

PPG Meeting Tuesday 13th November 2018

Present: Helen Woods, Nick Lane, Ang Goodman, Sue Rabson

Apologies received: Peter Rabson

Practice Boundary change application

Sue explained that Dr Garrod recently applied to reduce the practice area, by taking off the area from just north of Boscastle through to Altarnun, almost one third of the practice area. This will have huge implications for this practice. Whilst Dr Garrod will retain patients already registered with him, any new patients living in that area will not be able to register, so will probably ask to register here. At the moment this is just an application and has not been agreed. Dr Nash sent objections to this in writing. The proposal has not been discussed within the locality as yet. All practices that may be affected should be consulted. There has been a problem this year, whereby some practices have asked some of their patients to register elsewhere, despite the fact that the person actually lives in that practice area. Practices are not allowed to ask patients to re-register unless they have actually moved out of the practice area.

The list size for this practice has been steadily increasing from 3020 in 2015 to 3411 as of 5th September this year, an increase of 12.9% in three years. We have no room to expand our services, the situation is unsustainable, as is the case with other practices locally. The BMA paper 'Safe Working in General Practice' (BMA 2016) suggests a minimum of 72 appointments/1000 patients/week. In order to provide this the practice would have to provide 245 GP appointments per week and our current capacity is 168 routine slots, though we will 'squeeze in' extras if needed. On that basis a safe list size for our practice would be 2400. Even without taking into account the planned housing developments already agreed, we need at least one additional full time equivalent GP, but we have nowhere for them to work.

The problem with boundary changes is that others will have to pick up the slack, and Dr Garrod's proposed change would leave us having to register any new patients in much of the area he wishes to vacate, as this is not covered by any other practice than ours. The issue will be discussed at the locality meeting on Thursday 15th November.

The group felt that the area to be vacated was quite large and could see the potential problems with additional new registrations, as well as the additional work. Nick felt the Town Council should put a block on all new building until such time as infrastructure was in place to deal with the extra people moving in.

Electronic Prescribing

The practice is setting this up from end January/Feb 2019. There are currently problems with Boots losing prescriptions wasting a lot of time. Once sent on computer from here, Boots can track it and can't lose it. All Boots staff will use smartcard to access information. All prescriptions will be bar coded.

Staff will have 1 day training with a SystmOne trainer on the go live day. Patients will have the leaflet attached to their prescription counterfoil over the next 2 months so that they are aware. Patients will need to nominate a pharmacy, but Boots have been collecting this information for some time and most people will already have done this. It will be visible on our system once set up, we will just have to check with the patient that it is correct. If the patient nominates a different pharmacy, eg if they are going on holiday to the Lake District, the **patient will have to tell us to change it back** when they come home.

It will be better for ordering appliances from various postal companies, we have stamped addressed envelopes for approximately 35 different locations to enable prescriptions to be sent to various places, it takes several days to get there by post. This will be not required. It will be good for working people, they can collect tablets in Wadebridge or wherever they work, provided they have nominated that pharmacy. It is probably not so good for people who don't often get prescriptions, or who use a number of pharmacies

It may encourage people to sign up with Pharmacy2U or Pilltime, but we have been advised the service is not fit for purpose and we are not to chase missing items etc, the patient must sort it out. Therefore we will be trying to dissuade patients from this course of action.

Sue spoke to Sian (Boots Camelford Manager) today, she is delighted that the practice will go electronic and says it will be much easier for them to manage.

The system will save time for GPs, some prescriptions will be generated by the girls, but will not be sent to chemist until 'signed' by the GP. This will be just a click on the computer, rather than having to sign each one as they do now. It will also save printing prescriptions, the whole thing will be sent electronically from surgery to pharmacy, to Prescription Pricing Authority. All of this will be on the national Spine, so will be easy for other health professionals to see, providing the patient has given consent. Other practices say they wouldn't go back to paper prescriptions.

Call Recording

Following a course on telephone triage, Dr Uglow has suggested that all calls are recorded at the practice. The patient must be aware the call is being recorded – a message 'All calls will be recorded' can be added to the phone system. The GP will add a note to the screen with a summary of the discussion on the phone, this is already in place with telephone consultations. The practice decided that incoming and outgoing calls will be recorded.

At a practice managers meeting last week, other practices have found call recording very successful, helpful to use when training, and useful when dealing with a complaint. Unfortunately other practices have not experienced a reduction in abusive calls, even though calls are recorded. The group were surprised that staff suffer telephone and face to face abuse from patients quite regularly making the job difficult.

Sue has spoken to BT, the phone system can be upgraded, just needs a different box on the wall in reception. Dean Austin is booked for an initial discussion on 15th November.

The group felt call recording would be helpful for the practice

New Building Plans

Sue asked if anybody had heard anything about the new surgery, there was a piece in the local paper stating that it was not going to happen. There is also a petition locally in the shops, this has been set up by Ayla Ackroyd-Johnson. The practice was asked to add their name to it and declined, due to the fact that negotiations are still continuing, with no definitive answer yet.

The practice were informed in mid September that the Council had pulled out of the project. The money allocated for it, in the sum of £780K was in danger of being lost unless plans were submitted by 31st October to NHS England, as to how the money will be spent. There followed a meeting with a representative from GPIC Ltd, a private investment company who are currently involved in the refurbishment and extension of Launceston Medical Centre. The representative was very well informed and could answer all questions asked by the GPs. A proposal was sent to NHS England on 31st October and we await their response.

Women's Institute

Last year Sue went to a Sprint event designed to help practices find volunteer services to help isolated patients. Contact were made, but on trying to refer people to the services, it was found that there were no volunteers for this area, so the whole process felt like a waste of time.

A few weeks ago, Jane Sleeman from the WI invited Sue and Spencer Casey (Dr Garrod's practice manager) to a meeting to discuss what they could do to help. The WI have some funding available from lottery money and there is a drive to try to combat loneliness. Statistics say that lonely people are 1.8 times more likely to visit their GP. The aim is to target the elderly, bereaved and young mums who often have no family support. The WI have produced a list of local clubs, coffee mornings, over 60s outings, children's groups, fitness programmes to name a few, with details of venues, days and times and contact numbers of the relevant leader. They have asked that this information be made available to new patients as well as existing patients. The local estate agents are also giving the information to people who are new to the area. They would like to get a lunch club in operation using premises at the Old Bank. The practice fully supports this local initiative and hopes it will go from strength to strength.

Locum Doctors

It is proving increasingly more difficult to find locum doctors to work in the practice to cover for holidays, training courses and sickness. The vast majority live in the far west of the county and do not want to travel 2 hours each way to come to Camelford. The practice has employed a locum for some time to see patients on Fridays, this is to allow the increasing load of administration work to be completed. Sue is hopeful that from next April a locum GP will be available for the majority of session, negotiations are taking place now.

Any other business

Helen has recently reported an issue whereby a prescription she required was repeatedly given to her in the brand name form, rather than the cheaper generic version. The pharmacy was set up to always give the branded name, being a very much more expensive option. This was reported to Kernow CCG for investigation

Helen also mentioned a lady called Penny Steventon (Volunteer Cornwall) who may be interested in setting up some volunteers in this area. Helen will ask her to get in touch with Sue and perhaps ask if she would be able to come to the next PPG meeting, probably in the New Year.

Sue thanked everybody for attending, the next meeting will be in the New Year.