

**Shaftesbury & Fontmell Magna Branch
Notes of the Meeting held 17th October 2018
at Abbey View Medical Centre**

Present	Chair	Robert Cobb
	Secretary	Fred Shotter
	27 members of PPG & patients	
	Dr D Patterson	Practice Partner
	Jane Dawes	Practice Managing Partner
	Richard Broad	Clinical Services Manager

1. The Chair opened the meeting and welcomed all those present, particularly those who had not been before. He explained the purpose of the PPG was to act as a liaison between the patient & the Practice for the benefit of both as well as identifying areas where improvements could be made, changes considered and imparting information and new initiatives from the Practice.

He reminded all that the meeting was not a forum for items of a personal nature, these should be dealt with direct with the Practice.

2. Matters Arising from Last Meeting

Action

2.1 Walking for Health

Barbara Cayley, one of the walk leaders, gave an update on the group telling us that the numbers had increased since our last meeting and last week there had been nearly 40 on the Wednesday walk. It was added that despite the damp day today there had been 32 walkers.

There are 2 walks, 1 for striders and 1 for strollers - the not so agile.

These walks are on a Wednesday meeting by Tesco's store entrance at 10.15 for 10.30 start.

The sunrise walks have now stopped for the winter period and the evening walks, whilst still happening - 7pm outside the Town Hall on a Thursday - may well stop after the clocks go back.

Many at the meeting had been on today's walk.

It was pointed out that details are on the Practice website together with details of other organised walks in the area.

3. Practice Update

Jane Dawes provided the Practice update.

3.1 The number of patients on the Practice list is growing at a faster rate than normal due to the pending closure of Stalbridge Surgery. Normally the patient numbers would increase by about 100 per year. Since April the increase has been 700 and it is expected that there will be a further substantial increase before the closure is finalised in November.

This is obviously increasing the pressure on the Practice but the Practice cannot say no to new patients.

The Practice is working with the Dorset Clinical Commissioning Group (CCG) to obtain National Resilience Funding, however the difficulty is more a case of finding the staff to fill the vacancies that will result from the increased demand.

Newly qualified GP's generally take up appointments near to where they qualified, which as far as Dorset is concerned is Dorchester, Poole, Bournemouth. The Practice offers a 'golden hello' to new GP's, salaries greater than local salaries, part time and flexible working. Without this they would not be able to procure GP's.

3.2 Need to see a clinician. There is a great need to educate people that there is not always a need to see a clinician. There are still many people who ring with minor complaints that will resolve themselves, and yet demand to see a GP.

This appears to be a problem of today's society.

About 40% of calls are from people who can probably self help and do not need to see a clinician. The Practice is working on ways of educating people.

At the same time there are older people who do not want to make a fuss when really they need to see a clinician. A difficult problem to resolve.

3.3 Receptionist asking for details as to why you want to see a clinician. This is not being invasive but trying to determine the best person to direct you to.

3.4 Abuse of staff. There has been a large increase in abuse, aggression, etc. This is not occasional but on a regular daily basis. Not necessarily young people. There was a recent case where an elderly person had to be dealt with by the police.

The Practice have a procedure in place as to how to deal with these people which if necessary removes them from the patient list and go onto the Potentially Violent Scheme and have to go to Poole for any clinical assistance where they are seen with a security officer in attendance. The patient is on this list for 6 months, and if seen to be behaving properly they are returned to the Practice.

Robert suggested that this subject could be an article that could be put in the local press.

JD

3.5 We have said goodbye to Dr Bridson who has retired on ill health grounds. Dr Matt Grist joined the partnership as a GP Partner in September. Dr Grist spent time at the practice during his GP Training. Dr Jane Crutchfield has recently joined us and will be working 3 days per week at Shaftesbury on Tuesday, Thursday and Friday. Dr Crutchfield was a medical student at the practice back in 2012, so we are delighted to welcome her back to the team. Dr James Wales will be leaving in early November 2018 to join a Practice closer to his home. Martin Geibner, a nurse practitioner will be joining us. He has previously worked with the Practice. We are actively recruiting more GPs and other clinicians for the practice.

3.6 Flu vaccines. There have been a number of problems with the supply of vaccines this year. There are 3 types, 1 for under 18 years, 1 for 18-65 and 1 for over 65. The difficulty has been predominately with the over 65 vaccine. Normally they are delivered in batches of 2,000, currently we are only receiving them in batches of 600. It is a nationwide problem. It was asked if/how the record of a pharmacy giving a vaccine is transmitted to the Practice. Jane said that pharmacies tend to send information in batches and often after the end of the flu season so it is possible that the Practice do not know for several months.

3.7 Brexit. What is the situation regarding medication from overseas if there is not a suitable resolution. Jane stated that the Department for Health is purchasing stocks of medicines to obtain a larger than normal supply of medications.

3.8 Boundary problems . There was recently a case where it took 7 hours for an ambulance to attend a patient because Wiltshire & Dorset were in dispute as to responsibility. It appears the dispute was due to the fact that although the location is in Wiltshire it has a SP7 postcode which is Shaftesbury based. Dr Patterson said he was not aware of this and should be progressed as a formal complaint with a copy to the Practice.

4. Urgent Care Team

The Urgent Care Team has now been operating since June. It has been continually monitored and adapted as seen appropriate. Initially the planning caused a delay to the patients not requiring on the day attention, however this was quickly identified and the system adjusted.

The Practice has received compliments from the patients on the way it is operating. Suggested that some 'good deed' cases be stated on the website, albeit anonymised.

5. GP Soapbox - Dr Patterson

5.1 Dr Patterson responded to a question saying that his day had started at Fontmell Magna seeing patients as normal followed by some complex visits. He then dealt with some 'walk ins' that were very unwell and needed ambulances and had just come to the meeting having seen a patient off to hospital. Following the meeting he will have to return to his consulting room to do a couple of hours paperwork. A not untypical day due to lack of capacity.

5.2 A question was raised regarding patient's 'named Dr'. Jane responded to say that whilst a patient has a named Dr this is now really for administration purposes. Although if the patient specifically wishes to see that Dr then it can be arranged but there may be a wait of up to two weeks for non urgent issues. If a GP leaves then the patient will be allocated to a different GP. Dr Patterson added that times have changed and that whilst all test results etc. will be allocated to the patients named GP the patient can choose to see any GP in the practice. Due to workload pressures for GPs most now work 3 or 4 days a week, many have other commitments outside of the practice within the wider NHS and this can impact on their availability for patients in the practice, however to ensure that we are able to support and retain doctors and other clinicians it is important that we are mindful of sensible working practices and workloads and support this with our staff. Previously a GP would work 5 days per week, but the workload at that time was significantly different from today. There are now many more treatment options, tests and investigations, screening etc available, all of which take time to process safely and effectively, impacting on the working day.

5.3 Email. Dr Patterson stated that Practices can only work within the CCG rules but the Practice is about to start training/trialling the use of electronic consultations. The Practice will be one of the first in Dorset to test this out. It has been implemented in Hampshire for 12 months and is working well.

5.4 Conditions under excessive demand. A patient had noted that waiting lists for dermatology attention were very long and what others were under strain. Dr Patterson said that many conditions were now experiencing excessive delays, some up to 9 months. Unfortunately lack of funding is not helping the situation.

5.5 Funding of drugs. GP's are under great pressure to prescribe generic drugs when available. There is close examination of Practice expenditure by the CCG.

5.6 Dorset Care Record. Is it working. In some areas it is working well, it is complicated within our practice as we refer patients outside of Dorset to Salisbury (Wiltshire) and Yeovil (Somerset) unfortunately as they are outside of the Dorset boundary they do not currently take part in the scheme.

6. Nurse Practitioner Role

Richard Broad was introduced as 1 of 6 nurse practitioners in the Practice, 4 based at Shaftesbury and 2 at Sturminster Newton.

Richard stated he is also the Clinical Services Manager.

He stated the role was often filled by nurses and paramedics who had completed further training of 2 years equivalent to a Masters degree. They can deal with many items that a GP would have dealt with but did not need the full expertise of a GP. This allows the GP time to be spent more effectively on more complex conditions.

Richard works on the Urgent Care Team every day and is involved with home visits and nursing home attendances.

Richard was asked why appointments were not available on the website. He replied that this was considered by the Practice at this time as not suitable as the Nurse Practitioner role was more of an 'on the day' service.

Another patient was pleased with the attendance she had received by the nurse practitioner last Saturday at the Shaftesbury Hospital. Richard said that this is provided as part of the Improved Access service, additionally there are dressing clinics and a GP is present, all provided by Dorset Health Care Community Trust.

Richard stated that there are no Nurse Practitioners specialised in mental health within the Practice in response to a request. However all nurses/practitioners do have an element of training in this subject.

7. Website & Video

Robert stated that the website has been updated/upgraded and is ongoing work in progress.

He also mentioned new videos, one of which was available to see at the meeting. The originals had been produced by another PPG, one about prescriptions, a second about appointments and a third about the PPG. They had made them available to us including amending to suit our Practice & PPG. These will be made generally available to see on the screens

8. Any Other Business

8.1. Practice Funding

One patient raised the subject of ear syringing. Had it been stopped due to lack of funding. As patients now had to refer to a private service they were generally not receiving as good a service.

Richard Broad advised that ear syringing was not covered in our NHS contract and was not funded for the practice to undertake this. Due to workload pressures the practice has to focus on our core services, we have previously spent over 11 hours per week of nurse time on ear syringing. It has been shown to be not very effective and there are alternative ways for patients to self-treat and manage at home.

There was also the problem that the demand was overloading the nursing staff and restricting them from dealing with other procedures.

The practice would not be able to offer this as a private service partly because we do not have the resources to do so, but also there are strict regulations within the NHS that prevent us from providing private services to NHS patients.

There are proprietary preparations available at chemists which will generally deal with general build-up of wax.

RC

8.2. Text Messages

It was asked as to why text messages for appointments, etc, were received as a Survey request and therefore tended to be discarded. This has been looked in to, patients receive text reminders for appointments which they can then cancel appointments by texting back, also the practice send out automatically for any patients who attend an appointment and have given consent for the practice to text them a short survey called Friends and Family Test, this provides feedback on the patient experience during their latest contact or visit to the practice. All patients are able to opt out of receiving text messages if they would prefer.

RB

8.3. Waiting Time on the Phone

There was concern at the amount of time that is spent held on the phone waiting for someone to take the call.

Richard stated that there are many people answering calls which are taken in order. The system is monitored to see how many calls and duration during the day in order to provide the best service available with the resources.

It was stated that there are approximately 1000 calls on the first working day of the week and about 600-700 on each of the other days. Most calls occur in the morning. The practice suggest that patients do not call the practice first thing in the morning for routine requests, such as test results, enquiries regarding referrals. Also since the implementation of the Urgent Care Team patients can call throughout the day and will still be spoken to or seen if necessary. The busy period each day by far is 08.00-10.00.

There are generally 10 people answering calls during peak periods and then between 6-7 during the quieter periods.

8.4. Follow-up after Hospital Attendance

In response to a request Richard stated that that there is a Frailty Service funded by the CCG to attend to patients who have difficulty in getting to hospital for follow ups. This service has now been extended to cover all patients over 75 who leave hospital. This can only be actioned by the Practice once they have received discharge notes from the hospital.

8.5. Annual Medication Review

It was said that when patients have their annual review they are aware that bloods are taken. However it is not obvious that a urine sample is required. Could this be made more obvious.

JD

8.6. Other Items

Items on the agenda not covered will be dealt with at the next meeting.

9. Date of Next Meetings

Wednesday Dec. 5th 2018	Sturminster Newton & Marnhull Branch Sturminster Newton Medical Centre
Tuesday Jan 15th 2019	Shaftesbury & Fontmell Magna Branch Abbey View Medical Centre