

Sheepcot Medical Centre
Minutes of PPG Practice meeting 25 March 2019

In attendance

Steve Macaulay (Chair)
Jack Alvarez
Sharon Carter
Brenda Hall
Stephen Hill
Teresa Batchelor
Dr Alan Jackson
Liz Lythaby

1. Apologies

Apologies were received from Barbara Johnson. Sharon kindly agreed to take notes.

2. Minutes of previous meeting

The minutes of the previous meeting were accepted.

3. Matters arising

The items raised previously are covered by the agenda.

4. PPG members joining other local bodies, including report back on local PPG networking meeting

Brenda had applied to a request to join a critical incident panel, but many people had applied and Brenda had been away at the time of interviews. Steve expressed the view that it was helpful to get input about what's going on with the NHS and in other areas. On this subject, three members of the PPG attended a PPG networking event on 12 March. This was well attended with other local people, with some 30 people. It was beneficial to hear the experience of other PPGs. There were some common threads: successful PPGs seem to be close to their respective practices, and they regularly communicated information to patients. They also carried out patient surveys and, like us, found it difficult to attract younger people.

At the meeting, a number of special interests were discussed. One was social prescribing which was outlined in some detail. Volunteers allowed 30 to 45 minutes per person, acting as a go-between to refer to other experts or non-medical sources for assistance. The benefits of this approach had been researched at the follow-up time, when most reported their experience had been a beneficial one. The group discussed the considerable experience that would be needed

from a group of volunteers to be able to identify local sources of assistance. Also, to be able to get beneath the surface of presenting problems.

In common with other GP surgeries, Sheepcot is being encouraged to offer social prescribing. This would need a lot more investigation and volunteer training.

2. PPG website: Practice agreement on updating

Steve commented that he was pleased to see the practice updating frequently, for example with national campaigns. Liz commented that it has always been the case that national campaigns were promoted on the website, but it was agreed now there was more opportunity to give more prominence and visibility. Teresa re-emphasised that for the PPG, she and Nikki Chamberlain will assist with organising PPG web updates in a timely manner, mainly minutes and dates of next meetings. In the first instance minutes should be sent to Nikki and Teresa.

3. Priorities for the PPG in 2019

The PPG will respond to the priorities set by the practice. It had already been agreed that Patient Access would be a priority. However, in the light of other developments, outlined later in the meeting, these priorities would need to be put into the context of other NHS changes. Social prescribing will be a key focus if this goes ahead. Also, discussions at the flu clinics should continue to go ahead, for example this year on carers in Herts.

The PPG would be keen to conduct a new patient survey to identify current issues, but it may be worth waiting for any new initiatives to be launched this year.

4. Increasing the use of Patient Access

There are indications that we seem to be at saturation point in terms of attracting new users to Patient Access. All new patients are canvassed about signing up to EMIS. Of the 12 people that have been approached by Jack in the waiting room, only one was a potential candidate, the rest either being on the system already or not interested.

Steve suggested that it may be beneficial to hold videoed interviews with patients about the benefits of Patient Access and that this could be shown in the waiting room. Steve volunteered to act as interviewer. In addition, Steve felt that broadcasting more widely the benefits of looking at test results online would help. For example, nurses and doctors could give out a slip of paper saying they should look at their test results online in the first instance. It would be helpful if it was added that all test results are reviewed by GPs and they would be contacted if follow-up was needed.

5. National plan to set up local GP hubs or networks

In common with all GP surgeries, Sheepcot is setting up as a Primary Care Network, with 30 to 40,000 patient populations covered. Three other local practices will be in this network. In this network, patients' medical histories would be available to all practices. The aim will be to share best practice, make best use of resources and eliminate overlap. There was discussion that this is also likely to mean further cooperation and networking between PPGs in the respective surgeries. There will be the opportunity for the PPG to assist with communication to patients when this goes ahead.

6. NHS plan for extra staff to be appointed so that they can be referred instead of a GP

There have been discussions amongst healthcare professionals about working together to support the community in a variety of ways. Sheepcot are currently taking part in a three-month pilot of early home visits to patients to pre-empt being taken to or kept in hospital inappropriately. Another area that Sheepcot are looking into is Online Triage to ensure that patients are directed to the correct person, whether that is a GP or another Healthcare Provider such as pharmacists, paramedics or social prescribers.

Patients are likely to need information and education about the different sources of help available. There is the potential for Sheepcot to act as a pilot site.

The plan is to triage patients and refer them to an appropriate route, for example to pharmacies or other professionals instead of just GPs. This will take some of the load off GPs, where the system is currently overloaded and near breaking point. One avenue being explored is the e-consult system, where symptoms are captured beforehand using software prepared with the assistance of Dr Sarah Jarvis for EMIS. A procurement process will need to be followed through and there are other potential systems providers seeking to tender for the work. Sheepcot is acting as advisers/champions.

7. Drug shortages affecting prescriptions

It is acknowledged that there are some drug shortages. Dr Jackson has raised the issue with the pharmacist on the local panel on which he sits, discussing that pharmacists should recommend alternatives and take up the potential for greater power to substitute appropriately. Electronic prescriptions make the process more difficult for the patient to go elsewhere if there are shortages. Brexit may also pose a potential issue for the future, though plans to deal with this are in place nationally.

8. AOB

A patient had raised a query about seeing a doctor or nurse on the ground floor, where access to the lift would be a problem. Dr Jackson assured those affected that the Practice would be able to accommodate any patient where this is an issue. It needs to be raised at the point of

booking an appointment, however, and is subject to room availability which may mean choosing an alternative date.

Other staffing matters:

Early in April, Dr Lee will be reducing his working hours from 4 to 2 days a week. Dr Rattan, an experienced local GP, will be joining the Practice part time; Dr Dattani is also a member of the Practice.

Dr Whaley is changing to another profession entirely and will be leaving the practice in June. A new replacement is being advertised and interviews will take place shortly.

9. Next Meeting

The next PPG practice meeting will take place on 17 June at 6 pm.