

Deer Park Patient Participation Group Minutes



Date of Meeting: 19th September 2019

Attendees

(JH) Chair	Patient Representative
(PW)	Patient Representative (taking notes)
(PP) Vice Chair	Patient Representative
(DS)	Patient Representative
(NH)	Patient Representative
(TM)	Patient Representative
(WT)	GP Partner
(AC)	Practice Manager

Apologies for absence

JM, MC, EG, RD, MJ

Minutes of the meeting 18th July were approved – matters arising would addressed by agenda items

Chair thanked PW for volunteering again to take notes in absence of Secretary

Agenda items

1 Brexit - any known implications for patients / practice re prescriptions?

- WT advised that 120 – 200 prescriptions daily are processed, all needing to be checked before issue according to number of GP's available – he would typically deal with 80-90 so very time consuming. Helpful if patients add note of reason for request (e.g. 'repeat medication').
- Govt. 'Yellow Hammer' paper reveals potential catastrophic effect on availability of medicines / drugs though issues existed prior to Brexit with manufacturers limiting production and ceasing manufacture due to lack of profitability. Sometimes difficult to prescribe alternatives and possible side effects / reaction with other medications.
- It remains unsure what is going on, let alone have plans in place to address impacts on patients / practice. No intention to issue more than the current 2 month's supply of medications for fear of shortages – this would only compound /exacerbate the problem.
- No guidance issued to suggest how practices / CCG / PCN might cope or prepare, so a developing situation.

2 Practice Update –

- AC advised recent meeting where NHS Property Services agreed to allow use of further room at Wollaton Vale, though this is small and impractical for use as GP consulting room. Maybe use as alternative service e.g. phlebotomy?
- Other vacant rooms formerly used by Dr Ghaharian remain unavailable and present potential problems with security / safety of staff due to remoteness.
- Deer Park practice needs more space as our patient population increased from 6,500 to more than 10,000 following other local practice closures. We have insufficient space to allow all GP's to work on the same day/time. Last assessment was in 2017, was revisited in 03/2019 and is ongoing.

3 PCN / CCG update –

- Dr Rose has taken up Deputy post in new PCN though frustrated having spent 2 weeks developing plan, only to learn that goal posts moved by CCG (without warning) at the meeting at which he was to present his plan.
- New contracts for changes have to be agreed by 30/9/19 though detailed information is lacking. WT said practice will be trying to make maximum use of resources for best interests of our patients.
- JH is in contact with chairs at other PCN practices with view to arranging an early meeting with the Clinical Lead of PCN7 to discuss current issues and identify how/what patient involvement will look like going forward.
- AC felt practice cannot currently see where involvement is heading and need to recognise 4 different businesses/ practices, each with their own priorities. JH reminded group of JM's previous recommendation that PPG should seek involvement at an early stage, rather than being presented later with a fait accompli.
- WT said resources/money have to be spent on very specific things, so focus currently is on pharmacist, followed by Advanced Medical Practitioner, Social Prescriber – these would only be part-funded so big implications for practice and timeframe indeterminate currently.
- JH had chat with Kate Horton 18/9/19 – her team is to be restructured this week – no significant developments with PCN's since established in July though has met with clinical directors and posed questions with them re Patient Involvement – felt there was clear desire on their part to engage and improve.
- PPEC has been formed – meeting monthly – chair from Wollaton Park practice on this committee so hopeful for good feedback. Suggested chairs would be sent key point precis rather than voluminous papers, with option to ask for more information when felt necessary.
- CCG looking to develop discussion groups involving specific patients with significant health conditions (e.g. respiratory/pain) to share information about which services worked well (or not) to help service managers understand how it impacts on patients. Will be sending list of future medical groups scheduled for this.

4 Deer Park Appointment System

PPG members had sent individual comments/views/opinions prior to this meeting which have been circulated (unedited) to all members/practice. *Feedback response (unedited) from AC is attached as an appendix to these minutes*

In absence of background notes from practice on current system and its constraints WT was invited to give an overview to the meeting. He had experienced and was aware, of a variety of different systems, not just those confined to Deer Park. Practice populations can be very diverse so no one system will fit everyone. Need to try to be fair to everyone.

- Same day systems appeared to be working well but political interference followed which brought that to a close.
- Phone call system was tried at one practice, but could put major strain on just one GP
- Turn up and you will be seen (drop in service) in the mornings but need to be prepared to wait.
- Team of GP's work as normal with one GP taking emergencies but can be overwhelming for one GP

Deer Park Practice ethos :

- Not to cut any corners and understands that surgeries can over-run
- Reception are directed NOT to question 'what is an emergency', however some questions needed to be able to direct to most appropriate service
- Always see children same day
- Acknowledges that current two-tier (am/pm) key telephone service for releasing appointments has its limitations and does not help working patients

WT believes our system is not perfect, but works as well as can be expected. However ANY suggestions for improvement will be considered to be continued.....

JH thanked everyone for their participation / feedback, WT for standing in for JM and the benefit of his perspective of the practice. He requested, whilst understanding the time constraints, that any feedback requested either from practice or members, needed to be provided in a timely manner (not at the meeting) for consideration by the PPG, so maximum use can be made of our limited time allocation for meetings.

Meeting closed 2:10 p.m.

DATE OF NEXT MEETING:

Thursday 21st November 2019

ITEMS FOR AGENDA TO SECRETARY / CHAIR BY

Monday 4th November 2019