

12th July MINUTES OF PATIENT REFERENCE GROUP MEETING

HELD ON 12th JULY 2017

PRESENT: Robert Kelso (Chair) Sylvia Hindley, Roger Watts, Linda Sanders, Malcolm Cowburn, Di Wogden, Dee Brown (Practice Manager) Ed Matthews (GP) Susie Wheaton(Deputy Reception Manager)

Minutes of the previous meeting – amend to apologies received from Di
MATTERS ARISING - none

BOUTPORT MEDICAL CENTRE: Brannam patient numbers are still rising with patients moving from Boutport but also an influx of new patients to the area. We are increasing reception, admin and nursing hours.

Our new partner Dr Sarah Street will be joining the practice in April 2018 as she has to give notice from her current practice. She is local to North Devon. We have appointed Dr Peter Figg, a former registrar at Brannams, on a one year contract to increase capacity before Dr Street arrives. Dr Marquiss will be offering an additional session from September increasing from 7 to 8 sessions.

Boutport patients have had a letter from NHS England re their transfer to Queens but there has been very little publicity otherwise. We continue to look at ways other health care professionals such as Nurse Practitioners and Specialist Paramedics may provide care.

MINOR ILLNESS CLINIC : This started on 3rd July. We have started to bring appointments forward to earlier in the day. There have been a few teething problems with inappropriate bookings but generally our clinicians (clinical pharmacist and nurse practitioner) are coping well. The RAC runs over lunchtime which gives working people an opportunity to attend. From 5.30pm the doctors triage any calls and assess if they need to see the patient that evening or if it is something that can wait or be dealt with over the phone. In the long term this clinic should free up the doctors to offer more routine appointments. The pharmacist and nurse practitioner cover 4 days with the junior doctor or one of our retainers covering the 5th day.

Receptionists have had training to help signpost the patient into the right clinic. They have structured questions which act as a decision aid. Patients may decline to answer. Dr Chesworth has recorded a telephone message which informs patients why they are being asked questions. We have had no negative feedback so far. The PRG noted that triage questions are becoming more acceptable as they are used in A&E and out of hours. The receptionist takes the patient's telephone number and advises them that the doctor may try to contact them and save them a visit to the practice.

There is an additional flow of patients in the practice in the morning. We will review numbers in two weeks. We have consulting room capacity for the present.

STAKEHOLDER REPORT: Roger provided feedback on the May meeting (see tabled report). There are only two PPG representatives who report back to their PPG. The CCG will be encouraging attendees to share information within their patient groups. The presentations focused on providing care in patients' homes, with the emphasis on keeping people in their homes and out of hospital. A person living longer is a good thing but we need to train people to work with those living longer. People could move away from jobs which are becoming automated and into the care industry. The length of time a patient is in hospital correlates with increased complications and problems at discharge. The hospice received funding by demonstrating that it saved on hospital admissions. There was a general feeling that the NHS is beginning to creak at certain levels.

ACUTE SERVICES REVIEW: Papers from Lin were previously circulated. Services are being retained but there is no detail as to how. A high level overview was given but possible options were never shared. What does reasonable and sustainable mean? On line consultation provided feedback to groups but was felt to be biased. Qualitative comments were passed over but they are not reflected in the report. Lin felt that the STP had stage managed report. The document does not say we have changed anything. What happens with the report particularly as STPs are believed to be on the way out?

NURSING ASSOCIATE TRAINING : Sylvia reminded the group that she had helped Petroc Academy with the interviews for nursing associate students as a PPG representative. She was invited back to attend a study day. Sam Donaghue from Health Education England was the guest speaker; she had written elements of the Nursing Associate course. The training is being piloted in eight areas so is under additional scrutiny. All students are currently employed. Questions raised included whether an NA grade should be allowed to administer controlled drugs. What supervision would they need? The students learned from each other and from the different placements. We discussed the gap that the NA fills with the loss of the old SEN role and SRNs now being trained to degree level. There is opportunity for progression for NAs. Shaun Kershaw head of Petroc Health and Care Academy had asked if others from the group would like to be involved in the future - Lin volunteered. Shaun is due to talk to the North Devon Practice Managers about the role of Assistant Physicians and how practices might be involved in training.

EQUIPMENT WASTE: The group agreed to support the letter from Rosie Haworth-Booth Secretary of Litchdon PPG to NDHCT, NEW Devon CCG & Devon County Council about the issue of medical equipment waste in the area. Dee will inform Rosie. Why is equipment not given to the Red Cross?

FRIENDS AND FAMILY TEST: The percentage of patients responding remains around 2%. The practice has again received excellent feedback. One of Dr Bond's patients informed her that they are giving the practice a poor rating to discourage patients from registering here. The group agreed that specific comments rather than general ones should be added to the website but removing names.

There was one negative comment about the midwifery service. The practice should respond via the website to say what action has been taken.

Dee will ask our mjog lead to contact Sylvia re the problems she was having in replying to mjog messages. This was carried over from the last meeting.

REFURBISHMENT: The new automatic front doors have been fitted. The coconut matting in the entrance will be replaced with wheelchair friendly floor covering.
The new cleaning agency started in June and the cleaning overall has improved.

NEWSLETTER: All agreed the newsletter was interesting and informative. Robert highlighted that the information about the Men ACWY vaccine could be confusing as the initial impression is that it is a vaccine for men. This will be altered to place the emphasis on meningitis.

AOB

- Security of the building: Malcolm had walked straight into the rear of building as the fire door was left open. Dee will speak to the cleaners.
- NDDH – Roger noted that it was good to know that our local hospital serves us well
- NHS Property Services – Robert asked if the practice would be affected by the Naylor report which highlighted tenant/landlord issues and property repairs. The practice owns the building so should not be affected. NHS organisations may be given £2 for every £1 raised through selling off property.

**THE NEXT MEETING IS SCHEDULED FOR WEDNESDAY 13th SEPTEMBER 2017
AT 6PM**