

# Patient Participation Group

## Minutes of the Full Meeting on 18th February 2020 at Marymead Surgery 7.00 pm

**Leader:** Graham Fothergill, Minutes: Rosie Chisnell

- 1. Present:** Graham Fothergill, Rosie Chisnell, Amanda Preedy, David Wilkinson, Ken Spooner, Lisa Underwood, Wendy Abbott, Angela Dormer, Kay Loveless, Jan Burt, Robert Sprigge, Tony Dollimore, Sharon Smith, Chrissy Cobbold, Sally Elliott, Dave Bartlett,

**Apologies:** Joy Hall, John Townend, Penny Berry, Tony Stowe, Brenda Davies

- 2. Declarations of Interest:** None.

- 3. Minutes and Matters Arising from Meeting held on 21st January**

*Minutes:* Agreed

*Matters Arising:* Robert referred to the Minutes of the last Meeting, and queried what were the qualifications of the prospective Counsellor. Graham suggested that Ken should address this in his Practice Update.

- 4. Presentation by Lisa Underwood**

Lisa provided an update on her role as Clinical Pharmacist within the Practice. She informed the group that since she had been in post, she had been successful in completing her prescribing qualification.

In addition, she had been working with Wendy Heatley in the management of diabetic patients over the last six months, and had been actively involved in their diabetic reviews.

Rahill Bhatt, who had been newly appointed by the PCN, is an experienced pharmacist with a clinical background in hospital work. He works for the Practice one day a week, normally on a Thursday, splitting his day between both Knebworth and Marymead. He too, is able to prescribe medication and has now become involved in COPD reviews with Wendy. Positive feedback has been received on his work to date.

Lisa raised the issue concerning stock shortages. Where patients are experiencing problems with obtaining medication at their usual pharmacy, she advised that patients should consider approaching another, preferably independent, pharmacy for these supplies.

Graham was concerned that if patients received medication via the Pathfinder service, they would not be able to go to an independent pharmacy. Ken, Lisa and Sharon reassured patients that if there were difficulties with individual items at their regular pharmacy, an FP10 (paper prescription) could be provided as a 'one off' prescription.

Lisa discussed the use of the 'Robot' system for prescriptions. This is an automated service, whereby the pharmacy can enter details of patients' total prescription electronically into a system, which is then processed and delivered back to that pharmacy to be dispensed to patients. However, the 'Robot' is unable to split orders or dispense individual items. This system is used by Lloyds and some other pharmacy groups.

## 5. Practice Update

Ken informed patients that the new Knebworth Surgery is due to open on 16th March, as planned. The interior of the building is now finished and Ken said he would be visiting the new premises tomorrow to sort out any final details. Essential services, gas, electricity and water, have now been installed and the car park will be completed next week. However, telephone and IT systems are not yet operational and additional work on these still needs to be completed. New furniture will be moved into the Surgery at the beginning of March and during the week of 9th March, equipment will be installed.

The old Surgery will be closed on Friday 13th March and an emergency service for Knebworth patients will operate at Marymead that day. The landlords of the old building will take over on 1st April 2020.

Ken informed patients that the new surgery has a lot more space and improved facilities for patients, and plans to run the Baby and Phlebotomy Clinics on the ground floor to make it easier for patients.

Ken informed patients that GP Plus had now initiated an 'in house' Counselling service. This will take place every Thursday, which will alternate between Knebworth and Marymead. Patients will be able to access this service by GP referral. Ken revisited the query raised by Robert, in Item 3 of the Minutes, regarding the qualifications of the Counsellor, and confirmed that the professional would hold appropriate qualifications in Mental Health.

Ken informed patients that the Extended Access Service would be moving location from Kingsway to King George Surgery on 1st April, and that the PCN was responsible for this change. Mandy asked how well the service was used and Ken was able to report that, from the allocation of 100 appointments, the Practice was using a very large number of these. In the future, Ken hoped that the Extended Access would expand to include nursing input to provide additional clinics. At present, our Practice is operating its own extended hours on a Tuesday and Wednesday, providing early morning and late evening surgeries. This will be able to be continued for at least another year.

Ken informed the patients that guidance was in place to manage cases of suspected Coronavirus. Patients were advised **NOT** to visit the Surgery, but to phone 111 and seek advice. However, if GPs suspected a patient on site may have Coronavirus, that patient would be isolated, and communicated with by telephone or through a closed door. After the patient had then left the surgery, the room would be totally decontaminated and items within the room destroyed or disposed of according to Infection Control Guidelines. It was recognized that transport issues need to be strongly considered, including abstention from use of Ambulance Services, if at all possible.

Ken reported that eConsult was working well. Mandy asked if it had replaced patients contacting the Practice by telephone. Ken said that instead, there were some patients who were using eConsult on a regular basis.

## **6. Consolidated Funding Framework (CFF); Patient Survey**

Ken provided feedback on the individual points raised by the CFF Patient Survey.

*Availability of Appointments* – Patients had commented that there were delays in being able to access GP appointments. Ken reported that a new GP had been offered a partnership in the Practice, and would be working three days a week. He had also been able to employ regular locums for about 70-80% of the required time, with the result that the Practice was providing increased continuity of care.

*Discussion with Reception Staff* – Patients were concerned that they were being asked to discuss the reason for needing an appointment with reception staff. Ken encouraged patients to speak with Receptionists, as they had been trained to be able to arrange appropriate consultations and referrals to professionals and services, including Counselling, Physiotherapy and Social Prescribing. A Social Prescriber has recently been recruited to the Practice for one day a week, who has had extensive experience with Herts Help.

Alternatively, patients may also request ‘on line’ appointments, where 25% of the allocation of appointments are kept for ‘on line’ bookings. Mandy questioned if this was fair to patients who phone the surgery to book an appointment, if 25% of the appointment slots are unavailable to them. Currently, appointments booked ‘on line’ do not require the patient to state the reason for the appointment.

*Condition of the Surgery* – Patients had raised concerns that the Knebworth Surgery was run down and needed work to be undertaken. As the new surgery was being built, Ken said that this problem no longer existed.

Graham clarified that the PPG needed to take no further action on this.

Other information raised here included:

*Mumps* - Ken reported that statistics have shown a growing incidence of mumps from about 1700 cases per year nationally to around 6000-7000 . Ken informed patients that the Practice approaches young adults once per year to encourage them to check their medical history and immunization status, to minimise risk to themselves and others, and to enable them to become up to date with MMR (Measles, Mumps and Rubella) immunizations.

*Flu vaccines* – despite the problems with obtaining supplies this winter, Ken reported that the uptake of the flu vaccine had been good.

*Electronic Prescriptions* – Ken informed patients that more than 90% of the prescriptions issued by the Practice are now electronic.

## **7. PPG Representation on the Primary Care Network**

Graham acknowledged that the PPGs had been given permission to attend PCN Meetings, and asked Rosie to explain what progress had been made with organization of PPG involvement in the PCN. Rosie informed patients that a meeting had been arranged for the PPGs in our Network on Tuesday, 25th February. An agenda had been drafted to highlight the relevant issues which were important to the PPGs and to consider the contribution PPGs may offer to the NHS networks eg Patient Locality Network (PLN) and Patient Network Quality (PNQ) Committee. Graham added that, at the Meeting next week, a decision would be made regarding representation of the PPGs and how this would work.

The Board Meetings for the PCN were noted to be monthly, not quarterly.

Graham informed the patients that he would be attending the PLN Meeting on Thursday, 20th February, and would give feedback on what was discussed.

## **8. Help Yourself To Health**

Graham clarified that the date of the HYTH would be on 22nd July 2020. Unfortunately, two of the possible main speakers were now unable to attend, and Graham asked patients to make any suggestions for possible replacement speakers in the next couple of months.

Robert had recently noticed a Specialist Vehicle for Falls and wondered if this could be relevant and interesting topic for HYTH.

Graham asked Tony if he had any connections with anyone involved with Prostate Cancer UK. Patients agreed that this was an appropriate suggestion. Tony said he had contacts with the Prostate Cancer Research Group, which he was happy to explore.

Rosie and Mandy suggested that representatives from Carers in Herts may also be appropriate speakers, who may be able to present information about the support and extent of services they can offer to a wide range of Carers in our Community. This presentation could also specifically focus on 'Making a Difference', which provides additional help to Carers to assist them to cope within their caring role. Graham asked Rosie and Mandy to investigate this with appropriate personnel.

## **9. Drug Information Pre Radiological Investigations**

Rosie reported that she had been informed by patients that the information they had received about medication and instructions about their permission to eat or drink prior to investigations were inaccurate or uninformative. She was aware that letters, sent out to patients about medication, asked them to contact the Radiology Department, but when they did this, they were referred onwards to GPs. As those investigations had been particularly requested by hospitals, GPs felt unable to give accurate and specific information and direction.

Rosie asked if any other patients had had similar experiences with scans or medication queries, causing them confusion or difficulties, or even if any procedures were delayed or cancelled. Both Ken and David were able to confirm that they had also experienced problems and shared these with the patients.

Robert commented that written information sent to patients is not dated, nor does it indicate when that information should be revised. Rosie was also aware that a patient had been told that the information, which had been received, was subject to change.

Ken suggested that these experiences should be forwarded to the PNQ Committee, where issues affecting patients can be discussed and investigated.

## **10. Unwanted Christmas Gifts for Tombola Prizes**

Mandy requested that if anyone has any unwanted gifts, she would appreciate any donations which could be used as Tombola prizes.

## **11. Any Other Business**

Jan reported that there are now ten Admiral Nurses located in Herts, seven of these are Community based, two are based at the Isobel and Garden House Hospices, and one at the Lister Hospital. There are now a total of 282 in the UK, and that the CCG is responsible for facilitating links into these services.

Jan informed patients that a new Dementia Service will be being trialled one day per month in the new Surgery. Details about this will be confirmed at a later date.

On Monday, 9th March, Jan informed patients that she will be holding an open house for tea, coffee and cakes to raise funds for Admiral Nurses.

No further issues were raised.

**The next full PPG Meeting will be held on Tuesday 17th March at 7pm. The venue is to be confirmed.**