

PPG Meeting Minutes: Tuesday 7th November 2017

Attendees: Dr Wilson, Nick Jackson, Diane Tomkins, Nigel Haydon, Robert Derricott, Veronica Astley, Kate Wells, Nanette Hedley, Lisa Thistleton, Helen Taplin (minutes)

Apologies: Bob Taylor, Ross Morgan, Linda Crockett, Les Sheard, Robert Jasper

	Agenda Item	Summary Of Discussion	Action
	Practice Update	<p>Introductions made, and Dr Wilson apologised for not being available to attend the last meeting.</p> <p><u>Staff Roles</u></p> <p>Advanced Nurse Practitioner Update - Julie Cuneen and Jo Hawkins are both Advanced Nurse Practitioners, as are Paula Middleton who sees the Care Home Patients and Nurse Rachel Higley who covers patients requiring acute visits. All Nurse Practitioners are prescribers. Linda Plant's replacement, Jenny Adkins will be joining us in the near future. Dr Rudge and Dr Singh have stayed on after their Registrar placement and are now Salaried GPs. Dr Blow (female GP) will be joining our team after Christmas.</p> <p><u>Access</u></p> <p>NHS England has extended patient access to appointments in Stourbridge, Wollescote and Lye areas. Lye Practice currently covers Wednesdays. Lion Health does telephone consultations on Sundays for routine care. Lion Health offer surgeries on Saturday mornings. Saturdays and Sundays are covered by one partner doctor and doctors who are either based here or have worked here in the past.</p> <p>Also on offer on Saturday mornings are Physiotherapy Triage slots by Stourbridge</p>	

Physiotherapy Practice. The physios then do a referral on for treatment. This new initiative has been advertised in the free local papers.

The CCG are looking into the possibility of video consultations for the future.

Long Term Conditions

Clinics are now run as a One Stop Shop. Several recent COPD days have proven very successful. NH felt that the evening appointment she was offered was not very convenient from her medication point of view. GW – the surgery is trying to be more flexible for patients. NJ mentioned a designated phone line for the LTC Team and he will send this number out with the minutes.

Lion Health Merger with Norton Medical Practice

Husband and wife partnership at Norton, Dr Brindley and Dr Watkins are both retiring in the Spring. They will both work here for a short time to help facilitate a smooth transition. The majority of Norton patients are expected to join Lion Health when our Practice population will be approximately 32,000.

NH asked what affect this will have on Lion Health. GW advised that we have two new Registrars who have started and new GP Dr Blow is starting in January. GW also said we will need a new telephone system if taking on such a large number of patients.

NJ mentioned there are meetings regarding the merger and if patients have questions regarding the merger and cannot attend the meeting, then to email him the questions.

GW said we have 11 Partners here at present and are hoping to employ 1 more GP to Cover the workload. KW asked why there is such a difficulty in recruiting new GPs. GW said many either do not want to be a GP or they may like portfolio and education work or like the idea of working overseas.

**NJ to send out
LTC phone
number with
minutes**

		<p><u>Work being carried out opposite the Surgery</u></p> <p>GW explained about the work being done on the waste ground opposite the surgery. There is a derelict house called Riverside House and this will eventually be converted into a coffee shop. A Charitable Trust is converting the area for training patients with Mental Health problems and learning disabilities. The wasteland will eventually be a wild flower meadow.</p> <p>GW said the majority of patients seen in surgery are in their 80s and 90s. KW felt that Social Care generally did not seem to fit with this number. RD asked GW what proportion of patients seen in surgery does not really need to see a GP. GW said most patients seen do need to see some professional and the majority of patients have got something worrying them. RD asked what proportion of patients doesn't attend. NJ explained that attendance rates have improved a lot recently particularly in the LTC Clinics.</p> <p>RD mentioned that at the QEH there are TV screens stating how many patients have DNA'd and also how many have attended appointments. He suggested a telephone number for the cancellation of appointments is put on the website. GW said it also depends if the Surgery has patients' mobile numbers and also if they are up-to-date.</p> <p>KW mentioned that the answer phone message in the afternoons says "if emergency appointment.....then cuts off so patients think they cannot speak to a Receptionist.</p> <p>LT asked what happens if patients cannot get an appointment. GW explained the lunchtime session, although this clinic is looking at being changed slightly so is in a more ordered fashion. There is always the Walk In Centre in Dudley and Emergency Care Centre at Russell's Hall Hospital and 111 direct patients to where they need to be seen and also make appointments with the Urgent Care Centre.</p>	<p>GW and NJ to check answer phone message</p>
	<p>Topics from Last Meeting</p>	<p>The Partners have looked into the scrolling names system and have decided not to use. Dr Hobbs has provided training for the GPs in the correct use of the Tannoy system.</p> <p>There will soon be new software for the TV screens and cabling has already been put in place. These should be in use in 2 weeks.</p>	

		<p>NJ explained the reason HCA appointments are not available online. This is because HCAs have different levels of skill/training and carry out different treatments.</p> <p><u>Medicines of Clinical Limited Value</u></p> <p>NJ asked how we could educate patients. GPs will be educating patients on where to get painkillers etc. from. NJ has a comprehensive list of Medicines of Limited Value and a list of Procedures of Limited Value. The latter has started in Minor Surgery already. The GPs weigh up the pros and cons of surgery versus the symptoms affecting the patient's life.</p> <p>NJ asked for feedback on ways to get care to patients who do not attend for reviews, i.e. for repeat prescriptions. Could we possibly send a feedback form to the patient and then the GP can either phone patient or Skype patient. Opportunities have already been given for the patient to attend surgery. Patients could possibly do a telephone medicine review after submitting their information. GW explained the majority of patients do answer their phone and the GPs do try to phone when is convenient for the patient.</p> <p>NH was concerned there are still only 4 TV screen and does not feel this is enough to cover such a large area. NH mentioned his family are very happy with the service given here at Lion Health.</p> <p>LT asked if the room number could be inserted on the check in system. NJ said room numbers will be back on the TV screens in the near future. GW explained that the Sit and Wait arrivals cannot show room numbers as patients are normally seen in the order of their arrival. GPs split the workload up for Sit and Wait Clinics and Home Visits.</p> <p>VA explained about 'Worcester Wheels'. These are volunteer drivers in Worcester who take patients to medical appointments.</p>	
	P.O.P.s	NH could not attend the last meeting and has not received the Minutes as yet.	

	A.O.B.	<p><u>Hospital Clinic Letters</u></p> <p>RD said that RHH do send patients a copy of their clinic letter. It is not apparently Dudley's Policy to send clinic letters to patients.</p> <p>NJ told the PPG that Richard Newhall is looking at how letters are sent around the Practice and the new Docman system will be in place very soon. NJ hopes this work will positively impact how documents are distributed around our locality.</p>	
	Date Of Next Meeting	Tuesday 6th February 2018 – 2pm	