The Charnwood Practice

**PPG MEETING MINUTES**

**Date:** Saturday 11th May 2019 **Time:** 11.00am **Venue:** Section E, The Charnwood Practice – Internal Waiting Area

**Attendees:** Michael Maxwell (MAX) Chair, Angela Macklin (AMM) – Practice Manager, Dr Mawby (AM) GP Partner, Dr Choudhury (MC) GP Partner, Patricia Davies (PD), Sue Kendal (SK), Howard Kendal (HK), Pradip Modi (PM) & Samuel Paige (SP).

**Agenda**

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|  | **ITEM** | **DETAIL** | **ACTION REQUIRED** |
| **1.** | **Apologies received (MAX)** | Charity Paige (CP) – Unwell, Jagoda Kiesznowska (JK), Minaxi Modi (MM). |  |
| **2.** | **Matters arising from previous meeting minutes (MAX)** | None |  |
| **3.** | **Agree previous meeting minutes and review action updates (MAX)** | Agreed |  |
| **4.** | **AGM** | MAX introduced the AGM, the election of PPG officials. MAX stepped down from the role as chair and the AGM agenda was managed by AMM.* Chairperson – no nominations received prior to the meeting. HK proposed MAX, seconded by SK.
* Vice Chairperson – no nominations received prior to the meeting. HK nominated PM. Seconded by MAX.
* Treasurer – no nominations received prior to the meeting. SK nominated herself, seconded by PT.
* Secretary – no nominations received prior to the meeting. All proposed to continue with Practice Management support for this role.
* Treasurer – no nominations received prior to the meeting. SK nominated herself, seconded by MAX.

**Outcome of AGM - PPG Officials**Chairperson – MAXVice Chairperson – Pradip ModiSecretary – Practice Manager (Angela Macklin), or nominated officialTreasurer – Sue KendallIt was resolved and agreed by the PPG that:In the event that the Chairperson is unable to attend a meeting, then the Vice Chairperson will run the meeting. In the event that both the Chairperson and Vice Chairperson are unable to attend a meeting, then the Secretary will run the meeting. |  |
| **5.** | **Practice Update (AMM)** | 1. **Staffing**

**GP Team -** AMM provided an update on preparations in place to welcome the new International GP joining the practice in August, Dr Rasa Hampson. Specific start date to be confirmed.**Patient Services Team –** AMM notified all of a new member of the patient services team, Halima Sattar. MAX acknowledged he had met her on reception and gave positive feedback. So too did PM who had been greeted by her on reception when he last attended the surgery. AMM thanked both for the positive feedback and agreed to feed this back to Halima.1. **Services –**
2. **Over the Counter Medications –** AMM informed all that Changes were being made to prescribing medications that are available to buy over the counter. The changes are being introduced at a National Level and are medications that are low cost for conditions that patients should be able to treat themselves and also those that there is limited proof that taking the item (eg a cough mixture) make much difference. This also includes some hay fever medication and those patients affected by this have been written to explaining the changes and the reasons behind them. SP asked if whether an item was prescribed or not was based on patient age - AM confirmed it was not based on this. HK said he was concerned about the young children who had hair lice and whose parents won’t be able or willing to pay for the treatment and therefore will just sent the children to school affecting other children. HK added that he felt this should be provided on prescription and was there any chance of getting this changed? All agreed that this was not a possibility as nationally the changes have been brought into force. AM added that with regard to treatment for hair lice, the reason for spreading the lice is not usually down to cost of medication but sometimes down to parents not putting the effort in as the most effective way of removing a head lice invasions is repeated wet combing using conditioner and a fine toothed comb. AM also added that GP’s still have room for some discretion with all medications and in some circumstances – for example a Health Visitor may request we may make an exception is special circumstances. HK commented that we could do with the old system of school nurses. AM confirmed that we do still have school nurses (although more often they are shared across schools) and that GP’s can refer in to the school nursing team if they need to as often they are well placed to pick up the first signs of any abuse, neglect or other issues. They are also in the position to talk to children away from their parents. HK also asked about buying Paracetamol over the counter as he knew that there were restrictions on what could be bought. PM confirmed that patients could buy 2 packs of 16 maximum in supermarkets. The pharmacists had a little more discretion and could sell up to 3 larger packets – 96 tablets. PM also explained the reason for the restrictions – the concerns that paracetamol overdose can be dangerous and life threatening – Liver toxicity. MC also reminded that all that the point of the changes is for patients that may be are taking paracetamol for an occasional headache or tooth ache perhaps. Patients that require regular, long term use of paracetamol are still able to receive this on prescription eg. Care home patients – although specific guidelines have to be followed.
3. **PCN’s** – MC explained that PCN’s was the abbreviation for Primary Care Networks which have been introduced as part of the 5 year forward plan. All practices as a condition of the new GMS contract have to be part of a PCN and these have been formed in the city on the basis of who we would like to and could work with. The Charnwood Practice has formed a PCN with effect from 1st July with the following other city practices: 1. East Leicester

Medical Centre, 2. Spinney Hill Medical Centre, 3. Canon Street Surgery & 4. Broadhurst Street. Going forward, service contracts will be offered to PCN’s rather than individual practices and a decision will be made by all PCN member practices on whether to take on the contracted service or not. Extra funding has been provided to recruit and support a shared Social Prescriber & Pharmacist initially. Further down the line each PCN would look at sharing the resource of a Paramedic Practitioner. AMM added that in the longer term PCN’s may also look at sharing some of the backroom functions to increase efficiency, introduce more consistency and to reduce cost. Being part of PCN will also help with Business Continuity, offering contingency in the event with issues with say one of the buildings. MAX commented that it sounded a bit like an academy in the school system and asked if there was one key practice within each group. MC explained that any votes for PCN decisions were based on practice population size and that a Medical Director for our PCN had been voted in and was a member of the Spinney Hill team. 1. **Project Updates**
2. **Review of GP appointment System** (Dr Mawby)
3. **25% of online appointments –** AM explained to all that with effect from 1st July 2019 contractually all practices nationally have to offer 25% of their appointments online. This is not optional, the practice have to make this percentage of appointments available and reserved for people who want to book appointments online. Clarification on how this 25% can be defined is extremely vague. The Practice has had to decide which appointments they consider. For example can’t put nurse appointments online such as smear tests as these are at set intervals not simply upon patient request. AM explained that one of the benefits of this was that it gives patient another way of booking appointments and also should reduce the number of patients telephoning the practice. HK asked who got priority with these appointments. AM clarified that anyone who signs up for online services either to use on via our website or via the new NHS App would have access to these appointments. AM also explained that the practice will be trying to raise awareness with patients not already signed up for online services with a dedicated noticeboard, posters of clinical doors with information on the NHS App and the availability of free WiFi whilst visiting the practice, information on the practice website and also the reception team discussing with patients visiting the surgery. AM advised all that she had tested the NHS App and her feedback was that it was pretty good giving you the option to order repeat medication & make appointments. AM also shared with all that there is also a symptom checker function available on the NHS App which will direct you to the most appropriate route of care – pharmacy, A & E or 999. PM commented that online services and the NHS App make a lot of sense.

**(b) Introduction of Pre-bookable Telephone Appointments –** AM started by explaining how the practice currently handles requests for telephone advice and results follow-up. Each day the practice has 2 lists of phone calls that the on-call doctor has to work through. One list of patients who are requesting same day urgent appointments who are called back and triaged for assessment and a second list of patients who have contacted the surgery and would like a call back for medical advice, or have a query or have been asked to contact the surgery to speak with a doctor following test result outcomes. For both these requests patients have to call the practice before 12 o’clock midday. If patients call after 12 and the matter is non-urgent they will be asked to call again the next day. AM explained that having monitored for some time the increasing volumes of call-backs being required on a daily basis (averaging 40/60 phone calls daily) concerns have been raised about safe workloads for clinicians and we are currently reviewing this system and wanted the PPG to be aware before any changes and have the chance to have input. The current proposal that the practice would like to trial is to introduce pre-bookable telephone slots and the following benefits have been identified: 1. Safer for clinicians as a maximum number of calls has been introduced for each day spreading over the week to balance workload; 2. An actual time allocated for call back rather than patients having to hang around sometimes all day waiting for the call-back. This can also waste clinician time when patients do not answer the call and multiple attempts to contact them has to be made; 3. Patients will have a choice of dates and times to suit; 4. Patients will have a choice of which doctor calls them back subject to clinician availability. AM asked what PPG members thought of the proposed changes. SP commented that it made sense as if it is an emergency if can be difficult waiting for a call back. AMM explained that this is why receptionists ask for some detail when patients call so that they can assess the urgency of the matter and if the patient does have an urgent medical need and/or worrying symptoms an urgent message can be sent to a doctor. AMM also continued to clarify that we are looking at routine, non-urgent matters being booked into pre-bookable telephone appointment slots. The practice would still have an urgent same day call back list throughout the day for Care homes, venerable patients such as housebound patients and any other patient with an urgent medical concern. AMM wanted to give assurance that within the proposal this was not changing.1. **Formal Complaints –** None
2. **Significant Events –** AMM explained that over the years the practice has been increasing the scope of what falls under the criteria of a significant event and that so far for 2019 the practice has recorded 3 clinical significant events and 14 general ones. Aim of recording significant events is to reflect on things that could have been done better, share with the team for learning and make amendments to policies and procedures for improvements going forward. Also record events that have been handled well. HK asked about staff safety incidents – were these recorded and what policy did we have in place for these sorts of incidents. AMM confirmed that yes, these are recorded and

mentioned as an example the one we had a few weeks back when a patient attending a midwife appointment trapped the midwife and the student midwife in the room and was abusive and threatening. The team have a protocol to follow to support team members in such circumstances. The event was recorded as a significant event and the practice also has a separate Zero Tolerance and Dignity at Work policy which is displayed around the surgery and strictly adhered to. The first instance of such behaviour, the patient receives a letter as a first and final warning and are told what will be the consequences of repeating such behaviour, removal from the practice. This is the policy that we have to follow, can’t remove without warning else are in breach of our contract. Practice concern is safety of employees and showing as an employer that we will not tolerate inappropriate behaviour. |  |
| **6.** | **PPG Patient Members Update (ALL patient representatives)** | 1. **City-Wide PPG Meetings attended –** None as no one has attended.
2. **Any other feedback from PPG Members** – None in attendance had any other feedback.
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| **7.** | **AOB** | PM – Apologised for not attending the last meeting. Wanted to share a few issues that pharmacies where experiencing for awareness.1. Further to the introduction of the **Falsified Medicines EU Directive**, which came into force in the UK on 9th February 2019 each and every package of medication has to be checked using the barcode (unique identifier) and check the physical anti-tampering device on the pack before being issued to the patient and therefore may take longer to dispense. Other concern is that as this is an EU directive and all of the data is stored in Europe, at the moment no one is sure what will be the implications with Brexit. Pharmacist are just monitoring at the moment until further information becomes available.
2. Another change within pharmacies – as a result of the new GDPR regulations only key staff members will have access to records which again may result in longer wait times whilst waiting for medication at the pharmacy. AMM queried further and PM explained that the key staff members meant those who have received the specific training will be able to look at the patients summary care record. Front line staff won’t be able to do it. AMM and MAX both commented that surely it would make more sense to train addition staff to reduce delays.
3. PM also provided an update on Medication shortages. Whilst mentioned in previous meetings PM wanted to emphasise that this was now a big issue and only likely to get bigger. 2 main issues. Firstly, a lot of the raw ingredients used for medication comes from China and have been some blocks in place so Europe cannot import what they need to make the medication. Secondly the medication Europe does have is being released more slowly due to concerns with Brexit. Specific supply problems with Naproxen and Fluticasone Nasal Spray.
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| **8.** | **Next Meeting Date** | **Saturday 10th August 2019** |  |