

# MINUTES OF PPG MEETING

September 2018

Attendees: Jean Lawson, Jill Catlin, Angela Green, Bob Riley, David Haynes, Leanne Parry, Elouise Jesper, Yvonne Littlewood

No apologies

Minutes of previous meeting were read and agreed.

The meeting started with a talk around the flu campaign for this year and which flu vac patients would be receiving. EJ explained to everyone that the trivalent vaccine would be given to the over 65's and under 65 'at risk' patients would be receive the quadravalent. It was asked why everyone could not have the same vaccination and it was stated that it is NHS England that set the guidelines and as a practice we have to adhere to their recommendations.

## **Re-designing Stroke Rehabilitation**

EJ explained what the system is now and stated that as UHCW has a scanner on site it was best to go there. JL asked about after care and it was said that everything is centralised around UHCW. The group were informed that there was a meeting on 24<sup>th</sup> September 2-4pm in Bulkington if they wished to attend to give their input into the re-design of this service.

A discussion then took place regarding recruiting new members to the group so there would be more people to 'share' attendances at this type of meeting.

BR said he had started going to these groups but he had received no feedback or any e-mails regarding the meetings. JL stated she was still getting e-mails but that the meetings were on a night she could not attend.

## **Signposting training**

JL gave the group information regarding signposting for GP reception staff/PPG members. EJ stated that the reception staff at the surgery had already received training on this.

## AOB

EJ reported that we were awaiting training on the Atrial Fibrillation (AF) machine are in negotiation with the CCG regarding it being used in general practice to diagnose patients with AF. Training with the new ECG machine is in the near future and will be used for 24/48hr monitoring of patients.

EJ also reported that as a practice we have given notice that we will be withdrawing from prescribing Warfarin. It was explained that when a patient attends for monitoring of their Warfarin they are given the dose required and we have been prescribing. We need a copy of the level and dose to be able to prescribe this drug. We have noticed that a significant number of patients were not in the therapeutic range of 65 and that there were quite a lot of patients who were down to 19/20 level. Given these circumstances, it was decided that we no longer felt able to take the risk of prescribing Warfarin. Going forward EJ reported that at some stage we may take new anticoagulant prescribing back. She explained that different areas do different things, for example, South Warwickshire perform their own monitoring on Warfarin. The 'newer' anticoagulants were then discussed and EJ stated that in general they are much safer than Warfarin but, as yet, there is no antidote for the newer drugs.

The group were informed that Dr Awoyemi (Tosin) has now definitely started as a salaried GP with the practice.

The group asked if it would be possible to have photographs of the doctors both in the waiting room and on the website as this is helpful in recognising them.

**JP to arrange if agreed. – This was not agreed.**

It was asked who looks after the notice boards within the surgery and whether some more information/minutes of the meetings could be placed on them. Could we put a sign up to state that we are currently looking to recruit new members to our group? JL asked if we could have a link to minutes on the website and information regarding the PPG and stating that we are looking for new members. The comparison was again made to the PPG at Whitestone Surgery and the fact that they 'do more' than our group. It was suggested that we could invite someone from their group to come along to one of our meetings. It was also suggested that we could use the Flu Clinic to make the PPG known to the wider practice patients.

**JP/JL to arrange ? someone from Whitestone to attend AND talk to reception regarding notice board – Arranged**

## My GP Practice Resources

EJ informed everyone that this is an App for a smart phone and gave an example. She stated there was money from NHS England to spend on Apps and that this has to be spent on the 'Choice Agenda'. On-line messaging includes asking GP advice and advice signposting. The messaging can be managed by a doctor and it is proven to have a large impact on the level of appointments required.

The discussion then progressed to electronic referrals (e-referrals). It was stated that we were contractually required to be using these by the end of October but that we were already using the ones that were set up. It was explained that a patient could actually leave the consulting room with a hospital appointment made OR information on how to book an appointment. It was reported that this system would take more time for the doctors but could hugely benefit the patient. With the GP's doing this work it could cut down administrative work.

EJ informed the group of a park run that takes part in Bedworth. It is a weekly run led to volunteers and encourages people achieve a 5K run. It was suggested that we invite the person who runs the group to a future meeting. BR asked regarding different fitness levels and if they cater for people who are maybe not as mobile as some – for example with arthritis. EJ stated that they should cater for all levels of fitness/mobility etc.

**JP/EJ to arrange ? someone to attend future meeting – Plan for Spring 19**

AG asked regarding ear syringing no longer being available at the surgery. EJ explained that this was not a 'commissioned' service and that when we were performing the service it was taking up a week of nurse time every month. It was explained that there is not enough evidence that syringing actually works and can do more damage than good and then went on to state that the CCG are discussing a new local enhanced service (LES) It was thought that it MAY come back if commissioned by the CCG. DH stated that he felt it was a waste of Consultant appointment time for ear syringing or microsuction. He asked if a representative from the practice goes to CCG meetings and who attends practice engagement meetings (JP to report back on this – JP has confirmed that he attends the practice engagement meetings) DH also stated that there was a community service at Specsavers for ear syringing at a cost of £35 per ear. It was also asked who is the CCG responsible to ? NHS England and what the complaints procedure was?

**JP to report back on this – JP confirmed it is NHS England who the CCG is responsible to and that you should be able to initiate a complaint on the website. – Patients' can be sent to the extended hours service.**

The annual Quiz night was mentioned to everyone. It is being held on Friday 30<sup>th</sup> November at 7.30 pm at Coton Liberal Club - tickets are now on sale for £6.50 including hot food and a door prize. Please ask at reception if you would like to come. This year it is aid of the charity 'Doorway' who help young homeless people aged 16-25 years of age.

**Date and time of next meeting – Thursday 29<sup>th</sup> November 7.30 pm and Dr Light will be in attendance. Postponed until 24.01.19**

