

Patient Participation Group

Notes from the Meeting Held 11th December 2018

Present: NP, SG, MM, DH, DH2, MB, PE, IJ

Mr Simon Guy (Business Manager)

1. The notes from the previous meeting were agreed.
2. Matters arising:

The revised car arrangements were discussed. The new pay on exit barrier system does seem to confuse some patients and is having some teething issues at which times the barriers are left raised. Disabled parking is now mainly located in the further car park from the Primary Care Centre, though there are a small number of bays at the entrance to the staff car park. Patients with a blue badge can also park in the main car park and our reception team can provide them with an exit ticket so they do not have to pay. The overall changes have definitely resulted in there being plenty of spaces available for patients who will continue to receive 40 minutes free parking. Parking charges are pro-rata and paid on exit. The machines accept cash and cards.

Flu vaccine uptake has been very good, despite the schedule of deliveries of the new Fluad vaccine for the over 65s not being ideal. Despite placing orders and agreeing specific delivery dates in January, it appears the company were unable to cope with a surge of demand from Practices who hadn't ordered enough and therefore every Practice had a revised schedule imposed. For our patients that meant 2-3 weeks in October when we had no vaccine for the over 65s. Nevertheless we have now caught up and we expect next year to be better. We are currently the highest performing Practice in the county for vaccinating the over 65s and the uptake of vaccine in the under 65s is also strong. For children aged 2-3 years who receive a nasal vaccine we're double the national target at around 80% uptake.

The Practice recently participated in the Productive General Practice programme and tackled appropriate appointments and frequent attenders as our two projects. We turned the summary of outcomes from these projects into posters that we presented to participating Practices and these were then put on display in our meeting room for staff (and the PPG).

As part of a research trial we were given a device that can be paired with a smartphone to act as a screening tool for atrial fibrillation (irregular heartbeat). We have now set this up with an iPad and have created a display banner for use in the waiting room to allow patients to be screened opportunistically. The screening involves placing two fingers on a small sensor for 30 seconds, so it's quick and easy to do. The device records a single-channel ECG (heart trace) that is sufficient to pick up atrial fibrillation more accurately than a trained doctor or nurse using the more traditional method of feeling the pulse. If the screening test is positive then will be undertake a full 12-lead ECG to confirm the result. Between outings in the waiting room the device will be used by our Healthcare Assistant to routinely screen people attending for an NHS Health Check.

3. News and Team Update

Dr Emily Bryant is now on maternity leave, returning in the Autumn. In her absence Dr Anna Bulbeck will locum 2 days per week. In addition Dr Antonia Charlton is working a day per week until the spring.

Alison McClintock has now gained her nursing degree and her prescribing qualification which means she can now write prescriptions without needing a GP signature.

A new iPad version of the Friends and Family Test has been developed in-house and deployed in the waiting room following the demise of the previous device.

The Practice team has recently been accredited as a learning disability and autism friendly Practice.

4. Practice Newsletter

The draft newsletter was circulated for discussion.

5. Group Consultations

NHS England arranged a meeting recently to promote the concept of group consultations. A trained facilitator who is not necessarily a member of the Practice team or even a clinician would meet with a group of patients who shared a common condition (eg diabetes). The group would share their concerns, ideas and results – eg blood sugar control or blood pressure for example, and then agree what they wanted to discuss with a GP, Dietician, Practice Nurse etc. A member(s) of the clinical team would then attend the meeting to spend 30-40 minutes talking with the group about these issues. The idea is that group members can learn from each other and clinical time would be used more productively. The

evidence is that patients who engage with the approach actually prefer it and get a lot more from it than through traditional one-to-one consultations. This is something the Practice would like to explore further and we wait more information from NHS England on facilitator training.

6. Any other business

We discussed the time required to process repeat prescription requests. The message from the Practice is that we require 2 working days (48 hours) in order to process a request. This is because from the point of making the request the receptionist would perform some basic checks, such as whether the item was on the current repeat prescription screen or if it had been discontinued or lapsed if not issued for a long period for example. This may result in a message to the patients GP to validate the request. Even when the request is straightforward the prescription has to be physically signed or electronically processed by a GP and depending on the timing that the prescription reaches them it could easily be the following day before they can sign it off. Taking into account the GPs working patterns etc it is reasonable to ask for 2 working days to process requests. However, we do regularly audit this and the vast majority of prescriptions reach the nominated pharmacy within 24 hours. The reception team also receive a lot of urgent requests from patients who have forgotten to order their medication in good time and they do their best to have these turned around very quickly. The Practice can't account for delays down the line if the pharmacy has to order the medication in for example. It's also worth noting that patients taking regular medication should have at least one week's worth of medication on hand when they come to order. That's plenty of time for the Practice to process the request and the pharmacy to order the medication and have it ready for collection or delivery.

Next meeting March 2019