

Minutes of PPG Meeting 13 February 2019

Present

Shobhna Dave (SD)	Pauline Coulthard (PC)	Daphne Tibbles (DT)
Beverley Tavares (BT)	Pat Gidley (PG)	Susan Sullivan (SS)
Linda McComie (LMcC)	Sandra Reed (SR)	Elisabeth Clarke (EC)
David O'Donnell (Do'D)	Cllr Robin Bradburn (RB)	
Samantha Duffin, PM (SJD)	Dr Rebecca Bradshaw, GP (DrB)	

	ITEM	ACTIONS
1.	The focus of this meeting was the provision of an overview of recent changes within the practice and the effects of current NHS recruitment issues on healthcare locally.	
2.	<u>News from the Practice</u>	
2.1	Following welcome and introductions, the meeting commenced with news from the Practice.	
2.2	A third *ANP, Carol Woodrush, has joined Hilltops and will be working full time. <i>*An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type of speciality of practice.</i>	
2.3	Dr B will shortly be taking maternity leave and her role will be covered by Dr Babilola in her absence.	
2.4	SJD requested PPG support with Hilltops' social prescribing policy. Various activities are to being considered for patients as appropriate, including a possible weekly walk, crafts clubs, coffee afternoons, etc., and SJD is awaiting a response following her application for an allotment. Further ideas are invited for enhancing social prescribing together with PPG involvement, which is intended to reduce pressure on GPs by possibly reducing GP consultations by up to 10% as well as broadening Hilltops' presence within the local community.	
2.5	Concerning Hilltops' new website, SJD is to meet with the provider's representative at the end of February and it is anticipated that the site will go live in around three weeks' time. The website will include information from the old site, which will be edited and incorporated into the new format.	

<p>3.</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p>NHS staffing issues</p> <p>As part of the drive to manage the above and in common with other practices, Hilltops now has a resident paramedic, Tom, who will be carrying out home visits, care planning for more dependent patients and, following completion of a current minor illness course, prescribing.</p> <p>SJD discussed the shortage of GPs nationally and Hilltops' need for an additional GP in particular. An application has been made for a *Fellowship GP to fill a GP role at Hilltops. SJD has had conversations with the CCG further to this application and their interviews are in progress. It is hoped that Hilltops will be high on their list of considerations for a placement.</p> <p><i>*Fellowship Doctors have completed GP training and are considering their next step. A GP Practice placement is their opportunity to continue their learning and develop their skills mix in line with the more integrated health economy of the future.</i></p> <p>Hilltops is managing the staffing crisis by increasing its Urgent Care Team which now comprises: The team of Practice Nurses; Resident Pharmacist; Resident paramedic; Medical students, who will include care of elderly patients within their sphere of activities; and a further *GP Registrar</p> <p>all of whom are available for consultations.</p> <p><i>*A GP Registrar or GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. They will usually have spent at least two years working in a hospital before taking a place in a practice and are closely supervised by a senior GP or trainer.</i></p> <p>The Team holds clinics for asthma, COPD (chronic obstructive pulmonary disease) and, in addition, Lesley, one of the Practice Nurses, holds clinics for diabetic patients.</p> <p>A search for a GP has been in circulation since November 2018 without success. It is hoped that increased consultations with the Urgent Care Team will remove the need for a further salaried GP.</p> <p>Patients are to be asked whether or not they wish to continue receiving letters reminding them of their annual reviews, instead preferring to opt out rather than the current procedure of automatically being opted in to receive such reminders.</p> <p>SJD advised that patient numbers are now approaching 17,000 as a result of the additional numbers of families arriving in the Western Expansion areas and joining MK practices as patients.</p>	
--	---	--

<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>Discussion with Cllr Robin Bradburn</p> <p>Those present asked RB for information on the current occupancy of the Whitehouse and Fairfield developments. RB advised that 750 homes are completed and occupied in Whitehouse. Current Fairfield numbers are uncertain although it is not anticipated that future residents of Fairfield will create as much pressure for the Hilltops cluster.</p> <p>The Western Expansion has however resulted in a massive strain on all surgeries and Hilltops has left its former cluster and joined Stony Stratford and Watling Vale surgeries</p> <p>RB advised that work on the new Medical Centre commenced on 24 January and is due to open in Spring, 2020 and will include a pharmacy. A current problem is liaising with CCG to find who is to take the site when opened, due to the current lack of GPs. It could be managed like the Eastern expansion where Willen was taken by the Newport Pagnell practice, which is now also under strain. Local council has asked NHS England for a temporary site in portacabins but NHS England has refused to supply staff for such a site.</p> <p>RB went on to explain a large NHS transformation known as the Sustainability Transformation Programme (STP). Currently, Milton Keynes is grouped with Bedford, Central Bedfordshire and Luton. RB serves on the joint committee of all four of these authorities, whose responsibility is to scrutinise all affected authorities to ascertain effects.</p> <p>Luton and Bedford hospitals are to merge as one Trust, and it has become apparent that Bucks, Oxfordshire and Berkshire (BOB) have indicated that they should be joined by Milton Keynes as it identifies more closely with them. This however undoes all preparation to date between Bedford, Luton and Milton Keynes, indicating that the STP remains a fluid platform.</p> <p>Historically, NHS management and local councils have not been in close communication, resulting in lack of information available to councillors.</p> <p>Luton has now withdrawn from the committee, adding to current communication difficulties. RB advised that the issue could be a long term one.</p>	
<p>5.</p> <p>5.1</p> <p>5.2</p>	<p>Update on PPG / Treasurer's Report</p> <p>PC advised that PPG funds currently stand at £710.</p> <p>Last year's book and DVD sales achieved funds amounting to £160 indicating a healthy balance of available funds.</p>	

5.3	<p>SJD raised the possibility of the PPG becoming a registered charity. This would include advantages such as the ability to acquire equipment and materials without VAT. Those present agreed to investigate, including the possibility finding out if any other PPGs are registered charities.</p> <p>Failing this, the PPG might consider fundraising in order to acquire items of equipment for the surgery.</p>	PPG
5.4	<p>Hilltops PPG liaison person There being no member of admin staff available to act as a dedicated PPG liaison person, SJD confirmed her willingness to continue covering this role.</p>	
5.5	<p>SD suggested bringing future PPG meeting start times forward in order to lessen the impact on the Hilltops staff working day.</p> <p>SJD welcomed this suggestion and it was agreed that the next meeting will commence at 1700 hrs. If this proves workable, that time will become accepted for all future meetings.</p>	
5.6	<p>SJD requested a list of meeting dates for 2019 and SD agreed to provide this.</p>	SD
6	<p>Any Other Business</p> <p>6.1 Longer consultations The availability of consultations longer than the allocated 10 minute time slot for patients with more than one issue to discuss was raised. It was confirmed that longer consultations can be booked either by phone or at Hilltops reception, but not on line.</p> <p>6.2 Patient confidentiality at reception SR pointed out that medical information requested at reception by the Care Navigation Team in order to direct the patient to their appropriate practitioner can be overheard by patients queuing nearby.</p> <p>SJD acknowledged the difficulty and it was agreed that there is insufficient space at reception to widen the distance between the two or provide booths. The Care Navigation Team are to be reminded to be aware.</p> <p>RB asked what happens when a patient refuses to disclose their reason for requesting a consultation. SJD explained that they cannot be refused an appointment and can only be guided to the right clinician as appropriately as is possible under those circumstances. SJD assured those present that reception staff cannot insist on details in order to give the patient an appointment and patients are under no obligation to divulge their reasons for requesting an appointment.</p> <p>SJD advised that Hilltops is hoping to add a new message to the telephone service which will explain that the receptionists are Care Navigators who are trained to ascertain which clinician is appropriate for each patient wanting an appointment and that providing any requested information will be helpful.</p>	SJD

6.3	<p>Further to appointment booking and availability queries from DO'D, SJD advised that Hilltops is looking at ways to provide a second release of appointments later in the day. There are currently three streams of appointment requests arriving at the same time on release of appointments at 8am: on line, by telephone and at reception. This results in all available released appointment slots being taken in a matter of minutes, leaving urgent and on-the-day slots only.</p> <p>SJD explained some of the functions of the new IT system. SR asked if PPG members would be given the opportunity to test run the system when it goes live, and SJD confirmed that a test run will be made available.</p>	
6.4	<p>Long queues at reception This continues to be a problem, particularly when there is only one member of the Care Navigation Team present who is having to spend additional time with a patient at reception.</p> <p>SJD confirmed that a back-up procedure is in place but only from the telephone staff, not the admin team. If telephone staff are all taking calls, no-one will be available to support reception.</p>	
6.5	<p>Hand cleansing dispensers SJD agreed to provide dispensers of hand sanitising gel at points within the waiting area for patients' use.</p> <p>SJD further agreed to introduce a cleansing routine for the check-in screens as part of an infection control audit.</p>	SJD
6.6	<p>Proposed inclusion of local Councillors in circulation of Minutes It was agreed that this would be useful and RB offered further guidance as to which areas would be appropriate, advising the main Wards as Loughton, Bradwell, Stony Stratford (including Whitehouse) and Tattenhoe.</p> <p>RB also reminded those present to be aware of forthcoming elections in May which could result in changes of local councillors.</p> <p>Including other PPGs within the circulation list could also be a possibility.</p>	
6.7	<p>Hospital/Consultant Letters It appears that letters from consultants/hospitals are still either not being received at Hilltops or are being lost. SJD advised that there have been issues with hospitals going paperless, among other problems, but Hilltops scanning is up to date. Patients should still receive a paper copy but could in future be asked to opt in to receive this. Emailed copies could also be a possibility.</p> <p>It is for the GP to request any necessary follow-up appointment after test results have been provided.</p>	

6.8	<p>Information screens SJD confirmed that these are now repaired.</p>	
6.9	<p>Repeat prescriptions The question was raised of repeat prescriptions being rationalised for patients having more than one item of medication in order that they can all be issued at the same time. This would save both clinicians' and patients' time.</p> <p>SJD advised that an audit of the system is being considered for this.</p>	
6.10	<p>Prescription reviews The rationalising of prescription reviews was also discussed, for the same reason. SJD advised that Hilltops in-house pharmacist, Rajiv, is available for prescription reviews.</p> <p>SJD pointed out that reviews for conditions such as diabetes must be carried out separately as these are more complex and time consuming.</p>	
6.11	<p>Annual prescriptions SS raised the problem of confusion arising at pharmacies with the issue of annual prescriptions. SJD suggested that the Lloyds pharmacist, Ruby, be invited to attend a future meeting in order to discuss this and various other prescription issues.</p>	
6.12	<p>Booking routine blood tests It has come to light that some patients, on requesting an appointment for their routine blood test, have been told by reception staff that blood tests can only be requested by GPs. Those present asked if the procedure for patients with chronic conditions, such as hypothyroidism, has changed.</p> <p>SJD confirmed that no changes have been made and staff at reception will be reminded of this procedure and, if necessary, asked to check with a GP at the time of requesting an appointment that it is acceptable to book it. It was acknowledged that, on requesting a routine blood test, patients need to make the reason for their request clear.</p>	
6.13	<p>Presence of pharmacist at a future meeting PPG members asked if Raj would be available to attend a future meeting.</p> <p>SJD agreed that this could be considered, along with ANPs and other clinicians including GP Registrars.</p>	SJD

<p>6.14</p>	<p>Follow-up appointment requests Those present asked that GPs be reminded to provide a white slip to patients who have been requested to book a follow-up appointment on a specific date. The white slip is to be shown to the receptionist when booking. Without such a confirmation, an appointment for a requested, and therefore necessary, return visit cannot be allocated.</p> <p>SJD pointed out the limited availability of appointments but agreed to this and also advised that GPs will not have access to on-line booking within the new IT system.</p>	<p>SJD</p>
<p>6.15</p>	<p>End of Life Care Following attendance at an End of Life Care seminar in Stantonbury, SD circulated a sample planning package which patients can complete in order to specify all their wishes and end of life arrangements.</p> <p>SD explained that this package is to be promoted within Milton Keynes for patients themselves as well as GPs and Willen Hospice.</p> <p>It is hoped that any information provided to GPs by patients via such a package will be added to their on-line records.</p> <p>SJD agreed to look into using the package at Hilltops and the possibility of having it included within SystemOne. SD confirmed that further copies are available and can provide the 20 requested by SJD.</p>	<p>SD</p> <p>SD / SJD</p>
<p>6.16</p>	<p>New Logo SJD had previously provided PPG members with a selection of four possible new logos for discussion. Following circulation, SJD was advised of PPG's unanimous choice.</p> <p>Whilst the partners have selected a different logo, the PPG choice will be conveyed to the partners for their consideration and final vote.</p>	
<p>7</p> <p>7.1</p>	<p><u>Next PPG meeting</u></p> <p>Wednesday 15 May at 1700 hrs</p> <p>The meeting ended with thanks to all those in attendance.</p>	