

THE GLENFIELD SURGERY PATIENT PARTICIPATION GROUP

Minutes of meeting held 15th August 2019 at the Surgery 1:00pm

Present:

PPG: Dave Zanker (DZ) (Chair) Donna Edwards (DE) Carol Lincoln (CL)
Mick Reeves (MRe) Mina Rodgers (MRo) Lesley Trivett (LT)

Practice: Dr Ahmad Fatima Ali (FA) Diane Alonzo (DA) Dr Bhamra
Debbie Bradley (DB) Dr Charavda Dr Chotai (NC) Dr Jordan
Jeanessa Levene-Roff (JLR) Dr Traynor (JT)

Apologies for Absence Nichola Pell (NP)

Action

	<p>Dave welcomed Donna Edwards to the group. Donna is a District Nurse by background and now works as a senior lecturer in Nursing at The De Montfort University.</p>	
1	<p>Minutes of the last meeting</p> <p>In the minutes of the meeting held 11th June 2019, Dr Anwar was described as a junior doctor and not as a GPST registrar. The words 'junior doctor' were struck from the minutes and 'GPST3 registrar' inserted in their place and then signed as a true record.</p>	
2	<p>Matters arising from last meeting</p> <p>A problem still exist with the telephone system where some patients are unable to hear what is being said by the practice.. It is planned to upgrade the system in September. When the system is stable the Practice will discuss reporting options with the PPG.</p> <p>Patient awareness events. Still awaiting Dr A Tejani to arrange for the event contact at the Groby Road practice to contact Mick to discuss further.</p>	DA DA
3	<p>.Practice staff update</p> <p>Julie Elton, Receptionist and Monika Lupa, Correspondence clerk, will both be leaving the Practice at the end of August.</p> <p>Rebecca Sharpe Receptionist/Correspondence clerk, joined the Practice on 19th August. Julie Whitmore, Receptionist, will join the Practice on 3rd September providing maternity cover for 12 months.</p> <p>Dr C Charadva, GPST3 Registrar, Joined the Practice in August. Dr M Ali, GPST1 Registrar, also joined in August.</p>	
4	<p>PPG Recruitment/Awareness</p> <p>Since the last meeting, two small adverts have been printed in the Glenfield Gazette, but no interest has been forthcoming from patients wishing to join the group.</p> <p>Nichola to look at further use of FB to promote the PPG. Item c/fwd.</p> <p>Carol will produce a short article about the PPG for inclusion in the Groby Spotlight.</p>	NP CL

	<p>Following the publication of an article on the charity walk in the Glenfield Gazette and the inclusion of the recruitment ads, Dave will re-visit the Gazette with a view to getting an article published about the PPG. Mick to provide contact details.</p> <p>At the last meeting, Dave and Mick agreed to produce a handout for patients regarding the PPG and its activities. Nothing achieved so far, will try to get actioned before the next meeting.</p> <p>The Reference Group was approached to see if anyone wished to join the PPG. Those who responded were unable to do so due to full-time working.</p> <p>The demographics of our patient list have been supplied by the Practice. PPG to consider how they might best use this information</p> <p>5 PPG Survey</p> <p>Amongst the points that have been raised from the survey, responses that need to be addressed are:</p> <ul style="list-style-type: none"> • more prominently advertise the available online services. (22.6% not aware), • look at why appointments with preferred GP do not work well • when booking a telephone consultation to give an approximate time when this will happen. <p>The points were discussed and it was agreed that Mick would include the results of the discussion in the survey report, then issue for comments before final release.</p> <p>Alison Briars has given some training to the 3 patients who requested assistance with use of the online services.</p> <p>6 Matters arising from Practice weekly meeting</p> <p>Opiates</p> <p>Concern has been raised by Carol with regard to the increase in prescribing of opiates within the Practice.</p> <p>“I was concerned to read that prescriptions for opiates are rising. This is against a national and international increase in opiate prescribing and rise in addiction to prescribed opiates.</p> <p>I know from my workdays that opiates are often prescribed when patients are discharged from hospital and that it is assumed that the fortnight’s prescription will not be repeated in general practice. I wonder how many of these prescriptions are continued by being entered onto the repeat prescribing programme and how many of the increasing opiate prescriptions arise from initial GP consultations only? This would be an excellent opportunity for the clinical pharmacist to investigate and interview, Is that who the new ST3 is? To help GPs in this, it is also important that they can refer on to psychotherapy, physiotherapy, pain management etc. Many patients seeking inappropriate continuation of their opiate prescriptions will make frequent appointments with the GPs, causing increasing workload and stress to the GPs also, so it is an important issue to address.</p> <p>In the interests of all patients, I think we need to be kept aware of this topic so that we don't have lots of addicted patients in our practice”.</p> <p>Fatima updated the meeting with the process that existed within the Practice to monitor patients being prescribed opiates. Initially patients are monitored by the Practice pharmacists but if usage is of a concern to them then the issue is referred to a GP. Discussion took place</p>	<p>DZ/ MRe</p> <p>DZ/ MRe</p> <p>All</p> <p>MRe</p>
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	<p>around this subject and Carol, who has significant clinical expertise in this area, was satisfied with the answers given.</p> <p>Exercise referrals Continence referrals Coils service</p> <p>These items were raised at the Practice meeting on 1st August 2019. Clarification was sought on how we make patients aware of these services. It was agreed that the next newsletter, due for issue in the next 2 weeks, would contain more explanation on these services but in principle patients would normally make an appointment with a clinical practitioner and they would then be referred for the required service.</p>	MRe
7	<p>Building works</p> <p>A few snagging items remain outstanding. Debs to advise when all are completed.</p>	DB
8	<p>HLH Charity</p> <p>Likely that the next fund raising activity will be a Christmas hamper. It was also suggested to re-run the 'Bike-a-thon'</p>	DA
9	<p>Primary Care Network (PCN)</p> <p>DR Chotai provided an update to the meeting. The practice meets with PCN practices monthly. These practices include The Limes Medical Centre, Narborough, Enderby Medical Centre, Kingsway and Leicester Forest East. Dr Simon Vincent, of The Limes, is the Chair of the PCN.</p> <p>The PCN is at a very early stage.</p> <p>The PCN is liaising with the District Nursing Services and the County Council to improve care for its residents. Two Social Prescribers have been interviewed and offered a role. This will be across the PCN, with time specified for individual practices depending on their practice population. Social Prescribers try to help patients by addressing social rather than clinical needs. These are brand new posts and will be evolving.</p> <p>In due course the PCN may be recruiting a Pharmacist to work across the PCN and Physician Associates (PAs) and may become responsible for 8am to 8pm services. Development is slow and tentative and we should not expect a revolution in care, with it being small steps at present.</p> <p>It was asked if additional services might be available to our patients at the other practices. Dr Chotai did not think that the other practices had any services that were not already provided at Glenfield.</p> <p>Mick asked if the minutes of the PCN meetings could be made available to the PPG. Dr Chotai to raise with Dr Vincent.</p>	NC
10	<p>Lonely Patients</p> <p>Mick has met with Ben Addison but did not feel that it had been particularly fruitful as the age group (50+) that Mick was trying to target through the U3A, was a similar age group to that which Ben dealt with. Some discussion ensued and some investigation with take place into the contact places/groups available on the council websites. It was strongly felt that the practice did not wish to become a directory for all sorts of groups.</p> <p>Jeanessa has begun reformatting the initial document that Mick provided on the U3A and will forward a copy to him.</p>	JLR/ MRe JLR/ MRe

11 Any other business

Mina raised that some patients had complained to her that they could not read the patient call scrolling sign and had been delayed getting in for their appointment. After discussion, it was agreed that patients in this situation should notify reception when they arrive for their appointment. Reception will then alert the clinician who will call for the patient in the waiting room when their appointment is due.

Dave raised an issue regarding the time taken to process electronic prescriptions at Glenfield Pharmacy. Since they opened it has always been the case that prescriptions were ready to collect in 2 working days. This has now been extended to 3 working days and a notice to this effect displayed in the pharmacy.

The practice explained that the box in the lobby for repeat prescriptions, was emptied before the practice opened at 8:30am each day and that prescriptions were available for collection by patients and pharmacies by 1pm on the same day, and if the EPS was being use by the patient, sent to the pharmacy by 1pm.

How long it took for the pharmacy to dispense the medication is an issue for the pharmacy and outside the control of the practice.

If patients have a problem with this change then they may need to consider using a different pharmacy.

12 Date of next meeting

Next meeting will be held on Thursday 10th October 2019 at 1pm

The meeting closed at 2.05pm.

Minutes approved:

Chairman

Date