

Patient Participation Group - Meeting Minutes

Meeting date: Monday 12th December 2016 **Meeting time:** 6.15-8:45pm

Attendees:	Apologies:
(TR)	(PhT)
(JG)	(PT)
(CB)	(ML)
(CM)	(SJ)
(MC)	(AM)
Dr Andrew Coombes	(BH)
(GP Partner - AC)	
Mrs Sally Charlton	Mrs Nikki Jones (Head of
(Practice Manager - SHMC)	Patient Services NJ)

Agenda:

- 1. Welcome and apologies
- 2. Dr Pringle
- 3. Clinical Team recruitment
- 4. Practice Pressures letter
- 5. National Survey results
- 6. CCG Network nominated contact.
- 7. Friends and family test new 3rd question
- 8. Around-the-table

Welcome

SHMC welcomed everyone to the meeting. SHMC passed on apologies from group members unable to attend and from NJ who had been sent home unwell earlier in the day.

SHMC introduced MC, a new member for our Patient Focus Group. Prior to early retirement Meryl was employed within the practice firstly as Triage Nurse and subsequently as Nurse Practitioner.

Dr Pringle

Dr Pringle will retire at the end of the month. He first worked in the practice in 2003 as a long-term locum, in the period of time when this practice looked after consultant beds at The Dilke Hospital. In 2007 when Dr Shaw took early retirement due to ill health, Dr Pringle was appointed to be a full-time partner. He has travelled daily from Cheltenham over the years and with a 60th birthday approaching, has decided to work fewer hours helping out practices closer to his home. The

practice will greatly miss his knowledge and experience, along with the duties he carried out with staff and finance management in Forest Health Care.

Clinical Team recruitment

SHMC advised that in spite of extensive national and local advertising over a period of 6 months, no GP applicants had applied for the partnership role. In the absence of any doctor to replace Dr Pringle, the practice plan to trial employment of a Specialist Paramedic for a period of 6 months. The paramedic selected has a nursing qualification and is able to prescribe medication, but has also furthered his career with very extensive training and experience in urgent clinical care. The doctors feel that he should be very skilled in assessing patients who request urgent on-the-day appointments and also in undertaking some of home visits that arise.

The practice is also in recent conversation with a lady doctor living in the Forest, who might be able to join the practice team in May or June 2017.

JG commented that the ambulance service was undergoing reorganisation, part of which was moving the Rapid Response team from their base within the Forest to be based at Stroud instead. AC was concerned to hear this and stated that he would look into how this move was going to work effectively for Forest patients.

AC also commented that the way General Practice has worked historically is now undermined and changing, leaving established GP Partners with the worry of owning property in an unstable environment.

MC commented that the number of different services for patients is confusing; Out-of-Hours (OOH), Minor Injury Units (MIUs), Walk-in Centres, Accident & Emergency units, Choice+ at the Dilke and Lydney Hosptials AC agreed and was fairly certain that some consolidation was underway.

SHMC informed the meeting that the Gloucestershire Clinical Commissioning group was funding training for GP receptionists to extend their traditional role to now become a "Care Navigator". As GP practices change, a polite receptionist can ask a few questions and then direct patients to the best service for their problem. This might be the GP practice but might also involve directing towards other professionals, including pharmacies, opticians and dentists.

CM related an incident he had been involved in where the handling by the receptionist had been extremely perceptive.

MC offered to give some assistance with in-house training, based on her prior experience in triage and pathways.

AC advised that the government are now addressing problems within the NHS with a plan named "The 5 Year Forward view". A report named "The General Practice Forward View" outlines the changes to expect in GP surgeries.

https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

JG said that a meeting she is due to attend has been rescheduled to January, this is to discuss Unscheduled (urgent) Care and the Hospitals ability to cope with winter illness.

JG noted that paramedics called out to patients homes are now, where possible, seeing and treating patients, rather than taking them into hospital.

Practice Pressures Letter

A letter has been prepared by the doctors, which explains to patients the pressure that surgeries are feeling, due to the lack of doctors and the greatly increased workload. Not only has care become more complex and involved, but much clinical activity that once happened within the hospitals is now undertaken by GP practices. Forest Health Care was concerned that some patients might not be aware why the wait for their appointment is sometimes longer than we would

like. If letters are left in the waiting room for patients to read, they may better understand that the practice is still trying hard to provide high quality care, but the waiting time has extended. The letter may also be shared with the local newspapers.

Cinderford Health Centre

SHMC infirmed the group that a small sum of money has been allocated for initial project work on the development of a new health centre in Cinderford. Any plans however are likely to be very much interlinked with the development of a new community hospital – it is likely there will be just one hospital and this could be at either Cinderford or Lydney. Until this decision is made, it is difficult to move forward with the new health centre.

JG asked if the GPs had been asked what they wanted in the way of a new hospital and where it should be located? AC said this had not happened, the consultation was with the community. SHMC advised that she had been visited by Dr Magda Davis and Jenny Bowker who are involved in the community review; they were rather surprised that the practices would be keen to relocate to the Northern Quarter development and made note of this.

On-Line Services - Friends and Family test 3rd question

SHMC advised that over 10% of patients had signed up with the practice to use on-line services, either for booking appointments, requesting repeat prescriptions or viewing their medical record. However, only 5% had actually gone ahead with using the service. The practice is required to have over 10% of patients using this service.

Nikki Jones had therefore introduced this as the 3rd question in the Friends & Family survey, asking patients if they were aware of online services and if they would be prepared to try using them.

CM and JG commented, they had both encountered difficulty with the local pharmacies following the introduction of Electronic Prescription Services and had reverted to having the prescription handed to them.

TR suggested that a note could be handed out with all prescriptions and dispensed medication, encouraging patients to use the online process.

AC advised that Nurses appointments and Health Care Assistant appointments could not be made available for booking online as each process required different timing and often by a particular nurse; this was something the reception team had to guide on.

NATIONAL SURVEY

NJ had printed of the latest survey, along with the results from neighbouring practices. FHC was particularly low-scoring on the question "The percentage of patients who usually get to see or speak to their preferred GP". All agreed that Dr Lane's huge popularity and part-time status would account for this low score.

CM also noted some other results that were rather contradictory.

Around-the-table

JG noted that the plan to keep 15% of hospital beds empty ready for urgent admissions had already failed, as the hospital was now at 97% occupancy. Patients with pneumonia and started on intra-venous antibiotics were being discharged after 24 hours, also patient following total hip-replacement were being sent home after one day.

CM commented that the NHS was the 5th largest employer worldwide.

CB said that Dr Bowen has been very good, others also agreed with this.

There were no other discussion points or concerns to share.