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| **PATIENT PARTICIPATION GROUP meeting Wednesday 11th March 2020 at 12pm** | | |
| **Present: Patrick Legg (PL), Margaret White (MW), Joyce Lee (JL), Phyllis Newbury (PN) Brenda Reeves (BR), Elizabeth Sturton (ES), Dennis Ford (DF), Polly Mumford (minute taker). Guests Dr. Loach, GP and Jo Hanks, Advanced Nurse Practitioner** | | |
| 1. | A revised agenda was circulated. The meeting was notified that Patrick had to leave at 12.45 | PL |
| 2. | 1. Apologies: Ronnie Waterman (RW), Deborah Rooke (DR) and Louise Shaw (LS) | PL |
| 3. | Minutes of the previous meeting approved | PL |
| 4. | Matters arising from Minutes:  Dr Loach, GP Partner, was welcomed to the meeting. He was scheduled to talk about the appointment availability and telephone access which was outstanding from the previous minutes. Jo Hanks, Advanced Nurse Practitioner (ANP), was also welcomed to the meeting and was scheduled to talk about the role and qualifications of the ANP team as suggested in the minutes from the previous meeting. | PL |
| 5. | Practice Update:  ***Beech Grove Transfer***  Patrick updated the meeting on the transfer of 1,050 patients from Beech Grove in to Tower House Surgery. The process had gone reasonably well despite a few IT problems. Continuity of care for incoming and existing patients had been the main priority and that had been achieved. The per-capita payment for the new intake of patients had been spent on additional clinical staffing including the appointment of Dr Hafiz Aladin as a salaried GP two days per week; Alan Young ANP, five days a week and also Helen Turner, Practice Nurse. This was actually an over-investment in view of the number of new patients taken on but it was hoped that this recruitment would improve access to care overall for patients of the Practice.  ***Primary Care Network Update***  Patrick updated the meeting on the progress of the Primary Care Network (PCN) project which he felt was going well with good co-operation both between the Practice Members of the local PCN and between PCNs island-wide. The project had been underway for nine months and in the case of the local PCN involved five practices. Recruitment was underway to appoint PCN-wide practitioners in new specialist posts to enhance services. These appointments already included a Mental Health Advanced Nurse Practitioner, a Pharmacist and a Social Prescriber and may be extended to include other clinical specialities in the future.  NHS England were noted to be driving further co-operation between different parts of the NHS using the new NHS contracts as a tool by, for example, requiring community pharmacies to establish their protocols in line with those of local GP practices. Patrick expressed the view that the new contract was a good one and that there were exciting times ahead.  **Q.** **Is the money promised by Government for the NHS feeding through to the Practice?**  A. Yes. The money is being targeted through PCN investment rather than being  applied to overall NHS spending in primary care.  **Q. Is co-operation good between the Practices in the local PCN?**  A. Yes, co-operation is good both between the practices in the local PCN and between the PCNs island-wide.  **Q. Will the new PCN recruitment include social workers?**  A. Not specifically although a Social Prescriber has been appointed to the local PCN to help patients with social problems and there are plans for Social Services and PCN to work more closely together, particularly in relation to safeguarding issues. More integration may follow.  **Q. How is the Practice coping space-wise in accommodating additional staff and PCN appointed specialists?**  A. Very pertinent question. Local PCN is struggling for space across all Practices. Part-time clinicians can share their consulting space on different days but going forward the problem does need to be addressed. NHS England and the Isle of Wight Clinical Commissioning Group (CCG) are carrying out some estates planning and **Patrick offered to provide an update at the next meeting.**  ***Coronavirus/COVID 19***  Patrick and Dr Loach also gave an update regarding Coronavirus. The Practice is following all up-to-date NHS and Department of Health (DOH) guidance and is well placed and is well prepared to deal with further developments. Dr Loach explained that the UK was likely to be in the same position as Italy over the coming weeks and that he would expect GP Practices to become more involved with the management of the outbreak as time goes on. It may be that GP Practices will need to stop routine work and move resources into the management of any outbreak but the Practice will continue to be guided by DOH advice as it becomes available. A noticeboard has been erected at the entrance to the Practice with current advice which will be updated as necessary.  **Q. What does COVID 19 testing involve?**  A. A nasal and throat swab which is sent for testing. This Practice not currently involved with any testing but, again, will work in line with DOH advice as it becomes available.  **Q. Are children with asthma more at risk from the virus?**  A. Current information suggests that young people in general are less vulnerable to the infection even if they have co-morbidities.  **Q. Should asthmatics be buying their own nebulisers in light of the Coronavirus?**  A. Home nebulisers are available to buy but the nebules are prescribed and would not be necessary in all cases. There is nothing to preclude the purchase of home nebulisers. Current advice would be to await DOH guidance.  **Q. Are there enough antibiotics to address the Coronavirus?**  A. Antibiotics are not effective against Coronavirus. Current information suggests that those contracting Coronavirus can go on to develop *pneumonitis* rather than *pneumonia*. Pneumonitis is not a bacterial secondary infection like pneumonia and this is why it is proving so difficult to treat and sometimes fatal in the cases of vulnerable adult patients. | PL |
| 6. | **New Chairperson**  Patrick informed the meeting that Julie Higney had made contact with him by email to say that she would be interested in chairing Tower House PPG but would not be in a position to travel to other meetings. **In Julie’s absence, this item was deferred to the next meeting.** |  |
| 7. | **Inviting New PPG Members from Beech Grove Transfer-in Cohort**    Patrick proposed inviting some input to the PPG from the incoming Beech Grove patients. He suggested contacting former members of the Beech Grove PPG who had been transferred to Tower House to ask whether they would like to participate. He also planned to put up a notice in the meeting room inviting new members to the PPG from the incoming cohort of patients. Patrick further suggested that existing members of the PPG may wish to meet with interested patients to talk about their experience and help them to reach a decision on joining. **This approach was agreed by all present.**  Patrick left the meeting handing over to Dr Loach and Jo Hanks. | PL |
| 8. | **The Role of the Advanced Nurse Practitioner**  Jo Hanks spoke informatively about her role within the Practice and the way the role of the ANP had developed over the past five to ten years. The creation of the role had been reactive to the difficulty recruiting and replacing GPs. Lists of what our ANPs at Tower House do were circulated although it was acknowledged that, with GP back up, they actually dealt with more than was listed. The key training requirements for ANPs were noted as history taking and examination (clinical practice) and a six month course in prescribing to include pharmacology, interactions, physiological effects of medications, side effects etc. Tower House’s ANPs were noted to come from different backgrounds including Primary and Secondary care experience.  Regulation of ANPs was being revised. Specified ANP Clinical Practice Masters programmes are now being developed in line with the work going into regulate advanced level practice. Existing ANPs taken on before the end of 2020 can have their regulation approved by “credentialling in”. This involves submitting all qualifications with reflective statement on their clinical care for consideration and approval. This is the approach that our ANPs are taking. Assuming that they are approved, their names will then be on the Advanced Level Practice Register. This Register will cover those operating at Advanced Level across different specialities including mental health and others.  Jo explained her own experience over her five years in Primary Care including her ongoing professional development and adherence to the NMC code of conduct that nurses work within. All our ANPs work within this code which means the nurse should work safely and not work beyond their own scope of practice/competence. She described good access to GP colleague advice when required. She also described monthly mentoring sessions where case reviews were discussed with a GP mentor and annual external appraisals.  Jo and Nikki had recently undergone further paediatric training to enhance their practice.  **Q. Is there anything an ANP cannot prescribe?**  A. Prescribing is not limited other than by the NMC code of conduct.  **Q. Are there a high proportion of patients with mental health difficulties registered with this Practice?**  A. Yes, certainly in Dr Loach’s experience when compared with his previous practice. | JH |
| 9. | **Appointment Availability/Telephone Access**  Dr Loach spoke about appointment availability and how this went hand in hand with the care provided by Advanced Nurse Practitioners (ANPs). Dr Loach acknowledged that not everybody was able to phone at 08.15 in the morning and that, by the time some patients were able to phone for an appointment, all the on the day appointments may have gone and the advice was then to phone again the following morning. This was far from ideal although there were five minute emergency appointments available from 5.00 pm for those who really needed to see a GP on the day. It was Dr Loach’s experience that appointment availability was an ongoing and seemingly insurmountable problem but something that the Practice was constantly striving to improve.  One plan under consideration was for the “Duty Doctor” each day not to have any bookable appointments thus freeing their time up to offer on the day clinical interventions as necessary. This would include further capacity for ANPs to hand more complex cases over to the GP on duty.  The way of dealing with visits was also being reviewed. Home visits were triaged by the GPs and decisions made about appropriate clinical intervention which may include a mixture of phone calls, ANP visit, GP visit or other speciality input. The option for requesting a home visit had already been removed from the telephone choices to manage patients’ expectations.  Part of the problem with availability is educating patients when they do and do not need to see a clinician at all and which clinician they can see. Dr Loach cited the example that patients often adamantly refuse to see an ANP even when it is something that the ANP was more than qualified to deal with. Dr Loach touched on the walk in and wait method of managing morning surgery but explained that it was not good patient care as it did not allow time for conditions to “self-improve”. This applies equally to booked appointments where more patient education is needed.  Other technologies were also being looked into such as e-consultations and video consultations.  In addition, as more clinical specialities come on board through the PCN project, more patients may be signposted away from GPs to other clinicians such as direct to physiotherapist or social prescriber.  It was hoped that all these measures would improve access to GP appointments for those that really need them and the Practice would certainly hope that, in the future, these plans could reduce if not eradicate the advice to “phone at 08.15 on the day” for an appointment.  **Q. Do any of the GPs have special areas of interest?**  A. Yes. Dr Loach has an interest in dermatology, diabetes and heart disease. Dr Rittmeyer has special interests in learning disabilities and dermatology. Dr Rana is the Practice lead for diabetes. Dr Legg is the Practice lead for dementia. Dr O’Neill has special interests in occupational health matters and mental health. Dr Hauge has a special interest in ?????  **Q. Is the 111 service still based on the Island?**  A. Yes. However, if you phone from a landline you will be put through to the Island Hub. If you phone from a mobile you will be connected with the Hub with the smallest waiting time. | LS |
| 10. | **Any Other Business**  Coronavirus/COVID 19. It was agreed that this had been covered earlier in the meeting.  **Q. What can dentists prescribe?**  A. Dr Loach was aware that dentists can prescribe quite strong pain relief and some antibiotics. The meeting was able to add that some toothpastes could be prescribed for special requirements.  **Q. Should patients be charged for medications given under the Pharmacy First scheme?**  A. Dr Loach felt that the rules around this had changed and that pharmacies could now charge for some medications given under the scheme even if the patient was entitled to free prescriptions. The meeting wondered if this depended on whether the medication was an acute item given for a new onset condition or whether it was part of a pattern of ongoing or repeat medication. It was agreed that Practice Staff needed to be up to date with the latest rules for this. **Patrick to be asked to look into this, notify staff and update PPG at next meeting.**  **Q. Had there been any outcome/further update regarding installation of a mirror to help with turning left out of Practice car park?**  A. The meeting thought there may have been an insurance issue but was not clear on the final outcome. **Patrick would be asked to clarify this at the next meeting**. |  |
|  | **ACTION POINTS FROM MEETING**   |  |  | | --- | --- | | NHS England and the Isle of Wight Clinical Commissioning Group (CCG) are carrying out some estates planning and **Patrick offered to provide an update at the next meeting**. |  | | Patrick proposed inviting some input to the PPG from the incoming Beech Grove patients. He suggested contacting former members of the Beech Grove PPG who had been transferred to Tower House to ask whether they would like to participate. He also planned to put up a notice in the meeting room inviting new members to the PPG from the incoming cohort of patients. Patrick further suggested that existing members of the PPG may wish to meet with interested patients to talk about their experience and help them to reach a decision on joining. **This approach was agreed by all present.** |  | | Dr Loach felt that the rules around this had changed and that pharmacies could now charge for some medications given under the scheme even if the patient was entitled to free prescriptions. The meeting wondered if this depended on whether the medication was an acute item given for a new onset condition or whether it was part of a pattern of ongoing or repeat medication. It was agreed that Practice Staff needed to be up to date with the latest rules for this. **Patrick to be asked to look into this, notify staff and update PPG at next meeting.** |  | | Patrick informed the meeting that Julie Higney had made contact with him by email to say that she would be interested in chairing Tower House PPG but would not be in a position to travel to other meetings. **In Julie’s absence, this item was deferred to the next meeting.** |  | | Had there been any outcome/further update regarding installation of a mirror to help with turning left out of Practice car park?  The meeting thought there may have been an insurance issue but was not clear on the final outcome. **Patrick would be asked to clarify this at the next meeting.** |  | | PL  PL  PL  LS  PL |
| 7. | Date of next meeting to be arranged (in view of the current situation we will review this at the beginning of June |  |