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| **PATIENT PARTICIPATION GROUP meeting, Wednesday 11th December 2019** | | |
| **Present: Patrick Legg (PL), Louise Shaw (LS), Margaret White (MW), Joyce Lee (JL), Brenda Reeves (BR), Julie Higney (JH), Elizabeth Sturton (ES), Deborah Rourke (DR), Elenid Perry-Lowe (EP)** | | |
| 1. | We all introduced ourselves and welcomed Elenid, who is a PPG Representative from Newport, who was here to observe the meeting | PL |
| 2. | 1. Apologies: Dennis Ford (DF), Joanna Gibson (JG), Ronnie Waterman (RW), Liz Hyatt (LH), Michele Legg (ML), Bobby Mason (BM), Alfred Murdoch (AM), Sandy Ramdany (SR), David Rowe (DR), Phyllis Newbery (PN) | PL |
| 3. | Minutes of the previous meeting approved | PL |
| 4. | Matters arising from Minutes:  JH asked if a Social Prescriber and Pharmacist had been appointed. PL said they had.  JH asked if there was an update on physio and Patrick said that he would talk about that under the Practice Update staffing. | PL |
| 5. | Practice Update:  Beechgrove Surgery  As Beechgrove Surgery will be closing at the end of March the patients that are currently registered there will be allocated between Sandown/Shanklin, St. Helens surgery and Tower House. They have 4500 patients and we will be taking on 1048 of these. Patients currently registered at Beechgrove haven’t been allocated their surgeries yet but this will probably take place in February/March and the patients will automatically be re-registered with the allocated practice.  Our Practice Boundary will be changed to extend into Brading as far as Yarbridge Inn.  Staffing  Because we will be taking on more patients from Brading we have looked at our allocation of appointments and obviously will need extra staff to cope with those patients. Therefore we have employed a new GP, who will work two days a week, and a full-time ANP and Practice Nurse. This will increase the amount of appointments in the system and will allow more clinical hours than is needed.  JH asked if the CCG had looked at the distance to travel for patients who live in Brading and whether there was any transport arrangements being considered for those patients. DR said that the CCG had considered the distance to travel to the new surgeries and that the patient can use Optio, Age UK or there is public transport that comes to Ryde.  Primary Care Network  PL said that Tower House runs the North East Locality Network and that as a network we have recruited a Social Prescriber who will work across the network Monday to Friday and will see patients.  There has also been a Clinical Pharmacist employed by Tower House and The Esplanade Surgery who is currently undergoing an induction at The Esplanade Surgery at the moment. From January they will be working here two days a week and will be doing medication reviews. The GP’s will risk assess whether patients are suitable to have their review with the Pharmacist or whether the GP’s want to see the more complex patients.  In the future the Pharmacist will be used like the ANP’s as they can prescribe for certain conditions.  At the moment Dr. Legg spends half a day a week looking at polypharmacy so it is hoped that this will free up her time to see patients.  We are hoping to start a pilot in February with a physiotherapist for people who have musculoskeletal problems. This means that rather than seeing a GP or ANP they can be booked in directly with a physiotherapist. This will be used by the other Ryde surgeries too.  In April there will be funding for a second Social Prescriber who will be employed by the network, along with additional roles.  Mental Health Pilot  Tower House have been running a mental health pilot which all Ryde GP practices can book into. This is for first presentation of potential mental health problems and these are people who would have been referred to Single Point of Access at the hospital previously.  Since this pilot began the Mental Health Practitioner has seen 500 Tower House patients 1800 times. There has had a 40% reduction in referrals to SPA. The intervention at the beginning of the patients mental health journey means that the patient feels more supported and in a much better place when they are referred on for further treatment, i.e. cognitive behavioural therapy.  The CCG have looked at what we have done with the pilot and have asked us to write the model for other PCN’s to take on a Mental Health Practitioner. | PL |
| 6. | AOB |  |
|  | DF asked that with the closing of Shackleton Ward at St. Mary’s what steps are now open to Island GP’s re a possible diagnosis of dementia. The pathway that the GP’s take for referring a patient with possible dementia is the same and that is to send a referral to the Memory Clinic and then the patient is assessed by a Consultant Psychiatrist and support put in place if necessary.  Shackleton Ward was for respite for patients with dementia but they had patients staying with them for months at a time. The CCG are looking at ‘Care in the Community’ for dementia patients and if they need respite they have to go to Afton Ward or to the mainland. | PL  DR |
|  | ES was concerned that the checklist for Learning Disability reviews was not being followed and was concerned that there are LD patients who have not had an adequate healthcheck.  Patrick said that Dr. Rittmeyer usually does these healthchecks and does go out to some homes in order to do these. In her absence these have been done by another GP who is trying to manage Dr. Rittmeyer’s workload. | PL |
|  | ES was asking about Nurse Training. PL said that the ANP’s have all done a Master’s degree and are prescribers.  Mark, one of our HCA’s, is doing his training to be an Associate Practitioner. He will do this while working here and will have 6 weeks training at a different practice.  **ACTION: PL said that it might be helpful to have an ANP at the next meeting to explain their training and what services they offer** | PL |
|  | Elenid said that Newport Health Centre have drop in sessions for patients so that they can speak to members of the PPG about any concerns they may have and feed back to the PPG. She said that she noted that we have feedback forms on the desk but JH said that they were quite small and people won’t bother to fill them in.  It was suggested that maybe some PPG members spend a morning/afternoon in the waiting room talking to patients and asking them to fill in the feedback forms.  DR said this would be a good opportunity to promote the Mental Health Practitioner, Social Prescriber etc.  PL asked if it would be worth PPG members going to other Practice PPG meetings to see how they are structured.  DR said that other PPG’s have an independent chair and that Healthwatch have quarterly meetings with these independent chairs so that they can exchange ideas, opinions etc.  **ACTION: LS to send out an email to see if anybody would be interested in taking on the role of Independent Chair** | DR  LS |
|  | Elenid said that the Practice website is excellent. PL said that a new website is being developed for the Island which is very good and is being rolled out across the Island. | PL |
|  | BR said that she recalled ML saying at a previous meeting that when you have a cholesterol test that it doesn’t need to be fasting. She has recently had to have a cholesterol test which was fasting and when she arrived at the Health and Wellbeing Centre it was extremely busy.  PL said that in the future we would be offering phlebotomy services at Tower House between 7.30 and 8.30 am but that this was not ready yet. This will be run by an HCA. | PL |
|  | DR informed the meeting that the Urgent Treatment Centre at St. Mary’s is now open. This opens between 8am and 10pm. You can walk-in to be seen, but this is not recommended, and you should phone 111 who can then triage your symptoms and book an appointment for you at the UTC if necessary.  They see minor conditions which would have previously been seen in A&E. | DR |
|  | JH was concerned that a patient could not get an urgent appointment on the day that they needed to be seen and was told that we were fully booked and to phone back the following day. When you phone back at 8.15 the following day you are then told that the appointments have all been booked and to phone back again the following day.  PL explained that we always have 2 or 3 ANP’s working and at least 3 GP’s. The appointments for the Duty Doctor are only released on the day but other GP’s have pre-bookable appointments, same day only appointments and we have 5 minute emergency appointments at 5 o’clock. There was some concern amongst the group that patients were not being told about these emergency appointments.  JH raised concerns that to have to wait until 5 o’clock to be seen for an emergency was too late and suggested having a mid-morning clinic for emergencies. PL said that in the past we had tried having an emergency clinic mid-morning but that it didn’t work. If you feel that you need to be seen before 5 o’clock you can always phone 111 and they will go through your symptoms and if they feel that you need to be seen before then they can book you into the UTC.  **ACTION: It was felt that it would be helpful to have a GP at the next meeting to explain the appointment system in more detail** | PL |
|  | MW had read that in the future there might not be any house calls. PL said that the GP’s want Primary Care protected and that within the contract it says that we have to provide house calls. In the future these could be done by an ANP, Paramedic employed by the practice or the GP’s will continue to do visits | PL |
| 7. | Next meeting to be held on Wednesday 11th March at 12pm |  |