

Farnsfield PPG Minutes 12th June 2018

Present: Neil Johnson (chair), Martyn Smith, Sarah Knight, Kath Beighton, Wendy Wheldon, Elise Berridge, Margaret Allison, Ingrid Cotterill, Nick Gray, Michelle Barksby, Liz Lawrence (N&S CVS) Lorna English (SMP) and Cathy Quinn (CCG).

1. Apologies for absence

Apologies for absence were received from Francis O'Malley and Roy Eyley

2. Minutes of the last meeting

MB asked for some small amendments to be made to the minutes, these were agreed and the Minutes were approved pending adjustments.

3. NJ shared details of the new PPG Facebook page with the committee which was well received.

4. Actions arising from public meeting

It was indicated the Action Plan would be presented at the public meeting on June 23rd at Farnsfield St Michael's School. This would take the form of a panel headed by Amanda Sullivan, CEO of the CCG and would also include Cathy Quinn, David Ainsworth and a doctor from the practice to both explain the steps being taken to improve the service provided by the surgery and also to answer questions from the floor.

It was noted the meeting would be advertised on the Parish Council and Sherwood Medical Partnership websites, also posters would be posted at various sites around the village. A draft of the poster was tabled for comment and approved.

5. Action Plan and Discussion

MB provided copies of the draft action plan for discussion. She explained the objective was to try to address the main points raised in the April public meeting and went on to outline the progress that had already been made, as well as indicating some of the future plans for the operation of the surgery.

During the course of the ensuing discussion some strongly held views were expressed on certain issues by PPG members and therefore, for record keeping purposes, the minutes below represent a summary of the issues rather than a report on what was actually said.

a) Appointments/consistency

One of the main areas of concern revolved around the appointment process and the lack of consistency in the way in which this was handled by different receptionists. In this regard it was explained that a training programme was already in place and would be ongoing in order to improve the situation.

In addition, it was considered that it would also be very helpful if there was more consistency in the access to individual doctors at the surgery who were mostly only available one day per week. While this arrangement might be adequate for minor ailments, some patients with either prolonged and/or complex illnesses had experienced difficulty in getting follow-up appointments with same doctor as they were usually at Farnsfield on a one day per week basis.

As this situation was not considered to be very satisfactory, it was suggested that if fewer doctors attended the Farnsfield surgery on a more regular basis, ideally one being full time, it would be possible to provide patients with a much more consistent relationship with the doctor responsible for determining their treatment plan.

MB indicated that the practice was being run on the model the partners had chosen and the question was raised as to whether the doctors could be asked to reconsider the model with CQ suggesting that perhaps a compromise could be reached.

Although it was recognized that some people felt it was not necessary to see the same doctor all the time, EB commented that following the PPG awareness week patients had told her that they felt it would be helpful to know whether they were being treated by a locum, registrar or practice GP.

b) New staff members

MB then went on to explain that the practice was advertising for another GP and also an Advance Nurse Practitioner. She was asked if the new GP could be based at Farnsfield, however MB advised that the response to the advertisement had not been particularly encouraging.

NJ asked as the practice was training GP's, could they also consider supporting nurses who want to achieve ANP status. In response, MB explained that this training had to be funded and also there was a shortage of nurses who wished to take up the training.

There was some concern expressed that the partners had not been aware of the strength of feeling about the problems at Farnsfield surgery and NJ noted that to date no clinician had attended a PPG meeting. KB suggested that perhaps a formal invitation could be issued

c) Pharmacy

NJ raised the concern that the loss of patients from the Surgery had impacted on the Pharmacy which had lost 10% of its business over the last two years. It was noted that the Pharmacy provided a vital service to the village and had a vital role to play in the Pharmacy First Initiative.

d) Resourcing

The question of resourcing was discussed as there was a feeling Farnsfield was being under-resourced compared with the Crown site. In response, MB explained that the patient ratio Farnsfield to Clipstone was 30%:70%.

At the present time Farnsfield had 4,688 patients and Clipstone c.11,000 (at federation Farnsfield 4,800, Clipstone 9,800) and appointments had been at or within this level over the last five months. She went on to say that online appointments should be visible to all patients for both sites and, if this was not the case, she would look into the situation.

WW asked about staffing issues at Farnsfield, specifically who had overall responsibility for the Farnsfield site. In response it was explained that MB and LE both work at Farnsfield on different days and, when they are not available, receptionists can access support by phoning the Crown site.

e) Prescriptions

Problems concerning the issuing of prescriptions had been identified. It was explained that the practice currently receives prescription requests in six different ways as a service to the patients, but this made the system very complex to operate.

MB confirmed there had been technical problems with the prescription phone line. She went on to advise that more prescription time had been made available at Farnsfield, which was

an improvement, but the skills mix at the surgery needed to improve so that prescriptions can be issued on site when necessary.

The CCG policy is to issue prescriptions every 28 days to save waste, but electronic prescriptions can be issued for six months to be collected at the pharmacy every 28 days, SK suggested it could be advertised to inform patients.

In conclusion, it was acknowledged that MB and LE had only been in place for twelve weeks and, whilst there had been some operational difficulties, significant improvements have been made. In addition CQ made the point that the action plan will always be a 'work in progress'.

MB confirmed the CQC inspection would take place on 19th June and the date of the next PPG meeting was set for 17th July.

The meeting closed at 8.00pm.