Garswood Surgery
Patient Participation Group Meeting

Wednesday, 1 June 2016

In attendance: Mr T Narayanan (TN) – Chairperson
Mr J Rice (JR)
Mrs A Clark (AC)
Mrs P Williscroft (PW)
Mr B Knowles (BN)
Dr D Lawson (JH)
Sister T Peet (TP)
Mrs E Kindon (EK)
Mr P Zecevic (PZ)

Apologies for Absence

Apologies for absence were received from: Mr K Cleary, Mrs S Cleary, Mr J Evans, Mrs J Evans and Mr E Ranson.

Minutes of Last Meeting

The minutes of the meeting held on 2 December 2015 were agreed

Charity Easter Raffle

The Easter raffle raised £122 which was to be split between Dementia Friends and Marie Curie.

Garswood Patient Survey & Friends & Family Test Results

The results of the most recent local patient and Friends & Family Test (F&FT) survey results were tabled.

As on previous occasions the results remained consistent with previous local surveys and the majority of patients were happy with the service provided. Ideally, the F&FT survey should be completed by every patient after every visit but in practice this was not realistic. Many patients having completed the survey once feel they do not wish to complete aonther and so the number of surveys had reduced. We are required to submit our Friends & Family Test survey results to a national database every month and in addition we are required to publish on the practice website.

Wool Fund
Audrey Wooding was in attendance to speak about the work of Ashton Knitting Circle who make the cardigans and bonnets for the new-borns in Africa that are donated to the charity InterHealth.

More recently they have been knitting 'Twiddle Muffs'. which are given to patients who are. This very worthwhile initiative is much appreciated by the carers of people suffering the later stages of dementia who can become non-communicative and agitated. The muffs are not only useful to keep the extremities warm but the buttons and ribbons, etc, that are attached to the muffs provide stimulation and help the dementia sufferer to relax.

The wool used in producing the clothes and twiddlemuffs is expensive and has been purchased by the ladies of the knitting circle. The patient group were endorsed our proposal to advertise for wool donations, sell twiddlemuffs and donate the proceeds to the wool fund which would raise funds to purchase more wool. They also agreed that the wool fund should be a regular recipient of some of the proceeds from the practice's fund raising events

The group suggested approaching wool manufacturers to see if there was any possibility of obtaining wool donations from end of line stocks, etc., EK agreed to investigate this.

On-Site Pharmacy Issues

PZ was in attendance to explain why the pharmacy had been forced to stop pre-preparing medication requests in advance of collection. He advised that huge amount of medication dispensed in advance was not being collected. Due to the financial implications of wasted stock and staff time wasted it was not sustainable. To overcome this he advised that the pharmacy were requesting patients give 3 working day's notice when submitting their repeat medicines requests and requested that patients notify them to advise day of intended collection. He tabled photographs containing crates of uncollected prescriptions for a single month which equated to an estimated £20000 per annum of wasted drugs since once dispensed they cannot be re-used

Practice Update

Practice List

EK advised that the practice list continued to rise and currently stood at XXXX patients.

NHS Texting Service

SCG advised that the current texting service which had been provided through the NHS Net Email service had ceased but the cost of text messages would be picked up by the Health informatics service through a specially negotiated contract with EE and that patients with mobile numbers recorded on our system would still receive an appointment confirmation generated by the clinical system. The ability to send other messages would no longer exist as these had been done through the NHS net mail service and there was no current facility in EMIS to send ad-hoc messages.

The group felt that it was better to receive a text appointment reminder rather than a text appointment confirmation but SG advised that to provide such a service was cost prohibitive at present. They were sorry to see the loss of the ad-hoc messaging service which many had found very useful. SG advised that this situation was very new and that she felt that in the future providers might well produce simple alternative texting systems which would prove cost effective. Email remained unaffected.

Appointment No-Shows (DNAs)

The issue of DNAs continued. Notices in the waiting area were having no measurable effect in reducing the numbers of wasted appointments, indeed at the moment the

numbers were increasing. It was felt that the imminent withdrawal of the texting service could further exacerbate the problem.

The group felt that there should be some kind of redress for practices. SG explained that there were a great many very reasonable reasons why people failed to attend and in reality although there was a small number of repeat offenders simply forgetting to attend appointments was not really a suitably justifiable reason to remove patients from the list unless the offenders were persistently abusing the service.

To deduct a patient there needed to be a justifiable reason and this was normally because of unacceptable behaviour (eg, abusive towards the staff, etc) or a breakdown in the doctor/patient relationship.

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The group felt it was outrageous that patients could not get to see the doctor when so many appointments were wasted through DNAs. AC suggested that appointment times be reduced to 12 minutes to compensate but SG advised that the level of DNAs only equated to one per GP per day on average and that no-one who needed to see the doctor urgently was turned away. TP pointed out that 15 minute appointments were deemed a best practice quality marker.

The group felt that tackling the DNA rate was a priority area. SCG advised she would look and see what other practices were doing to resolve this. The group asked TN to ask the CCG for statistics to establish the enormity of the problem for the area and allow us to see Garswood's DNA rates in context.

CCG Update

TN advised he had met the new CCG Chairman and gave a verbal update. He advised that he believed a big issue facing the CCG at present was hospital discharges. It was increasingly difficult to discharge patients into the community because of the complex care packages that were required, particularly around the social aspects of post discharge care. This was causing 'bed blocking'. The group suggested that it might be useful to introduce an 'interim' provision where patients who were not deemed quite well enough to be sent back into the community but who did not require intensive nursing care into could be placed whilst they further recuperated prior to full discharge. SG advised that Newton Community Hospital provided just such a service known as intermediate care. It provided in-patient care within a community setting for patients whose short term needs could be addressed within a limited period of weeks as part of their overall care pathway. This could include short term rehabilitation before moving to a lower level or longer term support.

The group felt that there was limited nursing home places and that these were cost prohibiltive. SG advised out that care homes were subject to the same rigorous inspections by the CQC as primary and secondary care services and that to achieve the requisite standards was expensive.

Date & Time of Next Meeting

It was proposed that the next meeting be held ON 7th December 2016. The date would be confirmed nearer to the time but it was expected to be the first Wednesday in December.