

## **Minutes of the PPG Meeting on 24/10/2014**

### **Present**

Dr A Pugh

Mr Forshaw

Caroline Lee

Mrs Molyneux

Ruth Smith

Mrs Smith

Lorraine Skillicorn

Mr Braithwaite

Mr Mayes

Mr Newton

### **Apologies**

Mr Wardlaw

Mrs Forshaw

**Introductions** – The meeting was opened by Caroline who welcomed our new member to the group Mr Newton.

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### **General Updates**

Mrs Arts asked if the agenda could be typed in large print next time. This was agreed and Caroline apologised for the oversight. Caroline asked Mr Newton he was happy to be named in the minute of the meeting which would be published on the practice website; he agreed.

Caroline went over the minutes from the last meeting.

The Care Quality Commission visited in May 2014. There were four people who came to assess the practice. They don't have a timetable for the day and ask to sit in with the GP's Nurses and receptionists, their visit lasts for a full day.

Mr Braithwaite asked if we were given prior notice of the visit, Caroline replied that we had 3 weeks' notice. Mr Braithwaite then added that would it not be better if the inspectors called and did a spot check. Caroline said this would be very difficult to accommodate in general practice because of the nature of the business. Mrs Arts commented about the difference between the GP visits and Care Home visits by the CQC. Mr Newton also commented about how ruthless the CQC could be and named Dane Garth as an example.

Mr Braithwaite added that he was surprised that the building was passed at the inspection and added that the building was clearly not ideal. Caroline agreed but explained that while the building was far from ideal it does meet all statutory requirements.

Mrs Smith asked if we would be moving to a new surgery. Caroline discussed the options and explained that the surgery would not be moving to the Alfred Barrow site although some surgeries in Barrow would be moving in to there. Mr Braithwaite asked who would be funding the building; Caroline stated it was NHS England and the

Practices who are moving in but that it would be built by a private company.

Mr Newton mentioned that he had visited a Cockermouth surgery which was purpose built and it was excellent.

Mrs Arts mentioned about a locality meeting she had attended where the plans for the old Alfred Barrow site to house the Ambulance Service and the District Nurses as well as GPs. Caroline added that this was the case and probably 3 or 4 local GP surgeries would be moving in to the building.

Ruth mentioned that there are 2 new trainee Doctors at the Practice, they are Dr Ogunna Amaeze and Dr Hameed. Dr Hammed will be here for a year and Dr Amaeze for six months.. Mr Braithwaite asked why there are decreasing numbers of GPs in the locality. Caroline explained that many Doctors had retired at the same time leaving a problem trying to recruit within the locality. Mr Mayes asked if our patient population was growing could it be said that we cannot provide a robust service if we had a shortage of consulting rooms. Caroline stated that the patient population remained stable at approx 11.000 patients.

Mr Newton discussed the £55 GP's would be paid to diagnose and treat dementia patients. Caroline explained the Nurse Practitioner was holding memory clinics for anyone who thinks they might be suffering from the illness but that the new funding was not important and was driven by political motivation.

Ruth explained how the chronic disease register works and that patients on these lists will be recalled annually in their birthday month.

Mr Mayes suggested having walk in clinics, Caroline explained that we had tried this before and didn't find any evidence that it helped as the clinics became quite unmanageable. Dr Pugh added that in her experience patients do seem to prefer an appointment time. Mrs Smith added that the telephone triage system worked very well.

There was some discussion around the length of appointments; Dr Pugh stated that we have a contractual obligation to ensure that all appointments have to be 10mins long. Mr Newton disagreed with the appointment times saying it depends on each individual problem and maybe more than 10mins would be better. Caroline explained that double appointments were available for complex issues.

Dr Pugh explained to the group how the same- day triage system for urgent problems works. Mr Braithwaite asked about weekend opening, Caroline explained that if more appointments were made available at the weekend it would have an effect on the availability of GP's during the week, we are experiencing a shortage of GP's in the locality and it has been estimated that up to 40% of GP's in Cumbria may retire over the next 5 years.

Caroline explained that there was increasing pressure on the service; as an example she told the group that the number of

diabetic patients is going up by around 10 a month, putting great pressure on resources. Mr Mayes commented that it is difficult to get an appointment should we not have more GP's. Caroline stated that we do have a lack of space in the building and there have been talks with Murrays Chemist about extending our premises.

### **Specific Patient Issues**

Mr Braithwaite asked about how we manage home visits. Caroline explained that a different GP every day carry out home visits Dr Pugh added that they take around 30mins to see each patient, we are now using an I pad which enables the GP to add the consultation on to the patient notes immediately.

Caroline explained that from April 2015 each patient would have a named GP. Mr Forshaw asked if this was a political requirement. Dr Pugh agreed it was.

Caroline told the group about the new scheme whereby patients can access their medical records online. They will be able to see test results and order their prescriptions. Caroline will send out the access forms to the group members who have requested them.

Mr Newton asked about Prescriptions 4 you. Dr Pugh explained that this is a company that has leafleted the area and are nothing to do with the practice they are an independent agency.

Mrs Arts discussed the locality meeting she had attended and stated that more lay people need to get involved because there was mainly health care professionals there.

The next locality meeting is in January 2015 headed by Dr Arabella Onslow. Mr Braithwaite agreed that his name could be put forward as lay person representative at the meeting.

Mr Arts explained about the travel involved in accessing hospital services out of the area, this also has a financial and time implication for patients. Mr Braithwaite added that he had to travel to Preston for treatment and was not entitled to free transport or funding for public transport. Mr Newton stated that if you have a receipt you can usually be reimbursed for travel costs.

### **Action Plan**

Caroline explained that the practice was required to agree with the group 3 priority areas to work on over the coming year.

She suggested that appointment availability should be on the list. This was agreed.

She suggested the second area could be to actively work on communication particularly around locality events. This would include publicising upcoming events and minutes on a

board in the waiting room.. This was also agreed with the group.

For the third area Caroline explained that they wanted to do some work on data quality in the practice. This would involve an audit of patient notes to ensure that the quality of information meets our standards and making improvements where necessary. This was also agreed.

Caroline thanked the members of the group for attending and closed the meeting.

The group will meet again in March 2015.

