

It has been recognised that a reasonable percentage of the 'Did Not Attend' (DNA) are patients who had been unable to obtain transport.

2.3 Cardio Pulmonary Resuscitation (CPR) Training

Robert reported that through SturQuest in Sturminster Newton CRP Training can be provided. Anyone interested in this should in the first instance let the PPG know.

3. Practice Update

Dr Patterson thanked the PPG for the work they do and the support they give to the Practice and welcomed all those who had come to the meeting.

Dr Patterson provided the Practice update on behalf of Jane Dawes.

- 3.1** Dr Bridson from Sturminster Newton remains on long term sickness absence, we are unsure when he will be fit to return to work.
- 3.2** Dr Emily Chamberlain will be increasing her days from 10 September 2018, she will work Tuesdays and Thursdays going forward.
- 3.3** We are delighted to announce that Dr Matt Grist will be joining the practice as a GP partner from 10 September 2018. Matt will be based in Sturminster Newton and will be working over 4 days. Some of you may remember him as he worked with us in his last year of GP training. He is a very experienced GP with a special interest in older people.
- 3.4** We have also managed to recruit a new doctor for Abbey View following our recent attendance at the GP speed dating events. Dr Jane Crutchfield will be working 3 days a week and will be joining us from early October 2018. Jane worked with us on a placement when she was a medical student and we are delighted to welcome her back to the practice.
- 3.5** We have said goodbye to Dr Camilla Johnson who has joined a practice in Salisbury. We would like to thank her for being such a great colleague and we wish her well in her new post.
- 3.6** We have recently recruited two new Health Care Assistants to our team, and we are currently out to advert for a new practice nurse who will work across all sites.

3.7 Many of you will be aware that Stalbridge Surgery is closing on 31 December 2018. Despite many attempts a suitable successor or plan for continuation of the surgery at Stalbridge has been unsuccessful. Dorset CCG will be dispersing the patient list to other local practices. We are likely to receive a large number of patients joining our list, possibly in excess of 2000 patients. This will put additional pressure on the system all round. We are working with Dorset CCG and the other affected practices on how we can manage this in the most streamlined way. We have already applied for and will be receiving shortly national resilience funding to support further recruitment of clinical and administration staff to support this increase. We will keep you posted on progress.

3.8 We now have access to additional appointments for patients at the weekends and during the evenings. These usually run from the community hospitals and include GP, Nurse Practitioner, Practice Nurse and Health Care Assistant appointments. If you would find it more convenient to be seen at these times and you are happy to attend the hospital please let the reception staff know and they can book these for you. Although some of our GPs and staff do these sessions they are also staff from other practices across the locality.

4. Urgent Care Team

Dr Patterson said that the Practice tended to be at the forefront of new ideas however they had not previously adopted the Urgent Care plan.

The principle is that the by splitting routine work from urgent needs then the system can work better as the GP's and clinicians are split so they either deal with routine work with no interruptions for emergencies and the Urgent Care Team (UCT) deal with situations requiring prompt attention.

When a call is received that requires urgent attention the UCT consider the situation and ring the patient back to discuss & deal with it. This will result in identifying the best solution for the patient which after a consultation might or might not require an appointment, but may be resolved by arranging a prescription or maybe attendance at the surgery but not necessarily to see a GP. All of which are beneficial to both the patient and the Practice.

They can also determine who the patient might need to see rather than sitting in the waiting room to see a GP only to find they need to see another specialist. In other cases it maybe that the Practice will send a paramedic immediately or arrange 999.

Dr Patterson said that it was early days but appears to be working very well although there will no doubt be some tweaking to do to adjust to the specific requirements.

He also reminded us that the receptionist will always ask what the problem is so that it can be prioritised, but all conversations are treated as strictly confidential.

The Practice are recording a lot of information about the telephone calls, who gets seen and by whom and for what and the conversion rate. They have had feedback sheets in both reception sites and staff have been putting feedback of the problems and the positives from their own perspective and from feedback they have had from patients. This is being monitored on a weekly basis and they will be adjusting the set up to help improve the service.

Some key points:

- Patients do not need to call first thing to get an appt or speak to a clinician, the beauty of this system is that we can be very flexible.
- If patients need to be called back at a certain time (such as a work break, or before/after the school run) we can easily accommodate this.
- We have not yet got the balance right between urgent on the day appts and routine appts, we are working on this and monitoring it closely, it is a difficult balance.
- It is better for our teams as they are less isolated and GPs are making the calls in the Patient services team (reception) areas which means they are accessible to our staff for support and advice. This has helped us to solve lots of problems very quickly.
- We have had one day with a much higher than expected volume of calls and work, we also had some emergencies and sickness absence that day and we need to plan for such special circumstances.
- We are aiming for a 2 hour return call back to patients, we are exceeding this dramatically with a turnaround average of 20 minutes.

- So far in week 1, for the urgent care team we dealt with 677 triage calls, and saw 341 patients with 39 home visits, conversion rate was 50.37%.
- In week 2 for the urgent care team, we dealt with 593 triage calls and saw 283 patients, with 32 home visits, conversion rate was 47.75%.
- Some days the conversion rate is as low as 30%, this means 70% of the calls we triage can be dealt with effectively and safely just over the telephone.

5. Questions to Dr Patterson

- 5.1** A patient was concerned that under the current system they would not necessarily see their named GP and would another know/understand their problem. Dr Patterson said that with electronic records the GP would have all the details necessary which is far better than days gone by when the record was written notes not necessarily easily readable by another and possibly some information in the GP's head and he/she was not in that day. Now all information is recorded and can be read by any GP/clinician.
- 5.2** What was the difference between the 111 & 999 services. Dr Patterson stated that 111 was basically to deal with what would normally be a call to the GP but to be used when the surgery was closed. A critical situation was always a 999 call.
- 5.3** A question was raised regarding the response the Practice receives from a referral and how the results are communicated to the patient. There is now a GP Personal Assistant (PA) team which read all the referral responses and deal with them as appropriate. It maybe just a case of filing on patients records - most often, - a call to the patient to arrange a blood test for example or referring to the pharmacist for a change of medication or to the GP for further review. This reduces the workload on the GP which is better for the Practice.
- 5.4** Confidentiality. Dr Patterson confirmed that all staff who either speak to patients or see patients records are subject to the same confidentiality constraints as the GP's and there are serious actions taken if these are broken.
- 5.5** Curative & preventative treatment. Diet & exercise are very effective preventative strategies. A GP will direct patients to websites such as 'Patient.Info' that will provide detailed help for dealing with various situations to look up assistance they require. Additional support can be obtained from 'Live Well Dorset'. Finally, if neither of the above help then a referral is made to a dietician in Dorchester.

5.6 How many patients registered with the Practice. 24,578

5.7 Accessing individual patient information. More and more patients are using the website to book appointments, look at their records, see test results, etc.

6. Care Quality Commission (CQC) Visit

Dr Patterson reported that following a previous visit the CQC made another visit in May. It was on the day of our last PPG meeting and that is why the PPG meeting had to be cancelled.

The CQC is somewhat like the Ofsted for schools and is very thorough with its inspection looking at all aspects of the Practice from personal performance, records, management, audit trails, procedures, outcomes, cleanliness, to name just some. They awarded the Practice Good for both Shaftesbury & Sturminster Newton together with some very comforting comments.

There were some recommendations and these will be received in due course for the Practice to action.

Robert thanked Dr Patterson for attending, giving us an update and answering questions which was appreciated by all.

7. Walking for Health

Robert introduced Peter Wells.

Peter introduced Charlie Coward & Barbara Cayley.

Peter stated that Walking for Health was set up in Shaftesbury on 10th January this year and a walk has taken place every Wednesday since then. The weather has been quite variable and the walks have generally been about 1½hrs.

Charlie had trained Peter & Barbara back last autumn.

Charlie stated that Walking for Health was started by a GP back in 2003 to encourage people to exercise without making it too strenuous. The walks are generally up to about 1½hrs and at a pace where people can 'walk & talk'.. There are now some 400 schemes across the country.

The scheme is primarily designed for people who are not too active and aims to help their mobility and their confidence. Some people who are active will take part. At the end of each walk we all go for a tea or coffee and a natter.

Barbara said that they try to select walks around Shaftesbury that are mostly level - Gold Hill is avoided!! To date they have selected 20 different routes. Today they did a car share & went to Fontmell Down which was enjoyed by all present.

The group generally meet at the trolley park by the Tesco entrance at 10.15 for a 10.30 start on Wednesday's. There is an evening walk on Thursday's 6.45 for 7pm starting at the Town Hall and a sunrise walk has just started at 6am on Tuesday's at the Town Hall.

Further details can be obtained at the website:

www.walkingforhealth.org.uk/content/shaftesbury-health-walks

or facebook - Shaftesbury & Fontmell Magna Patient Participation Group

or Peter Wells on 07732 106713.

Sometimes the walks are split into 2 groups, 1 doing a shorter route but they all meet up for tea or coffee.

It is very much intended to be a social event.

We were encouraged to tell our friends about the benefit for their health by walking regularly.

It has been found that more younger people attend the evening walks as they are more accessible after work. The timing may have to be reviewed as the winter months approach.

Peter then took questions:

Q What is length of a walk? A Longest 3.6 miles-slightly longer than 1½hrs but with a short section.

Q How many attend? A Most was 27 back in the spring.

Q Do you have to book? A No, just turn up.

Q What local groups A Shaftesbury, Blandford, Gillingham, Sherborne, North Dorset

Peter stated that there will be a training day for people wishing to become leaders on 13th August at Sturminster Newton

Finally: **Walking is Better by Miles**

8. General Data Protection Regulations (GDPR)

Robert referred to the new GDPR, which he assumed most people with email will be aware of, having received requests from various companies to agree to the new GDPR.

Currently we have some 500 people on the virtual PPG list which is managed on our behalf by Jane Dawes the Practice Managing Partner. Confidentiality is maintained to the same level as confidentiality within the Practice.

Accompanying our new PPG leaflet is a form which is designed to comply with the GDPR. We are asking people to complete this so that we can update our records. The form can also be completed online at the Practice website.

9. Carers Team

Robert introduced Debbie Martin to tell us about the Carers Team. Debbie said that the aim of the team within the Practice is to identify the people who are carers so that they can give them assistance.

A record that they are carers is put on their details and those of the person(s) they care for. This is a prompt for the GP/clinician to be aware and enquire of their health and if they need any clinical assistance.

They also issue a form so they can register with the County Council so that a plan can be put in place to assist them and support the cared person in the event of the carer being unable to assist or needing help.

A patient said she understood the County Council support had been suspended. Debbie was not aware of this and would investigate.

DM

In June a Carers Week was held and many associated organisations were present to provide information/support. It was reasonably well supported and the intention is to hold another event in September.

If anyone requires further information they should contact Debbie Martin or Carol Messer at the Practice on 01747 856700.

10. PPG Projects

10.1 Website & Leaflets

It is acknowledged that not all people have or want access to the internet.

To ensure we cater for as many people as possible we have recently updated the PPG section. Go to Have Your Say on the Blackmore Vale Partnership website.

At the same time we have produced a leaflet with the same information which some already have. Leaflets are available at Reception and in the waiting rooms.

Not all are familiar with the email address we have - bvpppg@gmail.com - but we are encouraging its use to improve the response time and avoid using the Practice time involved in passing messages.

10.2 Awareness Day

We held an awareness day at both Shaftesbury & Sturminster Newton Medical Centres on 5th July - NHS 70th birthday.

Our aim was to make patients aware of our group and where possible have a chat to provide more details and encourage them to register with us.

We plan to hold more events to publicise the group and the next planned event will be a presence at the 'flu clinics. If anyone would be interested in helping out please let us know.

10.3 Ideal Health Exhibition

Two years ago the Ideal Health Exhibition was held at Sturminster Newton. It was organised by the Sturminster Newton PPG who had invited many organisations and about 60 attended to provide information/guidance/support for people with medical/health concerns/problems. It was an extremely successful event.

Consideration had been given to hold a similar event next year at 3 locations - Sturminster Newton, Shaftesbury & Gillingham. However the consensus was that it was better to hold it at one location and Sturminster Newton branch of the PPG has agreed to hold it next spring.

Planning will start shortly and anyone interested in being involved should make contact with us.

Shaftesbury branch of the PPG will support the event with a view to possibly holding a similar at a future time.

If anyone is interested in being involved please contact us at bvpppg@gmail.com.

10.4 Local Press/Media

One of our tasks is to make our presence more visible by the use of the local press to publicise our events and more importantly the work we do and the achievements we have made.

Our aim is to achieve a regular column in the local papers from the local village to larger catchment area publications.

11. Any Other Business

11.1 Gillingham & Shaftesbury Agricultural Show

The show will be held Wednesday 15th August at which the North Dorset Locality (the 9 GP Practices in North Dorset) will have a stand. It is being led by Keith Harrison from the Dorset CCG.

The stand will be located in the Wessex marquee and will be next to the Friends of Westminster Hospital stand.

11.2 Mental Health

A leaflet was distributed supporting a group for anyone with mental health difficulties. The group meets on 1st Thursday of the month 2.00 - 4.00pm at the Tricuro Trinity Centre, Bimport, Shaftesbury SP7 8BW. Contact Amanda for more information on 07749 062327

12. Date of 2018 Meetings

Wednesday Sept. 26th	Sturminster Newton & Marnhull Branch Sturminster Newton Medical Centre
Wednesday Oct. 17th	Shaftesbury & Fontmell Magna Branch Abbey View Medical Centre
Wednesday Dec. 5th	Sturminster Newton & Marnhull Branch Sturminster Newton Medical Centre