**PATIENT PARTICIPATION GROUP Meeting, MONDAY 9th MARCH 2017**

1) The meeting welcomed Ms Caroline Morris from the Island CCG to speak on the

Primary Care Strategy for the Island, and new member Mrs. Margaret White.

Present: Dennis Ford (Chair) DF; Joanna Gibson JG; Toni Goodley TG; Joyce Lee JL,

Patrick Legg (Practice Manager) PL; Daniel Perriton DP; Brenda Reeves BR;

Elizabeth Sturton ES; Ronnie Waterman RW; Margaret White MW.

2) Apologies from Alfred Murdoch, Dr. Legg and Elizabeth Hyatt

3) Minutes of previous meeting on 28th November approved without amendment

4a) Primary Care Strategy.

Ms Morris presented members with a consultation paper outlining a general 10

year plan “that sets out the future direction for GP services on the Island”. It does

not include pharmacy, dentistry or optometry since these are commissioned by

NHS England directly. Much of this work should also lead to a decrease in the

misuse of the Beacon Centre, thereby making it more efficient and effective.

Ms Morris picked out specially the present lack of GP’s, and the likelihood that the

situation will worsen as more GP’s retire, coupled with increasing demand for

their services. This, added to 7 day working, an increasing population and

the removal of some services originally undertaken by the Trust means that there

has to be a radical and imaginative way to provide for the future.

Hopefully, some of these aims can be achieved by greater understanding on the

part of the general public as what is available at a surgery, as well as wider

publicity by the CCG as to where other services can be obtained.

Increased standardisation and co-operation between surgeries, greater on line

access, experimenting with new projects and ideas to put patients in touch with

the correct specialisation; are just some of the initiatives being tested by this

strategy.

4b) Although not directly under the control of the CCG pharmacies play a pivotal

role in the supply of NHS care to Islanders. ‘Pharmacy First’ can and should be

used to a greater extent to relieve some of the pressure on NHS services across

the Island. But to do so more effectively greater publicity is required; partly to

advertise the facilities they offer, but also to be more specific as to when and

where there is a prescribing pharmacist available, especially out of hours and

during weekends. Again, on line access is an advantage for those who have it,

but this cannot be at the expense of those who do not.

Tower House has taken a number of steps to promulgate the information required

by advertising within the surgery and working with other NE Locality surgeries to

produce a portal with the pharmacy services and times that they are available

6) Practice Update:

A new Practice Nurse is due to start at the surgery in April. Since the last

PPG meeting in November a Paramedic has been employed, so far mainly

undertaking home visits. Home visits being accomplished by this means is being

trialled, and as such on returning to the surgery he discusses all his findings with

a GP so that any prescriptions or other medical requests can be actioned.

Also, an additional Advanced Nurse Practitioner has joined the practice to replace

one who left recently; and 2 extra administration staff are now employed due to

the ever increasing background workload.

Health Care Assistants (HCA’s) – Item 10 DF – play a useful role within the practice

by conducting health checks and certain tests, bandaging and various treatments.

In general, the medical staff within the practice are quite varied in their specialities

and required level of medical training. Receptionists have received training in triage questioning when appointments are requested, to ensure (as much as possible) that patients are seen by the most appropriate person. As a Training Practice Tower House

has a good reputation for its teaching and monitoring provision, which is a considerable

asset when it comes to attracting and retaining staff.

SYSTEM 1, the new on line ability to request appointments and repeat prescriptions,

and complete the practice questionnaire is still in the process of being finalised –

hopefully by the end of March. In time, the System will have many more facilities of

use to patients and surgeries alike.

Patients will need to re-register with System 1. From April onwards ask the receptionists

for advice on how to log in since new passwords are required.

7) Election of Chair:

Consensus was that the position of Chair should be for a maximum period of three years.

Within that 3 years, if a request is received from 2 or more members (in writing to the Practice Manager) another election must be held.

DF was re-elected unopposed as Chair until March 2019.

8) Individual preferences for the timing of PPG meetings (time of day and day of the week)

noted. When added to the responses from members not present but e-mailed to DF the

results are:

June

September

November

March (2018)

All meetings will be at the same time of day:

9) No Questionnaire available yet on System 1!!

10) See Item 6.

11) AOB:

RW – The waiting room at the surgery gives the practice an ideal opportunity to

introduce various aspects of First Aid or other subjects that could be of interest to

patients. Recently a demonstration of CPR (cardiopulmonary resuscitation), using

a plastic dummy, was given by British Heart Foundation from Shanklin, and previously a talk by Carers IW to raise awareness of the needs of carers.