

Maple Surgery – Patient Participation Group Meeting

Wednesday 17th June 2020 via
Video Conference (Zoom) at 7.00pm

MINUTES

PPG Members:

Chairperson: Doctor Derek Ford, D.F

Secretary: Councillor Anthony Mitchell, A.M (Acting Independently of the Parish Council)

Neeraja Anantha, N.A

Lorraine Waters, L.W

Wendy Hedley, W.H

Lynn Marie Stockman, L.S

David Harper, D.H

Tanya Cerado, T.S

Andy Howard, A.Howard

Brian Howard, B.H

Connie Williams, C.W

Pam Vendy, P.V

Practice Manager: Clare Briars, C.B

Pharmacist: Ravij Nanda R.N

Andrew Harrington A.H

GP: Did not attend

Lynda Harford – CCC Councillor, L.H

06.01 Receive apologies for absence and welcome new PPG member(s).

Connie Williams, C.W, Neeraja Anantha, N.A

06.02 Receive any declarations of interest and accept minutes of the previous meeting.

None

06.03 To discuss MKGP progress as the new service provider.

A.H Stated that the three month review period had been positive, Covid-19 had presented challenges and he apologised for any slip ups. Patient feedback had been positive. Staff have been informed that a new GP was planned to start and work 5 days a week. GP had previously worked for MKGP. Another GP is working 1 day a week at the practice. Part of the bid was to increase patient services, appointments and access. They have had 3 meetings with PCN and they are actively recruiting staff and putting a lot of hard work and outreach.

D.F Asked is Any problems had been found with new and existing staffing

A.H Stated that new and safer practices had been introduced and they were undertaking work on medication reviews backlog. He stated that the Locums had been good but issues remain that Locums struggle to deal with.

C.B Stated that the surgery had been in Limbo for the year, but that staff were now excited for the future and that they tried to keep the same Locums whenever possible.

D.F has spent his whole career in business process improvement and that the changes needed were not surprising.

He stated that there were additional costs should be considered by the CCG and that no HR reviews is poor business practice. He was concerned that incorrect costings might come out of the current budget.

A.H Agrees and will work with the CCG and NHS properties. The flooring shall be replaced and new signage and capacity introduced.

D.F was concerned that reviews take longer than 5 minutes and can take up to 30 minutes.

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A.H Medications may have caused issues due to delays.

W.H Stated that she had been in for blood tests and found the receptionist extremely helpful.

A.H Replied that the new changes and Covid-19 outbreak had been causing challenges.

W.H Continued that a lot of medicine on repeat prescriptions had posed problems getting them for neighbours who were shielding. No reviews had caused the surgery to be cautious.

L.H To be fair I don't have praise for the previous provider, however delays were twice made by the CCG. She did not want to upset the CCG going forward and wanted to work with them for funding and improvements.

A.H There has been low demand for in person appointments, the surgery will push to open up routing appointments. D.H Stated that when they tried to call they were unable to get an appointment the next day. He expressed concerns that telephone appointments should have specific times given instead of staying in all day.

C.B Appointments are not made for a specific time, they are triaged. When normal service resumes the systems will give specific times.

A.H We need feedback for the website, some staff are finding it difficult adapt to the changes. New methods need to be embraced and routing appointments and times to be re-introduced. Patients are fed up of staying at home.

P.V Is there scope to include carers as she is worried she can't pick up the call when undertaking personal care.

A.H He will review appointments with Carers and the Carer's register to be given priority treatment when necessary. Times when you are unavailable such as meal times can be recorded. C.B is reviewing the registers and looking into Carer's groups. P.V Carer's groups can highlight new issues.

D.F Phoned after 5pm on a Friday. GP called back twice debating if he should go to the hospital. He hadn't expected to get through. A.H Was pleased to hear this from the transition work force. He noted that new training and uniforms had been provided.

R.N They are currently working on repeat dispensing with Pharmacies, however some patients are overdue for a review.

D.F Asked what happens when patients are on holiday?

R.N Tesco should be able to request it -2-3 days earlier. Lack of investment in the IT system has lead to prescribing problems. Diagnosis codes should match patient needs but there are currently mismatches.

D.F Asked if codes could be used for issues such as those needing to stay at home. R.N Replied that issue was being picked up by Tesco. They had met with Tesco today to discuss the delays with prescriptions. They currently sit on the computer to be electronically signed and had not been sent off the Pharmacy until the end of the day. When training is fully in place with a stable team R.N hoped that they would be able to go through the reviews which had been slow. Technical issues had meant that the reviews had not been happening correctly. The current system is confusing and needs updating. Once reviews are undertaken they are usually done annually and will be going forwards.

W.H It was reassuring as there were concerns for the over 70's with COPD, sometimes medications don't arrive on time which is stressful when shielding.

D.F Asked how the automated ordering at Tesco worked.

R.N Stated that the surgery want to move away from that over concerns for over ordering. Repeat dispensing pharmacies can request at the behest of patients. They are currently working on it but some patients are due a review. The new GP will be allotted time to send prescriptions.

A.H Noted that relationships with patients take time and it is impossible to do 200 at once.

D.V Asked if prescription ordering on the website was up and running? C.B Stated yes.

A.H Said patients should have received a letter with the new information and website. It was not possible to take over the previous surgery's website. This had caused the surgery to appear lower in the search results but hoped it would rise over time.

A.M Asked about incorrect information on surgery website.

C.B Asked A.M to send the requested corrections and updates to her.

To suggest changes to NHS appointment text messages to include a reminder of the cost of missed appointments.

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- 06.04 A.H & C.B Surgery will investigate costs and look at changing the message.
To discuss reinstating the practice policy which allowed patients to book on the day appointments in person.
- 06.05 Deferred until next meeting.
To discuss appointing a patient Pharmacy champion and any prescription issues.
- 06.07 Pharmacy Champion deferred until next meeting.
A.M Update of grant application process for a new prescription request box.
- 06.08 A.M To liaise with the surgery on grant application.
- 06.09 Date of Next Meeting:
To discuss date of next meeting.