

Kingskerswell & Ipplepen Medical Practice

Kingskerswell Health Centre

PPG Minutes

Thursday 17th October 2019- starting at 13:30

Time	Items discussed from Agenda	ACTION
	Welcome and Apologies – Nigel Groom and Muriel Poole. Rosie Muscott.	
	Minutes taken by – Teila Lethbridge	
	Approval of last minutes and matters arising- Approved. DM’s feedback on previous minutes was read out to the group.	
	<p>Health Centres Update</p> <ul style="list-style-type: none"> • The first item on the agenda was the Ipplepen roof; SC informed the room that we have booked a repair job on the roof in Ipplepen in the older part of the building. No date for this as yet. • SC also informed everyone that Kingskerswell Health Centre had been redecorated over the past few weeks and that the decorating was almost complete. All of the consultant rooms have now been decorated and it would not be long for the remaining few rooms to be finished. • The group were informed that there was an ultrasound service using one of our rooms in both Kingskerswell and Ipplepen Health Centre. Everyone was informed that it was Peninsula who are providing this service on behalf of the NHS. They are in Ipplepen on a Tuesday and in Kingskerswell on a Monday, Wednesday and Friday. It was clarified that Peninsula is part of the NHS and patients who are referred can choose to go to Ipplepen or Kingskerswell. Peninsula scan all different parts of the body but they do not do any pregnancy scans. The patients who come in are not all our patients and so far we have been having good feedback on this service. • We discussed the current and winter pressures and funding. There is funding for winter pressures but it is mostly aligned to care home management and work, we worked with care homes last year and then also did the same again this year. It was clarified that there is no direct winter pressures funding for primary care. It was asked amongst the room what estimated funding is needed for the practice but SC said that it depends on what happens and the circumstance. There is often no great cost due to weather, the funding is more needed long term over the winter period for things such as staff illness. It was argued in the room that the current funding is allocated correctly as winter effects elderly people the most. The emphasis shifted from the need of extra funding to the difficulty of recruiting and it was queried if the pressure was not due to lack of funding but more due to not being able to recruit the staff. • Flu season update. So far we have had 2 flu clinics, one in Kingskerswell on Saturday 28th September and one in Ipplepen on Saturday 5th October. SC presented the statistics from the clinics At Kingskerswell we administered 641 flu vaccines and in Ipplepen we administered 694 vaccines. SC reminded us that these statistics were for over 65s only as they were the only vaccines we administered in these clinics. The final statistics will not be clear until all vaccines have been administered. Unfortunately the Children’s flu vaccines have been delayed once again. In total to the date of the meeting we have administered 1637 vaccines not including children or under 65’s. As well as this on the day of the meeting staff were out giving flu vaccines to housebound patients. Care homes have already been done. As well as flu vaccines, this year to date we have administered 193 Pneumonia Vaccines. The Kingskerswell Flu clinic raised £126 selling coffee and cakes and will be donated to Kerswella care who ran the morning. Ipplepen clinic raised £128 selling just cakes this was donated to share and care Ipplepen • SC made sure that the room were aware of the eConsult service. There was good feedback from the room that eConsult works very well. There has been an update from the Hospital Trust with regards to eConsult that they are 	

	<p>piloting a project to link up the practices eConsult with their own clinical systems so that their consultants can see any eConsults when they are with a patient. The project manager for this from the trust asked to meet the chair of the Patient Participation Group in regards to this. It was said that this must be a problem that affects the whole of the country and it was asked why only South Devon are doing this project. It was argued that it is not cohesive as it is seen as branching off and doing our own thing and that this had been an issue for a long time; it was agreed that the chair would make this point in the meeting with the Project Manager.</p> <ul style="list-style-type: none"> • CQC- the Health Centres had an annual telephone review from the CQC which went very well. We have retained our outstanding rating and the next review is in 12 months as per the guidelines. 	
	<p>Staff Updates</p> <p>We recently welcomed our new practice nurse Ali James to the surgery. We have also recruited Megan Bull who is our new apprentice. Anita Harris who will be working in the admin office.</p> <p>Eleanor has also just started with us doing work experience on a Thursday. She will be undertaking some admin projects.</p> <p>We have also taken on a new GP registrar Dr Laura Faulkner. GP Dr Laura Woollett will be kept on but with a different shift pattern when Dr Hannah Oliphant returns to Ipplepen in November.</p> <p>An advert has gone out for a new GP or Nurse Practitioner and a Social Prescriber. We are currently still short on GP appointments.</p> <p>It was clarified that when advertising for a new GP on the advert it states a salary. It is up to the practice to set the salary of a GP in conjunction with the NHS Standard. The way that we do this is by communicating with other practices in the locality so that there is the same standard of pay between each practice. As we advertise with the Local Medical Community and countrywide we can see what other practices are offering to pay. Unfortunately it is not easy to recruit. A different GP practice advertised for 3 GP recruits with salaries that are very high and they still could not recruit anyone due to the national shortage of GP's. Plymouth in particular is struggling with the National GP shortage. As they cannot recruit at the normal salary they have to offer double what we would down here in order to find GP's willing to work. In perspective Kingskerswell and Ipplepen Health Centres are very lucky compared to some other practices that have to close due to the lack of GPs.</p> <p>The point was raised again about the GPs no longer working full time at the surgery as so many now work part time. SC pointed out that there are now more GP's working part time than less GP's working full time, they work part time because many GPs opt to do parts of their working week elsewhere as the workload for a GP is huge and rapidly increasing.</p> <p>SC put this into perspective by producing some statistics of the workload that the staff undertake at the practices. Between the two surgeries we care for 11000 patients. In September alone there were 100 appointments that people did not attend. GP's undertook 5410 face to face appointments as well as 657 telephone appointments and 128 Home Visits. They issued 17,398 various medications and the dispensary dispensed 7000 different medications. 2131 lab results were processed and 8000 telephone calls were answered by our admin team. We processed 276 referrals not including Radiology referrals. We had 234 contacts from 111 and 183 contacts from Out Of Hours. A member of the PPG felt they did not get the bigger picture from these statistics as they could not see a comparison of what the work load looked like ten years ago. SC said she would have to look and see if these stats were available.</p> <p>However SC mentioned in just the last year the tasks regarding patients were at 3000 and they are now roughly 7473. There has been a drift of patients to this practice from other practices in the area out of patient preference and the patients are in our catchment area. It was mentioned that it would be useful to circulate stats along with the agenda.</p> <p>There were further comments due to the part-time nature of the GP's and it was questioned who organises the rota to cover the whole of the rota. SC explained that we have rota planners employed. The rota is planned months in advance and locums are contacted for cover also months in advance. It was again clarified that full time hours are too much for GP's and that it is easier to recruit GP's part-time.</p> <p>It was said that not long ago everything seemed to work and there were more</p>	

	<p>appointments to go around and now there seems to be a struggle for GP appointments. SC said that unfortunately as Louise Knight our Nurse Practitioner has now left alongside the national shortage of GP's we are struggling more for appointments but we are working hard to rectify this.</p> <p>SC has said that she is hopeful that having both of our registrars is hopefully helping to build for the future as both RS and JMC started as registrars and they decided to stay.</p>	
	<p>Devon Wide Engagement and Newton Abbot forum- The Devon Wide Engagement meeting was postponed at short notice so there is no news from that meeting as it has not yet taken place. There was discussion regarding the linkage between the Devon Group and CCG as neither have representatives for the other. The Devon patients have come to a conclusion that it is arguable to who they should contact to pass on any information. There is also a problem with having admin support for the group for any secretarial duties. The Newton Abbot group is wrestling with the "problem" of PCN. They are querying whether there should there be a PPG forum for both West and East. A comment was made that nobody consulted any PPG groups in the PCN planning process and they feel that the PPG could have offered some practical points like when they moved the Albany surgery, if patients were consulted they could have said it would have been a nightmare for bus routes and parking and if the PPG were told they could have tackled this before it became an issue. Whilst the Primary Care Network is being set up there is currently no identifiable Headquarters for the PCN it was said that all of these problems come down to a lack of information and consultation. SC clarified that the PCN has been established to make practices work together better and help with funding. The reason Newton Abbot has been split into East and West is because a Primary Care Network can only be a certain size. It means that the practices are working together and therefore could share staff and resources.</p>	
	<p>General NHS News- The PPG is impressed with the new Dementia and Alzheimer's scans in Exeter. This will enable consultants to diagnose Dementia a lot quicker and easier. These will be introduced at the Royal Devon and Exeter Hospital. There will be two people scanning specifically for Alzheimer's and Dementia, these scans will mean that Consultants are able to identify it early and so the patient can then receive treatment to slow it down. This service is for use by the NHS and Exeter University Medical School.</p>	
	<p>Federation news & update</p> <p>PCN – We have recruited a pharmacist for Kingskerswell Surgery, Albany Surgery and Bovey Tracy Surgery which increases the potential for joint working. We are also advertising for a Social Prescriber who will be shared across the practices.</p>	
	<p>Virtual PPG – The main issue seemed to be the lack of patients in attendance. People have been invited to come but we have received no response. This is not due to a change of venue. It was suggested it is was because other patients were not sure what the position is and what help they can offer the surgery. It was felt that less patients started attending when we started having more staff coming to the meeting and making it a staff meeting. SC explained we changed to afternoons to have the practice staff as requested by the PPG group. It was suggested that we could send a survey out to the people who used to attend for their feedback. There are some patients who no longer attend who would like to stay on the mailing list. The PPG felt that they would like to have a role that was no longer passive. They could use our flu clinics as a means to recruit people into the PPG. Some members of the PPG attended the Ipplepen Flu Clinic and handed out some leaflets. They have been trying very hard to recruit newer and younger members but they have had no luck due to school, work or family commitments. Evening meetings were discussed as opposed to the afternoons however it was changed to afternoon meetings as it is easier for practice staff to attend rather than an evening meeting. The Chairman (BM) suggested he email / write to all of the PPG on the list. SC suggested that a member of the PPG could write a piece for the Practice Newsletter that is circulated amongst all patients.</p> <p>It was confirmed that the next meeting will be in the Ipplepen hub.</p> <p>There was further discussion about evening meetings; it was asked if members would favour an early evening meeting. However, it was noted that it was good that so many staff members were in attendance to the meeting. A member of the PPG felt appalled</p>	

	<p>as there seemed more staff than patient representatives / PPG members. It was noted that it was an unreasonable expectation to ask staff to turn up in evenings. A member of staff suggested that they could alternate the meetings from afternoon and evening. The chairman will find out who would be likely to keep coming if the meeting was in the evening and who else would then be able to attend the meeting.</p> <p>It was mentioned that the Sidmouth PPG were very lively and their representative said that they had sent teams around schools to talk to the pupils about the PPGs. They made the point that although children don't often need medical treatment a time would come when they would need treatment. The same PPG raised £14,000 for the practice in 3 years.</p> <p>A member of the PPG mentioned that when the meetings were chaired by a GP the PPG were told what the surgery would need help with and the PPG did surveys and questionnaires. It seemed different and felt more active whereas now they feel the PPG is mainly for distributing information. SC pointed out that the PPG is a Patient forum which was designed for patients which is why there was a patient as a chair. The member of the PPG again said that when the PPG was more practice focused they got more done and felt that they could do things and be more constructive. In general they would like to see more Doctors at the meeting.</p> <p>NA and Devon Group- There is a lack of clinical input and to have at least 1 GP at these would benefit greatly both ways. The PPG feel that they need guidance from the practice on what help we need. SC mentioned that the PPG can come in for an hour and talk to patients in the waiting room about eConsult and promote the surgery pod to patients. No volunteers came forward.</p> <p>There is no senior partner anymore since Dr D'Darcy retired. It was asked if the practice could promote the virtual PPG more prominently on the website to which SC clarified there is a PPG Notice board.</p> <p>The action points for the next meeting are:</p> <ul style="list-style-type: none"> • Write to current members of PPG asking why they are not here and about timing • Talk to GPs about attending • Involve members on a more regular basis. 	
	<ul style="list-style-type: none"> • Kerswella <p>Gill was unfortunately unable to attend. Kerswella is a really valuable asset and the PPG feel that we need to as a practice co-operate closer with Kerswella.</p> <p>Kerswella is a volunteer group of people befriending lonely patients, providing transport to the surgery and to hospital appointments. They also run the memory café. A member of the PPG complained that they also have Share and Care in Ipplepen and Kingskerswell but there no mention of them on the agenda and they feel that it is biased towards Kerswella.</p> <p>Kerswella have staffing and funding and it was clarified that Ipplepen share and care were invited to be a part of Kerswella as they provide services to the places where help is needed such as Abbotskerswell.</p> <p>At the Newton Abbot Forum meeting (one before last) it was clear that there was a transport service for Newton Abbot and it strikes the PPG that there are things that she said she did that duplicates what Gill and Kerswella do. It was questioned if this was an unnecessary duplicate of work but it was agreed that it was not. The need is there and the Newton Abbot transport now install equipment as well as transport and has to be paid for, whereas Kerswella is run by voluntary groups. Gill is very keen to see representation of PPG so the room was asked to nominate someone from the PPG who will sit on the committee and Kerswella in turn will send a rep to the PPG meeting.</p>	
	<p>PPG Fund raising- The PPG would like to fund raise for the practice. They would need to</p>	

	<p>work out what NHS is expected to pay for and what the practice is expected to pay for and then see how the PPG can contribute to fund raising. The PPG suggested that they would be able to work by projects so they can have something to aim towards and so that they are not fund-raising to put money into a fund.</p>	
	<p>AOB -</p> <ul style="list-style-type: none"> • There was a complaint that some patients are referred to the pharmacy to treat minor ailments however a member of the PPG felt that going to a pharmacy was a waste of time as the Pharmacist did not help at all. SC mentioned that this was a complaint that they could take up with a CCG. The patient went to multiple pharmacies and did not receive treatment until they went to the GP. The PPG member felt that we should not promote going to the pharmacy when it didn't work for them. Another member of the PPG mentioned however when they went to the pharmacy they had no problem with them at all and the problem was resolved. • It was confirmed that the next meeting is at Ipplpen and that the PPG will go and hand out some leaflets to Ipplpen patients to try and generate interest and to get local patients to attend the meeting. • A member PPG noticed that on the Practice screens it says that this meeting is in the evening and this needs to be changed. • Downstairs there are notices all around the walls but the outer row of chairs are against the wall and so to look at a noticeboard you have to stand over the person who is sitting there. SC will look into this, a member of the PPG suggested that we could keep the chairs in the middle but take away the chairs from the wall so people can look at noticeboards. • Both surgeries have leaflets about carers and the PPG were wondering if there were any special arrangements for the young carers as they tend to have even more problems than an adult carer. SC said that we are trying to identify more carers and are looking at the best ways of doing this. It was mentioned that Young people are on the internet often so we could use internet links to forums and websites. Young Carers can struggle a lot with problems. Young carers are a much larger than it is realised. With the amount that they do, they don't have a life as they have so much to do for the people that they care for. 	
	<p>Future dates: Proposed dates for 19/20 Thursday 27th February Thursday 25th June Thursday 29th October</p>	
	<p>End of meeting</p>	