

**Heathgate Medical Practice**  
**Patient Reference Group**  
**Tuesday 15<sup>th</sup> May 2018**  
**Minutes from the meeting**

A pre-arranged meeting with PRG members, advertised beforehand on the Practice website, the patient information screen and with signage in Practice.

The meeting was chaired by Mr Henry Gowman, with Mr Whiting and Dr Wallace in attendance from the Practice.

A list of attendees was made, with representation from across the patch.

The author of these notes is Mr Whiting, Managing Partner.

**The NSH Landscape**

Mr Whiting and Dr Wallace updated members on the current landscape in Primary Care, both nationally and locally.

Members were updated with the current position (as we know it) with the proposed new pharmacy in Poringland. There are mixed views about a new outlet next to Budgens supermarket. NHS Resolution is dealing with the appeal after the initial decline.

A member asked about our preparation for GDPR. Mr Whiting confirmed that we have been working towards this for the past few months and have reviewed policies, protocols and processes to be complaint.

DNA – the rate of patients not attending for appointments has increased again from 14 (minimum) to 22 hours (maximum) a month. Members were frustrated with this waste of clinical time. SMS Text reminders are sent for all appointments still.

List size increase – Mr Whiting shared the increase in list size over the past 12 months. This is something that members have sought clarity around at previous meetings. He explained the increase in GP sessions agreed to help manage this situation with the appointment of Dr Kathryn Rivers. She is initially working 2 sessions a week. This will increase to 3 in the summer.

Working at scale – Mr Whiting and Dr Wallace explained the concept within the NHS Five Year Forward View. This sees Practices working together in a way similar to ‘economies of scale’ in business. There are lots of opportunities to work together on much of our core business operations, particularly the back office functions.

Transformation in Primary Care – again a brief explanation on the type of transformation that the CCG is working on to see Primary Care through the challenges of the next 5 years.

## **Transformation at Heathgate**

Discussion with members around:

- Patient expectations – increasing with greater demand on services. Need to re-educate patients around self-care and responsibility for their health.
- Appointments – greater demands on same day need appointments (urgent appointments) and so this has created a squeeze on routine availability.
- Monday (yesterday) saw a request for 64 same day need appointments. (i.e. calls by patients on the day looking to be seen). All were seen with the appointment provision we regularly make for Mondays! We believe around 20% of those could have been managed through self-care or other healthcare providers (such as Pharmacy).
- Our new Nurse Practitioner is settling in well and has brought new skills from her background in A&E.
- The Beast from the East – a challenge for us late February with the best part of a week's appointments cancelled. Many patients were understanding but others not. We have updated our business continuity plan with some learning from the bad weather.
- Our receptionists have undertaken training to become 'signposters'. They are being encouraged to enquire about the nature of same day need appointments so that patients are seen or supported by the most appropriate service or member of the team. Our telephone answer message has been updated with Dr Palframan explaining that the team answering the telephone has been asked to enquire in this way.
- Social Media – some interesting comments on Facebook about our service. Mr Whiting has written to five patients asking them to talk to him about any concerns they have. None responded.

## **Improved Access**

A wide conversation around the proposed 8am to 8pm service that NHS England is looking to see offered on weekdays and weekends.

Mr Whiting explained the principles of how this is supposed to work via a hub model with patients booking appointments at different locations in our locality. This was not well received, with patients preferring to see their own registered GP for routine appointments. They recognise that this would be appropriate for same day need appointments.

Dr Wallace explained that there are also issues with IT interoperability and geographical challenges because of the rurality of our patch.

Other areas covered included:

- These additional hours needing to be outside our usual working day.
- The number of extra hours is determined by the number of patients in a Practice/locality.

- The funding for this model is expected to be placed to a hub as it will not provide for a Practice model each evening and weekend.

The CCG survey on Improved Access was discussed:

- 1,063 responses across the South Norfolk CCG area – circa 200,000 patients.
- 46 from Heathgate.
- 441 from one Practice alone that has wider access issues in South Norfolk (this response has had an effect on the overall results).

The eight Practices in our locality/hub are meeting again next month to discuss the options with the CCG.

If there is an appetite for providing this additional service, we will need to prepare a business plan to submit to the CCG. This has to be agreed by the CCG and NHS England. If approved, there will be the need for mobilisation quickly for a start date of 1<sup>st</sup> October.

Operational agreements will need to be agreed with staff, other Practices and other Providers that we look to for specialist services during our core working week.

In summary, members on the whole felt that travelling to a different location and being seen by a different clinician (at times without the full clinical record) was not a safe or their preferred option.

### **Management of opiates in Practice**

This was a matter raised by the Chair following coverage in the national press.

Dr Wallace explained what this class of drug is, why they are a risk and what we have done to manage the risk of patients becoming addicted.

He outlined the basis of a recent audit we have completed which flagged the need to review use in some patients.

All our Doctors are aware of the work undertaken by our pharmacist in this area to ensure that our patients do not become over dependent on this type of drug, which does if monitored appropriately have a place in a number of care plans on a short term basis.

### **National medication limitations**

Discussed the recent press around expectations for patients to purchase some prescription medications from chemists and pharmacies.

Data shared on the savings that could be made for the NHS if certain medication were purchased over the counter. This includes:

- £14.8M on dry and sore eyes
- £700,000 on infrequent migraine
- £1.1M on hay fever medication
- Minor conditions (pain) – largely paracetamol - £38.2M

There were some mixed opinions about patients paying for medication when this is available 'free of charge' on prescription for those over 60 years of age. The majority though felt that patients could help the NHS by purchasing these items themselves.

There is a CCG policy that the Practice will be following and a patient information leaflet on this matter.

### **Minor eye conditions service**

Members were made aware of this new service where patients will be re-directed to 26 local opticians which have been commissioned to see patients with eye problems such as red eye, dry eye, gritty eyes, inflammation of the eye, flashes or floaters or foreign body in the eye.

Referral is by GP or direct to the optician.

There are leaflets in Practices to help patients head to the commissioned opticians.

This is another scheme within the CCG Transformation Programme that was referred to earlier – right clinician, right time.

### **Weight management**

We were asked to provide some feedback on the Practice strategy for weight management. This follows a recent TV programme which suggested obesity is a time bomb and that some NHS clinicians are not dealing with this as they should.

The claim from High Fearnley-Whittingstall is that 25% of the population is obese and that if things don't change this could increase to 50% by 2050.

Mr Whiting outlined the figures for our Practice:

- We have a BMI recorded for 82% of our registered patients.
- 43% are under a BMI of 25.
- 39% are between a BMI of 25 and 29.
- 18% have a BMI of 30 or over.

He confirmed that Practice clinicians check weight and height to calculate BMI in all new patient registration checks, NHS health checks (cardiovascular checks) and annual reviews for patients with long term conditions such as diabetes and heart conditions.

The clinicians have access to NHS referrals to Slimming World for a 12 week programme funded by the NHS where people need to show a real commitment to wanting to lose weight. There is a really successful Slimming World Group in Poringland led by Hayley Hooper.

To support weight loss, we have just purchased new digital weighing scales for patients to use in a private room to help them manage their weight. The room will have a height measure too so they can calculate their BMI.

They will have the option of telling us their weight for their medical record if they wish.

### **Community responders**

John Henson, a PRG member and a local community responder gave a very detailed presentation on the role of Community Responders.

His passion and enthusiasm was clear.

Mr Whiting thanked him for his excellent presentation and agreed that if appropriate, we would arrange a further event for a wider audience.

PRG members agreed to share with some of the other organisations they belong to the offer of this presentation being made to them too.

### **Next meeting**

It was agreed the next meeting of the PRG would be in September. Mr Whiting would co-ordinate invitations.

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