

# MINUTES OF PATIENT REFERENCE GROUP MEETING

HELD ON 10<sup>TH</sup> MAY 2017

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**PRESENT:** Robert Kelso (Chair) Sylvia Hindley, Roger Watts, Linda Sanders, Dee Brown (Practice Manager) Ed Matthews (GP) Tim Chesworth (GP) Rebecca Prosser (Reception Manager)

**Apologies:** Malcolm Cowburn, Jeanette Kemlo, Di Wogden

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**Minutes of the previous meeting** - agreed

**MATTERS ARISING** - none

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**BOUTPORT MEDICAL CENTRE:** Tim Chesworth informed the PRG that Boutport Medical Centre is closing. There have been problems with staffing and the building is no longer fit for purpose. Two of the GPs have taken jobs elsewhere. There has been lots of discussion re merging with another practice. The Barnstaple Alliance has been involved with NHS England in this discussion which has resulted in Queens Medical Centre taking on the contract from the end of August. An official communication to this effect cannot go out till after the General Election as we are now in a time of purdah. Boutport had a list of 5,200 patients but had already been losing patients to other practices.

Queens were initially keen to merge with Boutport but will be taking on the contract themselves which will increase their list to 11,000 patients. They have also had problems with GP recruitment.

Brannam patient numbers are rising significantly with over 400 patients joining the practice in the last two months. Dr Anna Marquiss will be taking on an entirely new list from September. The increase in numbers is having a big impact on reception.

NHS England are not allowed to allocate as patients have choice in where they are registered. Queens will get a large financial boost without total numbers actually moving across to them. Boutport patients are spread across the whole of North Devon so some patients may choose to register nearer their home address eg Braunton.

We have 14,900 patients compared to 14,100 at the start of April 2016. There is a delay in payment for new registrations with payments made in the following quarter. We are happy for our list size to grow but it needs to be balanced with space and staff. It is difficult to plan when there is a trickle of patients. You have to overstaff to start with. It is easier if it is done in a controlled manner.

Brannams have advertised for another replacement partner and have had just one applicant. We provide a good service and do not want to compromise. If a practice closes another practice in the area cannot apply to close their lists to new patients. The Bouport contract was not big enough to put out to tender. Private providers such as Virgin Health are only interested in large contracts.

The group asked if immigrants were increasing list sizes. North Devon does not have a large immigrant population and there is not a big language problem as there might be in other areas.

**RAPID ACCESS CLINIC:** The practice recently held an Away Day attended by GPs, managers, senior receptionists, pharmacist and our nurse prescriber. We looked at the timing, provision and skill mix in our Rapid Access Clinic. We would like to bring work forward and give patients a chance to be seen earlier in the day and will be offering a minor illness clinic of a morning. The system will work better if patients are willing to tell the receptionist what they want. There is a script being prepared for reception to help them signpost patients to the most appropriate service. We will give patients the option of a call back from the GP but we are very aware that patients do not like having to be rung back for everything.

**EMERGENCY DEPARTMENT PILOT:** Currently A&E can refer patients back to Devon Doctors Out of Hours which is situated next door to the casualty department. They wished to look at a similar arrangement during working hours whereby they can refer a patient back to their GP surgery if they think it is more appropriate for the patient to be seen in primary care. There are a range of reasons why patients attend A&E. The Nurse Practitioner in A&E would triage the patient and then ring the surgery. There are funding pots to support these pilots. Once the patient has crossed the threshold into A&E the department will automatically be paid even if the patient is then redirected elsewhere.

**STAKEHOLDER REPORT:** Roger provided feedback on the March meeting (see tabled report). We should feedback to Roger if the CCG is not functioning properly and make sure that our voice is heard.

Ed reported that the STP attended the GP forum meeting. The waiting list for angiograms is getting longer, also knee ops, breast screening patients being asked to attend Exeter. Ways to save money were proposed but were never acted upon. Budgets set and appears to be "use it or lose it". Money allocated appears to stay in that sector.

**SHAPING FUTURE CARE:** Lin reported on a public meeting she had attended at Petroc College. The first hour of the meeting was monopolised by the "Save our Hospital" group. Lin was hoping to hear details from clinical groups. The STP gave a wider view from various parts of Devon. The best part was the small group work in which Dr John Womersley facilitated at her table. North Devon has special measures due to the distance. It felt like a tick box for the STP to say that they had consulted with stakeholders. Stakeholders can have a view if they are provided with clinical details. The STP should involve service users or patient representatives. Some users are selected from Healthwatch. Numbers still do not fit. Waiting times are going back up. Recruiting 5000 more GPs but numbers of GPs are currently going down. There are issues with small hospitals, uncertain future, small number of patients. It then becomes difficult to recruit to the hospital. Need to present the case better so can have a proper discussion.

**PRG CHAIR :** Robert agreed to chair the future meetings. He does not have the time to attend all external meetings on behalf of the PRG. It was agreed that this would be shared amongst the group and we will review annually.

**FRIENDS AND FAMILY TEST:** There is no target for FFT. About 1% of attendees respond. The practice will check if the response is steady. The results were very satisfactory. The PRG expressed their thanks to the Doctors, Nurse and all Admin staff. Di's letter to the practice staff had gone down very well. Robert had added a comment. Sylvia reported that she was having problems with mjog. Dee will ask our mjog admin lead to contact her.

**AOB**

- Sylvia gave her apologies for the next meeting.

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**THE NEXT MEETING IS SCHEDULED FOR WEDNESDAY 12<sup>th</sup> JULY 2017  
AT 6PM**