

GEORGE CLARE PATIENTS GROUP

Notes of Meeting 30th April 2015

Present: Ron Hodson (Chair) Dr Susan King
Andy Behagg (Vice Chair) Richard Cross
Heather Day (Secretary) Robert Davies
Florence Newell Terry Schooling
Peter Wilson

1. Apologies and Absence

Tracey Bridgement and Lynda Behagg.

2. Notes of the Meeting 29th January 2015

The notes were accepted as a true record of the meeting.

3. Matters Arising

3.1 Disabled Signage and Parking, and Front Entrance

Dr King confirmed that the front entrance was going to be given an overhaul. Electronically operated doors will be installed and the flooring replaced.

3.2 Repeat Prescriptions – Correspondence with Lloyds Pharmacy had been circulated to all members. Ron reported that he had received an acknowledgement from Lloyds to his original letter but no response to his follow-up reminder. Caroline Houlton, Deputy Chief Pharmacist with Cambridgeshire & Peterborough CCG, had offered to take up our concerns and had been sent copies of the correspondence. Ron has clarified the points she raised and we await the outcome of her further enquiries.

The problem with repeat requirements having to be phoned through to the pharmacy appears to have been resolved as those who have medicines delivered are now able to complete Part B of the prescription form there and then hand it to the person delivering.

Terry asked for clarification about the extent to which pharmacists are involved in prescribed medication. Following a change to Terry's medication, the pharmacist asked Terry if he was willing to let him know how he was getting on with it after about a week. The pharmacist explained that this was a service Lloyds offers. Terry did not wish to take up this offer as he felt any concerns he has with his medication should be discussed with his doctor. Dr King explained that pharmacists are entitled to offer this service as they are equipped and well informed about medicines, and able to offer advice about issues that do not require a visit to a doctor. However, there is no obligation for the patient to accept the offer.

Dr King said she would ask Dr Howell to raise all our concerns at the next prescribing meeting.

Action: Dr King

3.3 Practice Website – Ron informed the Group that he had discussed the anomalies on the PPG page of the website with Kim and she had rectified them, although there were still one or two minor amendments to be made which Ron would follow up.

Action: Ron

Heather pointed out that several of the partners who have now left the Practice still appear on the website and Dr King explained that it would all be updated over the next few months when the new partners are in place.

- 3.4 Practice Changes - Dr King updated the Group on recent and expected changes. Drs Alex, Elise and Watts had all left the Practice, although Dr Watts was coming back on an ad hoc basis. Dr Emily Copeland is a new partner but is currently on maternity leave. She returns in September/October and in the meantime a locum is covering for her. Dr Inti Rajah joins as a partner in July but is already working at the Practice. Dr Emma Davies joins as a partner on 1st May this year. Following all these changes the Practice will be nearly restored to previous full complement, and all patients will be officially allocated to a doctor, although they are allocated to a doctor in the interim.
- 3.5 Appointments – Florence reported that patients are often waiting up to three weeks for an appointment. Appointments are released on a Monday morning but invariably have all been taken by Tuesday. If a patient is told by their doctor that they need to make a return appointment for, say, two weeks' time, there are often no appointments available and receptionists advise them to come to an 'open surgery' session. Dr King said it was acknowledged that booking two weeks ahead can be a problem but agreed that doctors can over-ride the system to make a booking themselves.
- 3.6 Mobile Phone Provider – There is no new information available yet.

4. Correspondence

- 4.1 UnitingCare – A note about UnitingCare had been circulated to the Group. Dr King clarified that UnitingCare is the responsible organisation and staff will be provided by Peterborough and Cambridgeshire NHS.
- 4.2 Florence asked if, when an emergency ambulance is called, it was now common practice for patients to be taken to Peterborough Hospital as following a recent incident she had been told Hinchingsbrooke was not an option. It was agreed that patients should be given a choice of which hospital to go to and there were various examples given of when this had happened.
- 4.3 Ron reported that Cambridge Community Services (CCS) had asked if a poster of services offered by Doddington Hospital could be displayed on surgery notice boards as it appears Doddington Hospital is not getting used to its full potential when compared to the Princess of Wales Hospital. Is it the case that patients are not choosing to go to Doddington? Dr King replied that the Practice is referring patients to Doddington but it may be that the Princess of Wales holds different clinics to those available at Doddington. It was suggested that Doddington may not be marketing itself as well as it could and Ron will report back on this. Dr King suggested that the Practice could investigate how many times Doddington comes up on the picking list of hospitals when referring patients. Ron would put the various posters on display on the surgery notice board.

Action: Ron

Post Meeting Note

Ron had asked Tracey for clarification about forward appointments and her response, received after the meeting, is shown below:

“Dear Ron,

We already release online bookable appointments which are booked very much as soon as they are released. As of today's date we have several appointments available to book online for the next 7 days. We do not release bookable appointments for the day following a bank

holiday as we know demand will be very high, so these are released first thing in the morning.

Many thanks
Tracey”

4.4 Healthwatch – Ron had received notification of a vacancy for a Chair Person for HealthWatch. The requirement is to work eight days a month at a salary of approximately £8,000. Further information can be found on the Healthwatch website.

5. **Isle of Ely Updates**

- The 24/7 Rapid Response Service will take time to recruit staff and put processes in place.
- Neighbourhood team configuration has been agreed.
- There will be a team for the seven Isle of Ely practices, three South Fenland and three March practices, and four March practices. This does not mean that the three March practices will join the Isle of Ely Local Commissioning Group.
- There has been a pause in the NHS 111/OOH procurement to allow full consideration of the responses to the public consultation.

6. **Shortage of GPs**

Dr King advised that all GP vacancies at the Practice have been filled, although it was noted that other surgeries were having difficulties in recruiting due to the lack of applicants. The surgery is a training Practice with two trainers and this has helped the Practice to recruit by retaining those it trained. The total number of patients has not changed significantly in the last two years but with anticipated new houses in the area is likely to increase. However, there is capacity at the surgery for more GPs if and when funding is available and the need is there. Dr King went on to explain that there is a plan to level funding per patient. The Practice would lose out a little but this would be partially negated by the extra services provided.

7. **Dr’s Question Time**

7.1 Disabled Signage and Parking – Dr King said that this has to be prioritised along with many other improvements and replacements , including:

- Front doors and flooring.
- Floors in clinical rooms.
- Chairs.

Richard asked if provision of a cycle rack could be added to this list and Dr King agreed to do so.

Action: Dr King

Peter suggested that if a volunteer could be sought to paint the lines and disabled signage in the car park, he may be able to supply the road paint. It was agreed that the two disabled parking bays should be sited next to the pathway, if this meets with all requirements.

7.2 Dr King was asked if waiting times for appointments could be displayed in the waiting room. She replied that waiting times were constantly changing so this would not be possible. The receptionists do however try to give an approximate return time for patients during morning surgery or the number of patients in front of enquirers at other times.

8. Dates of Next Meetings
30th July 2015
23rd October 2015

The meeting closed at 8.55 pm.