

Wye Surgery
Minutes of Patient Participation Group Meeting
9th December 2015

Present	<p>Chairperson - John Fletcher</p> <p>Secretary - Leonie Saint</p> <p>Jo Shepherd - Practice Manager</p> <p>Helen Goodman – Assistant Practice Manager</p> <p>Lucy Carvill</p> <p>Dorothy Chambers</p> <p>Carole Farr</p> <p>Enid Gould</p> <p>Penny Haynes</p> <p>Marlo Johnston</p> <p>Sally Leaver</p> <p>Dave Martin</p> <p>Betty and Cliff Martindale</p> <p>Margaret Rose</p> <p>Valerie Perez</p> <p>Penny Skilbeck</p> <p>Judith Timms</p>	Action
Apologies	<p>Julia Venn, Liz Coulson, Don Thake, Kate Day, Pat Fletcher, Jean Andrews, Janet Wilson, Clare Dash, Rita Hawes</p>	
1)	<p>Minutes of Last Meeting</p> <p>Amendments: Item 4 p2. Tata Galway should be Tara Galloway. Re: function of APPG ‘Members expressed the view that the group does not appear to have a clear function and since the public is now permitted to attend its meetings, the nature of the group has changed’.</p>	
2)	<p>Matters Arising</p> <p>New information: Item 7 p4. Re possible trialling a new ‘Ask my GP’ service, the change has had to be shelved because of expense. Item 8 Fund Raising - £107.22 was raised, which has provided for the renewal of the subscriptions to NAPPG Penny asked where the money is to be held, as it is too small for an account to be opened. Item 9 Access to your medical records – John Fletcher has not yet succeeded in accessing his medical records.</p>	
3)	<p>Chairman’s Report</p> <p>Agenda 7. Conflicts of Interest - between commissioners of services and GPs using the services. This has been aired in national newspapers and occurs throughout the NHS. People have to declare their interest by withdrawing clinicians from relevant meetings, where major problems have occurred. Relevant paperwork has been promised to John Fletcher, but has not yet been received. Amendments to the Health and Social Act are needed because of complexities. David Martin confirmed that there were conflicts of interest in other areas, e.g. Health and Social Care. Are there any examples of true integration</p>	

occurring?

The CCG website claims to have all the information but does it definitely do so, it is certainly difficult to use.

Both Sally Leaver and David Martin agreed to follow up this question.

SL/DM

4)

Surgery Matters

a) **Christmas opening times** are displayed both in the surgery and on the website.

b) **Phone system** prolonged problems have produced the decision to change to another company, which will have a new phone number, with more incoming lines – the date this will begin will be announced, a message on the defunct line will give the new number.

Texting will be unchanged.

Agenda 8) Dementia diagnosis Marlo produced some APPG information and said Wye is next to the bottom of the list of diagnosed dementia patients, but was unsure how this has been calculated. Diagnosis must be made by a consultant before the surgery can record it. John has written to the CCG regarding Mental Health. Marlo was asked to monitor how these numbers have been calculated by APPG.

MJ

c) **GP Contracts** The problem of GP contracts has not been resolved i.e. the decision whether to remain PMS (Personal Medical Services – NHS agreement with GPs) or change to GMS (General Medical Services – NHS agreement with surgeries) has not yet been made. The loss of £40,000 to the surgery will apply whichever status is agreed, with guaranteed loss of special services such as atrial fibrillation, and possibly running the weekly ward-round at Brambles Nursing Home. The partners have to make the decision by the extended date of 16th February. The surgery can remain PMS for around 5 years, but will still lose the money. An additional problem is that PMS is paid monthly in advance, while GMS is paid monthly in arrears.

Judith Timms asked if there was any way in which we could help regarding this change, Jo Shepherd will let us know. Atrial Fibrillation will have to be done at the hospital, but the Brambles visit must still be undertaken by the surgery.

JS

5)

Appointments system – there have been some hiccups, some complaints, some voting with feet and going elsewhere.

Businessmen are the chief complainants. The surgery is listening to and assessing complaints and a meeting is planned with all the partners, but the GPs are ‘burnt out’. Demand has increased and often appointment slots are taken away from sick patients, by inappropriate requests, such as repeat prescriptions. Expectations of primary care have increased and this is not just in Wye, there is an abuse of the word ‘urgent’. It was agreed that a change to the phone message needs to clarify the phone responses, repeat prescriptions are not an urgent matter, removing these callers from the system will make a difference, these requests do not need to be put through to a GP. Children will always be seen. A list of

medical categories that are treated as urgent is available. With reference to a letter received by Leonie it was confirmed that only GPs can make ongoing appointments.

There is a need for **Education** for patients to use the new system effectively, re prescriptions, private results, hospital and test results. More information will be available after the partners' discussion tomorrow, 10th December.

The new phone system will automatically reveal patients' existing information, but only for the doctors

- 6) **APPG and Hub news** – Marlo had already spoken to the meeting about Dementia, see above in item 4, but added the problems associated with discharge of patients in hospital, causing bed-blocking.

Penny and Dave spoke about the meeting for Our Place Wye – in which there was a hope for more overlap to meet several needs.

A paper has been presented by 14 people representing different areas. Richard Sinden is to be more pro-active with older people, but Our Place Wye is not totally for older people – it is aimed to avoid loneliness plus promoting integration and cohesion in the village, dealing with fragmentation.

A question was asked of Lucy Carvill, asking whether her church work with young mums interacted with Our Place Wye, she said it does not at present.

People with acute need are coming to the Wellbeing Café, but those with lower level of need are not coming.

- 7) **Conflicts of interest** – addressed in the Chairman's Report, no 3.

- 8) **Dementia diagnosis figures** – addressed in Surgery Matters, no 4.

- 9) **Prescription reviews** – Leonie had been asked by patients about requests for prescription review, as printed on prescriptions. A review of medication can only be done by a GP, the requests are printed on the prescriptions automatically. Pharmacists can do a DRHM review but not change prescriptions, patients seeing the request on their prescriptions must phone the surgery, to ask for a review by the GP, when indicated.

- 10) **AOB** nothing was raised.

- 11) **Next meeting: Tuesday 9th February: at 7.15 in Surgery waiting room.**