridget Kettle, Di Wogden (PRG) Dee Brown (Practice Manager), Ed Matthews (GP), Sarah Williams GP Registrar

APOLOGIES: Malcolm Cowburn, Roger Watts (PRG), Rebecca Prosser (Reception Manager)

Minutes of Previous Meeting: - agreed and signed by the chair.

MATTERS ARISING:

SUCCESS REGIME – Robert had attended a meeting in the Guildhall Barnstaple which he had expected to be about possible cuts to services at NDDH but was about cutting community beds in East Devon. They were interested in views of North Devon where cuts to community beds had already been made. No-one had seen the latest report which was believed to have been published on 23rd December. Peter Heaton-Jones had invited the health minister to accompany him on a journey from Lynton to Exeter to see the rurality of the area first hand.

FRIENDS AND FAMILY TEST:

Results for November and December were very good with 95% positive. PRG requested that results are supplied in a printer friendly version. Bridget had not received the results. The group discussed the two negative comments about waiting times with one patient finding that the pharmacy was closed by the time they had been seen. Ed explained how this might happen if the emergency Rapid Access Clinic was busy.

PUTTING THE DRAGON TO BED:

Rebecca had written a response to media coverage of receptionists asking patients why they want to see a GP. She has outlined the role of the receptionists, their level of responsibility and why they may ask patients questions. It was proof read and approved by the PRG. It will be available in reception, via the website and for patients signed up to the newsletter.

We discussed whether having a GP record a message on the telephone system which would give patients an insight into why they may be asked questions before booking an appointment would help or hinder. It could be more authoritative coming from a GP but might disempower the receptionist. Female GPs might not be recognised as GPs.

The PRG felt it was more important how they perceive that person at the initial call and how there call is dealt with. There is training planned for receptionists later on in the year to help signpost patients to the most appropriate service.

SOCIAL PRESCRIBING

Dr Sarah Williams introduced herself. She is a senior GP Registrar ST4 working at Combe Coastal practice Ilfracombe. She is running a project based on Barnstaple, looking at how best to support patients with non-medical ways of managing their problems, recognising the huge overlap between “health” and social and environmental factors. In other areas this has been branded as social prescribing. Practice staff have been trained up to provide information for patients with onward referral; they have also shared staff between practices. The One Ilfracombe project has a connector available for signposting. She wants to explore whether this will work in Barnstaple from a bottom up approach. Sarah presented a draft survey which

asks for patients views on how they might see it working. The survey is likely to be distributed in two of the five Barnstaple practices (one large, one smaller). Is this putting the onus on patients to identify issues? GPs may raise as an option and refer on. The survey is for anyone wishing to fill it in to gauge interest. The PRG felt that the questionnaire needs to clarify “how we can help you” and required contact details if a patient identified themselves as currently needing help. The service might be better based in a community hub rather than the GP practice. What will the response be if a patient needs help now?. Sarah will look at the survey again and consider adding a link to a website to provide existing helpful information.

AOB

Research news – Ed shared a research newsletter with stories of how people had benefitted from being involved in research. Current practice research topics are Startrite, a diabetes project and follow up on patients recruited to the Garfield study.

Nursing Associate Academic Interviews – Sylvia had responded to a request from Shaun Kershaw, Head of Petroc Academy for a PRG member to participate in candidate interviews. The role has some controversies but it is proposed that nursing associates will be in addition to registered nurses and will reduce the overall dependency on temporary staff. They are regulated by the midwifery council. There is a clear differential in roles but they can progress to RN. There are concerns that the post has been made to help fulfil the requirements for 3 million apprenticeships and that HCAs and Associate Physicians might become marginalised. Also some worries that RNs would move on to become administrative managers. There is clear task delegation; they will be able to administer drugs. The role sounds similar to that of the former enrolled nurse. Progression routes would be to level 4 and 5. Fifteen students were appointed in North Devon and a further fifteen from Exeter area. Petroc is the lead college and all students attend Petroc on day release once a week. Some students are currently employed by the trust whilst others are employed by care homes. Overall Sylvia felt that it was worthwhile being involved in the interview process.

**NEXT MEETING WEDNESDAY 8th MARCH 2017
18:00 HOURS BRANNAM MEDICAL CENTRE.**