

**Shaftesbury and Fontmell Magna Patient Participation Group Meeting**  
**Tuesday 6<sup>th</sup> February 2018, 1900hrs**  
**Abbey View Medical Centre, Shaftesbury, SP7 8DH**

**Minutes**

Present : R Cobb (Chair), F Shotter, I Flockhart, K Maskell, B Cayley, K Stockley,  
H Shearn, P Hayter  
Dr Damian Patterson, Jane Dawes, Adam Smith, Keith Harrison  
Note taker : Kim Horsburgh

**1. Welcome and Introductions**

Robert Cobb (Chair) opened the meeting and thanked everyone for attending on such a cold night. He also thanked Dr Patterson, Jane Dawes, Adam Smith and Keith Harrison for attending.

Dr Patterson told the meeting how successful the recruitment of Adam Smith (Paramedic) had been for the Practice. Visits could now take place earlier in the day, GP's can see patients in the time they would have spent visiting and it was generally thought that this was an improvement to the services we offer. Dr Patterson thanked everyone for their time and said that he had been involved with the PPG since its beginnings and felt that significant changes had been implemented with their help. Dr Patterson said that we are still attempting to recruit more GP's, Nurse Practitioners (NP's) to enable us to use our staff as effectively as possible.

Following questions Dr Patterson was able to tell the meeting that the flu epidemic had not been as bad as it could have been. Clinical activity had increased, many due to colds, coughs, and viral upper respiratory tract infections.

It was noted from a PPG member that the Reception staff seemed to be much more approachable than in past times. Jane Dawes advised that the team worked well together and a lot of hard work had been done to improve customer services.

Wanting to see a specific GP can still be a problem, Dr Patterson advised that having a nominated Dr is really a thing of the past – you are registered with the Practice and can see anyone, but if you want to see a specific GP you may have to wait.

A member of the PPG suggested that it may be idea for PPG members to shadow Reception staff to get a feel for the day to day behind the scenes activity. It was felt that this was an interesting prospect and may be viable, depending on the confidentiality rules.

It was noted that at the last meeting data sharing had been discussed but had not appeared in the minutes – this was oversight for which Jane Dawes apologised.

**2. Practice Update**

Jane Dawes advised that we have 2 GPs from Sturminster on long term sick leave at the moment. 1 is due back next week, but no date for the other yet. Abbey View GP's have been covering at Sturminster which has had an impact on appointment availability.

We have recruited a female GP and also a full time Nurse Practitioner to replace Dean Warren and Dr Starostina who have both left for new posts.

Flu update – we have had a high volume of additional patients for ailments as detailed by Dr Patterson above. We still have 798 vaccines in stock and can continue to vaccinate until the end of March. We are attempting to get more people to come in for their vaccination by ringing, texting, e mailing and putting alerts on appointments. There are still some 2500 patients who have not been vaccinated and we would like to try and get more of the “ at risk” groups to come in.

We are already planning for this year’s flu season and would like to work closely with the PPG on a sustained campaign.

We have had to remove 2 patients from our list recently, which is a very rare occurrence. They were both for incidents of threats of violence/ aggression or social media comments. Unfortunately rudeness/aggression towards staff is increasing and we would like to work with the PPG to get the message out that we have a Zero tolerance to any form of violence/aggression and this includes social media comments. The Reception staff are very tolerant of abuse and it is a fact that front line NHS staff have accepted a level of abuse that is now getting worse. Jane Dawes explained what happens when a patient is removed from a Practice list and it was generally felt that we need to get the message out there that we will not accept abuse of any form and that there will be consequences for those who abuse our staff.

### **3. Adam Smith – Paramedic Practitioner**

Adam has been with us since 1/6/17 after spending 16 years a Paramedic and then working as a trainer for Military medics. Adams role is to triage, prioritise and visit patients alleviating the pressure on GP’s and NP’s, enabling them to see more patients. Adam can take calls early in the morning and be visiting a patient by 9.00/9.30. He can then speak to a Registrar at a hospital and call an ambulance and get a patient admitted by late morning. Previously the visits did not take place until after a GP’s morning surgery, putting a huge pressure on the ambulance service and the hospitals in the afternoons/early evening. By seeing patients earlier we are able to help spread the load for the ambulance service and hospitals and get our patients in ahead of the rush. Since Adam started the workload has increased and he has seen some 789 patients, taking a huge workload off of the GPs and NPs who can now do paperwork, referrals etc. in the middle of the day instead of after a full days consultations. When asked who decides Adams workload he advised that all visit requests are put for him and he will phone the patient and decide what action needs to be taken. Adam is protected as all phone calls within the surgery are recorded and can be extracted and attached to a patient record. He is careful with the information he gives from his mobile as this is not recorded. Adam estimated that 80% of the patients he sees do not need to be seen by a GP and are well within the remit of paramedics, NPs and HCAs, but he can always speak to a GP for extra backup.

This is a role that had evolved over the months and other practices are now looking to employ Paramedics to ease the workload of their GPs. We were not sure how it would pan out when Adam first joined us but it has turned out to be a fantastic decision.

#### **4. Keith Harrison – Health and Wellbeing Officer**

Keith is employed by 9 GP Practices in the North Dorset Locality in a full time post. His job includes development of PPG- when he started there were only 2 (Abbey View and Whitecliff), now 7 out of 9 Practices have a PPG. Keith helps to co-ordinate the groups and to share information. The CCG has invested time and effort to support the PPGs in Dorset and have produced some promotional material that explains what a PPG is and how to make good use of them. Dr Yule is the lead GP for the locality and is the link between the North Dorset Practices and NHS Dorset; there is the opportunity to feed up to NHS Dorset. Keith is also the Health and Wellbeing Officer, the aim of which is to help people help themselves. There are established “Walking for Health” groups in Shaftesbury and Sturminster. The Shaftesbury group meets every Wednesday morning at 10.30 outside of Tesco. They walk for about 1 hour and it is an excellent opportunity to get active, meet new people, explore Shaftesbury and perhaps most importantly – it is FREE.

#### **5. Communication**

Robert Cobb acknowledged that this was only the 2nd meeting of the PPG – it is still in its infancy. There are 2 main areas to concentrate on:

Informing and including patients about what the Practice does, its facilities etc. and create awareness through communication.

Participating in helping the practice/community in certain initiatives – spreading news and information. Promoting Walking for health, Flu campaign and zero tolerance. Sturminster PPG ran an Ideal health Exhibition that was a huge success in promoting the Practice/Health issues- we would like to replicate – perhaps in 2019.

Identify other initiatives that the PPG can help with.

Robert Cobb confirmed that all members who had left email addresses were happy to be contacted.

It was decided social media was a good way of getting information out there to as many people as possible, but it was pointed out that not all patients have access to this, therefore the Blackmorevale magazine and similar publications should be considered.

Jane Dawes said that she would quite like to use the local publications to do a Spotlight feature on members of staff – Adam Smith Paramedic – informing the public of his role etc. Also HCAs, NPs

Jane thought it would be an idea for the PPG to get involved in some form of communication to spotlight “How to get the best out of your Practice”. If it was written by patients for patients it may have more power than something put out by the Practice.

The PPG thought it was a good idea to promote itself in the form of the previously mentioned Ideal Health Exhibition perhaps incorporated into the Shaftesbury Festival or a stand at the Gillingham and Shaftesbury Show.

#### **6. Defibrillators**

#### **7. Patient Transport**

#### **8. CPR Training**

Unfortunately time restrictions meant that there was no time to discuss these items, but were examples of how the PPG might get involved in some way in facilitating these services if required.

## **9. AOB**

A short discussion took place about Accountable Care Systems, please links below ;

<https://www.kingsfund.org.uk/publications/accountable-care-explained>

<https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

and working closer with other organisations (DNs, CMHT) and managing resources better

### **Date of the next meeting**

Tues 15<sup>th</sup> May at Abbey View Medical Centre