

Falldon Way Medical Centre

Minutes

Patient Participation Group Meeting 25th November 2016

Attendees

Leigh Frost (FWMC), JW (FWMC) JN (FWMC), Rais Hyder, Stephen Noreiko, Judith Sluglett, Monica Brown, Mickey Barnard, John Downer, Francis Palmer, Mildred Miller, Bryan Pitt, Stephen Mann, Annie Lewis, Betty Morrison

Apologies

Sheila Woodcock, Reg Parker, Diana Willcox.

Welcome/Apologies

LF welcomed all to the meeting, and everyone introduced themselves. Jackie Nightingale was introduced, and it was explained that JW/JN are job sharing, and either could appear at any future meetings. LF advised that JN had numerous years' experience in General Practice, working at Westbury On Trym surgery.

Previous Minutes

These were agreed.

Matters arising :

- Previous minutes. These have now been added to the surgery website, so ALL patients can view them.
- The 'Affinity' Group had now started, with Falldon Way, Westbury On Trym, Monks Park and Greenway joining together for collaborative working. There is now a Saturday morning surgery every week, either at WoT or Greenway, where our patients can book appointments. Bookings can be made by calling FWMC as usual. These appointments are pre-bookable only. In addition, FWMC are still doing a once a month Saturday morning.
- List closure. Our list was closed in June, for 3 months, meaning we are not allowed to register any new patients. When it was due to reopen (September), FWMC applied for an extension, which was refused. FWMC is now appealing against this refusal, the argument being that we do not have any space to meet the growing demand for services until our temporary building is in situ in February. We are allowed to keep the list closed whilst the dispute is ongoing. In June we had just over 9000 patients. We now have just under 9000, which is not a very large decrease. The decrease is due to patients leaving the surgery voluntarily (moving house to out of our boundary and so registering with a new GP) or FWMC deducting them due to living out of our boundary. It was asked what the optimum number of patients is – LF replied there is no optimum number, unless the NHS decides the GP/patient ratio is unsafe.
- Admin Building. Planning permission has been granted for a temporary building to be sited at the rear of the car park. It will be used to house the Admin Team, which will in turn release 2 rooms that can be used as clinical rooms. LF expressed special thanks to Mickey for delivering a petition by the patients to the planners to help the surgery to get the planning permission.

Practice Topic

- Staff changes.
Dr Poland has retired, but will still be seen as he has agreed to do locum work here.

Dr Aliesje Kuur has been appointed temporarily over winter, but it has now been decided to recruit her permanently. The decision as to appointing a new partner has been deferred for the present. In the meantime, we have just 3 partners, Dr Stainer, Dr Smith and Dr Farnall. As previously noted, Jackie has joined the Admin team, to replace Sara who left in October to pursue a new career. Jan has joined as Secretarial Support. Marina is a Data Co-ordinator, sorting all the data that comes into the building on a daily basis. Three new receptionists, Lopa, Amy and Sue, have joined the team. A new trainee GP, Dr Lucy Burnard, will be joining us in February. The question was asked why are there so many female GPs? LF advised that the majority of Doctors training to be GPs tend to be female.

- Affinity Weekend Update.

Physio. We now have a telephone triage system. If a patient calls the surgery before 4pm, and they have the appropriate symptoms/conditions, a receptionist will refer them for a telephone triage with the Physiotherapy department. FWMC is the Bristol practice with the greatest number of referrals in October to this service. In turn, this has freed up some GP appointments.

Mental Health Nurse. We now have a MHN every Thursday in our surgery. She is a specialist nurse, and again, this is helping free up GP appointments.

Weekend Hub. As described above, this is a Saturday morning service where appointments can be pre-booked to see a GP on the weekend. This is a 6 month pilot scheme, but it is anticipated that funding will continue beyond this time scale.

Private ear microsuction. Due to lack of funding, this has now become a private service for all patients except those with strict medical criteria. For all other patients, treatments for home use can be purchased from a Pharmacy, or they can attend privately at WoT or Greenway surgeries. We will be treating WoT patients privately. We are not allowed to charge our own patients for this service. The cost for this is £40 for one ear, or £60 for both.

- Medical Research. FWMC is now undertaking medical research. To start with, we are looking at babies with infections causing high temperatures, and the impact physical exercise can have post operatively for frail elderly patients. Patients that fit into either category will be asked if they would like to participate, and if they agree their information will be passed to the relevant researchers. If a patient declines, then their care will continue as per normal. There are 2 reasons for the surgery participating. Firstly, it generates another stream of income. Secondly, it enables clinicians to have easy access to a specialist in these fields.
- Chairing PPGs in the future. LF explained that the Government is keen for PPGs to be actively driven by the patients. All practices run their PPGs differently, with some providing liaison for carer's, some fundraising for their Practices, others undertaking surveys amongst patients. LF was wondering if a patient whether or not currently in the PPG would be interested in being more pro-active, and maybe taking over the chairing of the group. It would then become a patient led group, as opposed to a surgery led group as it is now. This will be discussed in more detail at the next meeting.
- Strategic Transformation Plan and NHS Estates Policy. LF explained that a document has been produced by the NHS giving a summary of where they would like us to be in 5 years' time. In view of the increasing population and health concerns, it is anticipated there will be a £350 million overspend. The document sets out its plans, and is asking for opinions from staff and users. Basically, the plan is to work together to be more efficient. A patient summary of the plan can be found at <https://www.bristolccg.nhs.uk/about-us/sustainability-and-transformation-plan/> . Please do let the CCG have your comments

Patient Topics.

- Can we have a chiropractic service here? LF explained that one of our receptionists, Julie, is a trained mobile foot practitioner. JD added that he had used her services and said she was very thorough and good. We are not able to provide this service here at the Practice.

- Could we perform hearing tests here? Unfortunately, none of our rooms are sound proofed to the necessary standard for such a service.
- Is there any chance of having a bus service from Henleaze to WoT? The Practice does not have the resource for a transport system but does have a voluntary driver service. If anyone knows of persons who could join our drivers, please speak to LF as they would be very welcome to join the team.
- RH commented that the new TV screen in reception was a 'wonderful idea', and much better than the previous system of calling patients in. It is also very informative.
- Are the e-consultations successful? LF responded by saying they work very well, and we get approximately 25 e-consultations per week. This is approximately a whole surgery (in time) that doesn't get booked up by patients coming into surgery. The Doctors are saying it is very successful. It was stated that the e-form is very long winded, but LF explained that the reason for this is to get the correct information from the patient.
- How can charities help in the future? One suggestion in the Sustainability and Transformation Plan is that the health service work more closely with charities. LF anticipates this could be more on an educational basis, eg diabetes information, St Peters, etc. It may be that the clinical staff signpost relevant patients to the correct charity if and when needed.
- MB thanked LF for an interesting and very informative meeting.

LF thanked everyone for attending, and the meeting was closed, but asked if anyone would like to see where the temporary building will be sited, and so took a small group to the car park.

Date of next meeting: May 2017, actual date to be advised.