

- Community Nurse making visits to Nursing Homes. These has also been fully utilised. She has done the necessary flu jabs and some other care reviews.

IN and JK reported that at both the Patient Board and District Group it had been reported that Wetmore Road were not offering wound care. Both had challenged these reports. JK had the minutes of the district group meeting amended, but there was concern as to where the information was being generated that was factually incorrect. RP explained that when the district nurses were attached to the practice they did some of the wound dressings (eg patients who have been discharged from hospital following surgery). In the last year the practice has seen a 400% increase in the demand for wound care. The nurses have been offering extra lunchtime appointments to meet the demand. Since May they have also been doing leg ulcer dressings – additional training had been undertaken to qualify them to offer these. It has put a significant strain on nurses’ capacity but no patient has been missed. Wetmore Road have no plans to stop offering this service but had they decided to they would have had to give 3 months’ notice to the CCG, they cannot just pull the service. IN will ensure the Patient Board minutes are amended to reflect the true picture.

IN

A survey had been carried out across the CCG area to gather feedback on the evening and weekend appointments offered as part of a different strand of Extended Access. There were 112 responses with mixed feedback. This was not specific to Wetmore Road but related to appointments at any one of the practices in the area. The question was asked as to whether the receptionists were offering these appointments out across the board? The responses did not link experience with practice so it is unknown whether some practices are particularly good or poor. There had been some surprise that patients were willing to travel over 3 miles to see a GP but it was noted that some of these patients live in more rural locations anyway so would be used to travelling and also if the alternative is a long wait or travelling to the walk in clinic in Lichfield, 3 miles may not be considered such an inconvenience. RP reported that feedback they had received on the service they were offering as part of this was very positive.

The PPG asked RP and AC to pass on our praise to the surgery staff for the success of Extended Access

Advanced Nurse Practitioner

Ed Wiley will be joining the practice in December as an experience Advance Nurse Practitioner. He will be offering 40 appointments per day Monday – Thursday, am and pm. These will predominantly be acute on the day patients but he will be looking to develop new services. He will be training the receptionists to ensure the correct appointments are made for him. For the first week he will be shadowing staff to see how things currently work and then the practice are looking forward to hearing suggestions based on his previous experience and vision for this role as to how to capitalise on what he can offer. If the roll out works as hoped the practice may look to appoint a second ANP in 12 months time.

The PPG feel this is a positive appointment and would like Ed to know how supportive we are of his role. It was suggested he could come to a future meeting to talk to us about his work and this was warmly received. RP was asked to mention this to him in due course.

RP

Practice Update

Patient numbers are up with a net increase of 76 from the previous meeting to 11234. Stretton Practice has been removing patients from outside their boundary, 91 of whom are in the Horninglow part of our catchment. Up to 900 patients in total are expected to be removed from Horninglow which will continue to impact on Wetmore Road.

Staff Changes

- There have been a number of staff changes. Julie Houston has joined a practice nurse and will be the diabetes lead. She has over 10 years' experience as a practice nurse. Sarah Brooker is joining in January as a junior practice nurse – she is a very experienced hospital nurse but during her first year at Wetmore Road will be doing the Practice Nurse Fundamentals training course. Ann Eames, a long serving community nurse with a specialism in Parkinsons Disease and Dementia will be joining this month. She will take over the community work and learning disability reviews and has been doing additional training in her own time to prepare for this. Debbie Smith is leaving at Christmas to become a specialist diabetic nurse.
- Lynsey Bloomfield has changed her role to become the practice's new medical secretary. She has been replaced as reception team leader by Carrie Speedie. Carrie is an experience reception team leader and has already done some relief work at Wetmore Road. Lucy Clarke has joined the reception team.
- Dr Claire Mckinlay will be leaving at the end of November. After 20 years at Wetmore Road she is moving to live in Australia.
- Ed Wiley is joining as the new ANP on 9th December.
- Amy Carter is going on Maternity leave in the next few weeks. Congratulations were offered to Amy, we will miss her in our meetings. RP will have some support while she is off from a medical secretary.

Primary Care Network Additional Staff

From April 2020 the practice are hoping for additional clinical support, preferably a full time pharmacist. They would lead on medication reviews and offer guidance when there are supply issues with specific drugs. RP explained the supply issues that are often reported in the media are real but not Brexit related. It is linked to the pricing contracts and when other countries are willing to pay more than the NHS suppliers choose to supply first to the highest payer.

Social Prescribers are expected to be in post from April 2020 but the logistics of their employment contracts are still being worked through. IN made a declaration of interest in that he works for an organisation who may be involved in the employment of social prescriber(s).

From April 2021 it is hoped there will be a second clinical specialist – maybe a physio, paramedic, physician's assistant or mental health worker.

Trainees

Dr Marta Turner (ST3) is still working 3 days a week (Wed – Fri). Dr Ko (soon to be a ST3) will be joining on 4th December and work 4 days a week (Mon – Thur)

With all the additional staff room space is a problem that has to be addressed and was discussed further later in the meeting.

Practice Boundary

Anyone who lives within the core boundary is entitled to register at the practice. The outer boundary is an area where patients cannot register at the practice but if they move into the outer boundary and are already registered can stay registered. The core boundary cannot be changed. Some months ago the practice applied to change the outer boundary. Their thought is not to remove anyone who already lives within the outer boundary but if going forward a patient moves to within the new outer boundary they would not be able to stay registered. There have been many delays in discussing these changes with the PCCC. It was finally on the agenda at the end of October but as a general election has now been called it falls within the Purdah rules and cannot be pursued until the new year. Wetmore Road do not want to score political points but there has to be recognition of the limits of capacity and changes need to be made. NHS England have been approached to ask how to close the list to new patients should there be no other option. The practice is being impacted by the changes at Stretton Surgery and these are only going to get worse. In the last 6 weeks 91 patients have joined, as services are reduced at Stretton more and more will apply to move to Wetmore and some patients, fearful of being removed or not being able to access services are jumping before they are pushed.

Premises

The long standing issue is now coming to a head with the additional pressures from the Stretton situation. RP and AC have met with the CCG and the developers who own the Wetmore Road site and others in the area to discuss options. The CCG are beginning to understand the urgency of the situation. The developers have gone away to put costings together of 3 options. Finance is always the biggest issue. The practice is not hopeful that the CCG will offer the level of support necessary but until they get a response, expected early 2020 no decisions can be made. The PPG discussed the merits and pitfalls of some of the options and asked about some alternatives. The PPG feel strongly that whatever decision is made it needs to be a future proof option – there is no point just looking to address the need for the situation as it stands now – the work of primary care is ever expanding and there needs to be room to do this well going forward.

As part of the application for support from NHS England the practice need to work with the NHS Improvements Supporting Change Team. They will conduct a review into processes, systems and space utilisation. They are coming to Wetmore Road 3-5th February and will want to talk to all the staff, interview some patients and discuss issues with the PPG. RP asked if the PPG were willing to help and some of the group would be available, either in person who via telephone. The PPG really wanted their voice to be heard and asked whether it could be suggested we have a special PPG meeting with them purely to discuss this. It was felt our voice would be stronger if we met corporately. The PPG are willing to be flexible in the timing of this. RP felt they may prefer daytime but the lack of space may mean early evening is the only feasible time for a group meeting. He will put the suggestion to the team and feedback to us.

One Health and Care

The plan is to go live in early 2020 with this Staffordshire wide data sharing system. The concept is that GPs will have access to certain hospital data and other practices will be able to access patients' details if necessary – IF IT WORKS. The data that would be shared would include contact details,

RP

medical history, medications, allergies, test results, referrals, discharges, social and mental health information. Patients would be able to opt out but this would be against practice advice. There have been so many ambitious ideas that have stumbled with technical glitches we will have to wait and see how the roll out works. Questions were asked how far this extends as it is promoted as being Staffordshire wide and yet Derby Royal Hospital is not in Staffordshire. It has been suggested there border maybe fluid as there is a similar situation the other side of Staffordshire where they work with the hospital in Wolverhampton. IN had a powerpoint presentation about One Health and Care which he said he would sent to SC for her to email out [this has now been done].

IN

Primary Care Universal Offer

Phlebotomy is one of the services the Primary Care Network must provide. While the first choice would be to have it in each practice this isn't practical and so a more realistic way forward would be for the service to be provided in each locality but open to all patients in the locality as a revamped offer to practices. Minor surgery and flu vaccines are examples of other services under this offer. Work is being done to ensure parity across the whole county and ensure that each area has the same service level agreement and pays the same fees.

Flu Vaccines

All flu vaccines for over 65s have arrived on time.

There have been nationwide supply issues with the vaccine for Under 65s due to issues with the manufacturing. The last flu clinic for this demographic is scheduled for 23/11/19.

There have also been delays with the vaccine for under 18s (nasal spray) which are generally administered in schools.

Unknown supply dates make it impossible to plan ahead.

Pharmacies seem to get supplies sooner and so patients who have their vaccination there have had the opportunity to have them earlier. The GP surgery benefit financially from maximising the number of vaccinations they administer and prefer patients to go to the surgery for their vaccination.

Virgin Care

The service is deteriorating ahead of the early termination of the contract in April. Staff are leaving a "sinking ship", although those who remain are doing the best job they can. As yet there isn't a plan in place for when the contract ends and so there is the potential for additional strain on GP practices.

Peak Pharmacy – Wetmore Road

GR had asked SC to raise whether any other members of the group had encountered poor experiences at the pharmacy next door to the surgery. SC happened to have had a negative experience immediately prior to the meeting and others also had stories to share.

RP reiterated that there is no link between the practice and the pharmacy. The GPs had their own concerns recently but as anecdotal evidence was shared it became apparent the issues were more widespread than anyone had realised.

The concerns included poor service eg they can't find items that have been dispensed, delays with supplying prescriptions which have led to the prescription expiring before the patient can collect it, patchy, unreliable service collecting prescriptions from clinics, dispensing of items that they

<p>have been informed are not needed, dispensing incorrect medication, issuing medication that was previously on repeat but the repeat has been stopped, over prescribing and speaking to customers in an insensitive, rude or demeaning manner. We have previously heard that they have a contract to test for UTIs but are unable to honour the contract as they do not have staff trained to do the tests.</p> <p>IN has already raised a grievance over safe prescribing. AC believes there is a website where patients can report issues. She will forward the details on if she can access them.</p> <p>IN would like Peak to come to the PPG to answer our concerns. He felt that they need to be challenged rather than a small group take their custom elsewhere.</p> <p>AC and RP feel it reflects badly on the practice even though there is no link between them – other patients don't realise there isn't a link.</p> <p>RP asked if anyone with a bad experience could email him the details. He can add these to the concerns the doctors have and formulate a plan of action. Emails can be sent directly to Rob or send them to SC and she will forward them on.</p> <p>It was suggested that we survey the patients for wider feedback. SC said she could send an email out to the virtual group and ask for their experiences. [This has been done and any feedback will be passed straight to RP]</p>	<p>AC</p> <p>ALL</p> <p>SC</p>
<p>District Group JK brought a report from the previous meeting. Healthwatch are doing a social care assessment. There had been discussion about Primary Care Navigation. There have been changes in the assessment for and dispensing of Hearing Aids. The threshold has changed and now there needs to be more significant hearing loss before hearing aids will be prescribed. The PPG feel this is counterproductive and there is evidence that addressing early hearing loss reduces the onset of dementia. Red bags are going to be distributed across local care homes imminently. The next district group meeting was the following day (14/11/19) and training would be offered at the end of the meeting. [JK has subsequently reported that she took responsibility for delivering 2 red bags to care homes in our locality]. There is ongoing confusion over accessing financial support for carers travel. The District Group believe the matter concluded but IN reported that the Patient Board have it recorded it as an issue to be reviewed. IN had looked at the minutes of the district group meetings and questioned whether we should review the reports from the other PPGs to see what issues they are focussing on and whether we can learn from them. JK felt that from what she hears at the meetings we are ahead of many other PPGs and she doesn't feel we are overlooking anything. She reported one PPG only has one member and we are doing very well as a group.</p> <p>Patient Board IN reported that with Purdah in effect there are restrictions that impact on the Patient Board. An action plan has been drawn up which will go to the District Group. He encouraged everyone to look at the East Staffs CCG website which is</p>	

quite informative.

The CCGs across Staffordshire have not agreed to the merger. There is a meeting in early December. Originally, while being open to the public, no one was allowed to speak. This has now changed and there will be opportunities to ask questions. Details should be on the CCG website.

Diabetes Support Group

GH reported the group are unhappy with the lack of care for patients for diabetes. They are getting better support from the GP than from hospital care. The group have decided to disassociate themselves from the hospital to enable them to be more proactive. Reviews are not happening in a timely manner. Some of the problems they are experiencing are linked to Virgin pulling out of the community diabetic service and the strain this has put on other diabetes services.

AOB

PB raised concerns over the difficulty getting through on the phone at 8am for an appointment. She shared an experience of spending 50 mins trying to get through and having to give up, to then go through the whole process again the following day. Also later in the day it seems to be taking a long time once you are in the queue for the phone to be answered – up to 10mins to move each position in the phone queue.

RP admitted the situation has been bad. There have been a lack of receptionists, impacted by staff sickness. There are 4 phone lines. Phones open at 8am, and the front doors open to queueing patients at 8am. With 3 staff answering phones and 2 staff on the front desk all the appointments can have gone by 8.04am. The next day is just a repeat of the previous one. He cannot see anything changing soon but is open to any suggestions ED (the new ANP) may bring. The Supporting Change team may make other suggestions when they visit in February.

Some patients play the system, know the words to use to have their need considered as “Urgent” and therefore access an appointment the same day. While some of them may just know how to play the system, other patients perceive their need to be urgent because they don’t know differently and feel very ill. Conversely some patients may believe their need for an appointment to not be urgent and are willing to wait 3 weeks but they are unaware their clinic need is urgent. The training that Ed will give to the receptionists may lead to better triage.

When a patient requests a call back from the GP to avoid taking a face to face appointment there are some delays. Workloads mean they cannot all be done on the same day. The GPs have decided to stagger call backs to ease the pressure and there is always work to be done to manage patient expectation. Some GPs still endeavour to call back the same day but all try to review the list and determine the priority so no one is overlooked when time genuinely is of the essence.

Date of Next Meeting

The recent trend had been to have meetings on Wednesdays as this was one of AC’s working days. While she is on maternity leave it was suggested to try some different days to see if this helped people who have been struggling to attend.

The next meeting will be on Tuesday 14th January at 6pm.

