

2.5	Vin suggested remaining available appointments be shown on line. Dom explained that, owing to limited system access by Hilltops, it is not possible to add this facility.	
2.6	Louise expressed concern at the lack of continuity with a named GP. Even when a GP has requested a patient book a follow-up appointment to see them, difficulties can be encountered when attempting to do this, and the elderly are among the group of patients who are reluctant to express themselves with the assertiveness required when faced with this obstacle.	
2.7	Ann commented that all the ages vary in this aspect. Many elderly patients are able to make their appointments themselves and, whilst individuals can change over time, generalisations are not helpful and it is the lack of available appointments that prevents a real solution to the problem.	
2.8	The question was raised as to what percentage of non-cancelled appointments were the responsibility of the elderly; this age group in MK is getting larger.	
2.9	<u>Enhanced care plans for the elderly</u> Dom explained Hilltops' Care Plan which includes dealing with the two separate problems of loneliness and isolation. It is becoming apparent that the effects of these two issues will cost the NHS more than currently recognised issues such as smoking and obesity.	
2.10	Chronic conditions such as diabetes, M.S. and mental health are all supported by charitable organisations, but more help is needed with loneliness and isolation, which often create a need for the elderly to visit their GP for contact, as much as for reassurance.	
2.11	Dr Patel said that these subjects need further debate, both locally and nationally. Currently, they are 'tinkered with' but not fundamentally addressed; we are only dealing with the symptoms, not the underlying problem/cause. Vin suggested the use of 111 as a means of communication rather than visiting GPs.	

2.12	<p>Ann pointed out that information needs to be made available about other available support – e.g. Esther Rantzen is setting up ‘Silverline’ in addition to Childline to help those who are suffering from anxiety, poor memory and the resulting irrational behaviours as well as provide information.</p> <p>Ann added that the Integrated Care Project is to be set up again with four local practices. From October, monthly drop in surgeries are to be held in collaboration with Age UK, Mind, Carers UK, etc. These surgeries have been able to provide the type of communication that can establish practical solutions to simple problems, possibly in the home such as worry over a broken lock, that can cause interrupted sleep, lack of warmth, etc. Volunteers at these surgeries are often able to carry out such minor repairs themselves, thereby enhancing and improving the quality of life and saving expense, both to the elderly person concerned and, ultimately, the NHS.</p> <p>Pauline said there is a project in action for drop-ins in Bethnal Green. Newquay has a similar scheme, and this is expected to expand into Devon. Volunteers are to be trained in MK for a similar pilot project.</p>	
2.13	<p>Whilst it was acknowledged that more appointments are still needed, this issue needs to be addressed alongside the need to work with the elderly who have no family support. Such communications is advantageous both to them and to their GP practices. It should also be noted that carers under pressure and therefore vulnerable also need the support that communication can bring about. Such communication can introduce groups such as Carers UK who offer a befriending service for carers.</p>	
2.14	<p>Margaret pointed out that Citizens Advice will discuss issues without the need to book an appointment. Ann added that Citizens Advice are extremely helpful on the subject of benefits. This has proved beneficial in situations such as difficulties faced by patients on discharge from hospital. Age UK works with hospital Discharge Managers on subjects such as concerns with paying bills, and have succeeded in areas such as establishing further benefits entitlements. The resulting additional income helps with heating bills, etc., which in turn helps reduce readmission numbers.</p> <p>Ann offered to visit Hilltops to further discuss these services and the various options available and this was welcomed by those present.</p>	

2.15	Dom stressed again the need for contact, such as coffee mornings. Louise pointed how well these work for parent and child groups.	
2.16	Ann raised the problem of transport in MK and suggested that coffee mornings could be held during flu clinics, etc. Dom advised that this is included in a five year project proposed by Hilltops and suggested that the PPG might host such events. Those members present agreed to this.	
2.17	Krishna queried the number of hours given by GPs per day to patient appointments. Members present pointed out GPs' additional responsibilities such as signing prescriptions, telephone calls, visits, etc. Margaret noted the length of the average GP day.	
2.18	Nadia commented that many years ago, lunch clubs for the elderly were available with transport provided. Cuts in resources have reduced this type of service, along with the numbers of nursing staff – health visitors, district nurses, midwives, etc. Community matrons would help but numbers are scarce. The BDO is looking into demand management and have succeeded in reducing DNAs in other surgeries by the use of more positive messages (in contrast to that of the PPG poster).	
2.19	Ann pointed out the dichotomy that exists in that nurses are prevented from giving more of their time by their lack of numbers while volunteers who have time are shackled by policies and procedures. Ann added the need to place value on time and the benefits this allows in getting to know individual elderly patients and giving positive messages. Age UK provides cards giving contact numbers; these cards are available in varying forms such as fridge magnets. Age UK can also provide electronic referral forms to GPs and referrals are being received as a result. Vin pointed out that Practice Nurses could also be included in receiving these referrals. Shobhna asked Ann if she would provide further information to the PPG, which was agreed.	

2.20	<p>Dr Patel said that this is relevant because patients often ask the sort of questions of GPs that would more appropriately be directed at other organisations, such as Age UK. These questions are usually not related to the specialities of GPs who are therefore unable to offer sound advice or spare their limited time to trying. Louise asked if it makes any difference to available time, (since they have come by appointment anyway?) but Dr Patel pointed out that GPs need to focus on their appointed roles.</p>	
2.21	<p>Ann reminded the meeting that social worker numbers have been reduced. However, community support workers are to be considered for training by social services as the cost of these cuts is now being felt, and wondered if GP practices should consider employing such people. Dr Patel added that the problem is exacerbated by the lack of integrated care; it has all become fragmented. Ann agreed that, 24 years after NHS and Community Care, there is still no integrated care. Difficulties are further increased by cost cutting and the protection of certain roles and we are losing professionals because roles and criteria have changed. Ann reiterated her offer to come along for discussion and Dom was happy to agree. Dr Patel endorsed his agreement, adding that this was now more relevant than ever.</p>	
2.22	<p>Ann reiterated her dislike of generalisation of the elderly but has noted that there can be a general tendency for problems such as stockpiling of unopened medication with its accompanying cost to the NHS and hazard in the home. Repeat prescriptions contribute to stockpiling and whilst arrangements could be made where possible to check on amounts in the home, Louise pointed out that these patients can sometimes feel a need for the reassurance of their presence and panic at the prospect of their removal.</p> <p>Dr Patel agreed that the issues raised at the meeting were valid and need further discussion.</p>	
2.23	<p>Nadia asked if the receptionists ask the reason for an appointment request. Dom replied that they do, but patients often object to telling them.</p>	

2.24	Elisabeth raised a problem with repeat prescriptions – requests for larger amounts of regularly prescribed medication go ignored. Dom acknowledged this problem and advised that he is actively working to remedy it.	DB
2.25	It was agreed that, contrary to recent media reports, telephone consultations are helping and have reduced the number of patients attending GP practices.	
2.26	Dom commented that patients are sometimes reluctant to see a Nurse Practitioner simply because of the word ‘nurse’ in the title – they are under the impression that this implies lack of qualifications. Other titles are being considered, so far without success. More information and communication is needed in support of these services, along with advice on the role pharmacists can play. Dom pointed out that pharmacists can offer prescriptions under the Minor Ailments Scheme. Furthermore, they are being trained in minor procedures such as phlebotomy. Ann agreed that this needs to be better communicated, whilst Dom agreed but added that care must be taken in order to avoid patients feeling they are being pushed away.	
2.27	Ann pointed out that volunteers are not costly and there is no option to accepting that change is essential, with the population of over 90s set to quadruple.	
2.28	<p><u>Contacting the surgery</u></p> <p>Vin asked if patients can leave telephone message for GPs. Nadia pointed out that SystemOne incorporates emails.</p> <p><u>(19.20hrs. Dr Dewji joined the meeting.)</u></p>	
2.29	<p><u>Dr Dewji</u> advised that email communication is not yet available at Hilltops but is planned for the future. However, Dr Dewji pointed out that this could bring additional problems eg what is appropriate for email communication, how does the triage system fit in, what happens if an email arrives at the end of the day and is directed towards someone who is now away for a few days; how can cover be provided, etc., etc.</p>	

2.30	<p>He added that medical information on such communication is vulnerable. There is a further risk that emails can be overlooked; were this to happen in a GP surgery, the consequences would be serious. In general, UK patients are not happy for non-clinicians to see such medical information.</p> <p>Nadia pointed out that education would help, adding that emails would go through SystemOne, not Hotmail or similar.</p> <p>Dr Dewji suggested that patients wishing to use email as a means of communicating with their GP sign a disclaimer when this option is added to SystemOne.</p> <p>Dr Dewji and Dom advised that under a 1/3rd of Hilltops patients are currently on SystemOne to date.</p>	
2.31	<p>Dr Dewji further pointed out the implications of the encryption processes of the on line system – the information remains vulnerable, thereby adding a litigation risk to GPs.</p>	
3.	<p><u>Outstanding issues</u></p>	
3.1	<p>Given the limited time available for general discussion, these will be carried over to the next meeting</p>	
4.	<p><u>News from the Practice</u></p>	
4.1	<p>Drs Aga Kabir and Shiva Kabir have now left Hilltops. Those present expressed their regret and wish them well.</p> <p>Dr Krishna Patel has joined Hilltops on a permanent basis and this news was welcomed.</p>	
4.2	<p>A new GP is expected to join in early 2015 and there will be a further one or possibly two in 6 months time and the start of October respectively.</p>	

<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p>	<p><u>Any Other Business</u></p> <p>Dr Dewji confirmed that Ash has left Rainbow Pharmacy, having sold it to a new pharmacist. Shobhna confirmed that the PPG will introduce themselves to her.</p> <p>It was agreed that electronic prescribing is going well. Vin asked if it could be tracked, but was advised that this facility is not available on the system.</p> <p><u>PPG Funds</u></p> <p>Pauline, as Treasurer, queried the availability to the PPG of their allocated funds, the current sum being £800. Dr Dewji confirmed he will check on this, although he cannot access it, this being the responsibility of Pippa, who is on holiday. Dom will liaise with her on her return and duly contact Sandra with advice on procedures.</p>	<p>PPG</p> <p>DB</p>
	<p>Next Meeting</p> <p>The next PPG meeting will be held on 07 October 2014 at 18.15. Those wishing to join pre-meeting discussions can meet prior to this start, from 17.30.</p> <p>The meeting closed with thanks to all attendees.</p>	