

Park Farm Medical Centre and Vernon Street Surgery

PATIENT PARTICIPATION GROUP (PPG)

Minutes for Wednesday 4th October 2023

The meeting opened at 7.05, on both 'face to face' at Park Farm Medical Practice, and on Teams.

Attendees: Richard Smith, Nigel Aspin, Andrew Ronaldson, Linda Morris, Glenda Youde, Ian Petit, Eileen Petit, Dr N McKay, Roger Haylett, Val Haylett, Simon Jones, Vanda Vickers, Margot Keats, Bill Keats.

Val Haylett (Chair) welcomed everyone to the meeting.

Apologies – none received

The minutes of the previous meeting in July were agreed.

At this point a member raised that he was having trouble hearing well on Teams.

An independent camera and microphone are being used to broadcast the meeting – not relying on laptop capabilities. A Team attendee suggested he try headphones, however the member felt it was not his equipment causing the lack of sound. Upgrading the Practice IT broadcasting equipment was questioned again. Dr McKay said the Practice was considering it but, given the huge cost outlay and the preference to return to face-to-face meetings this is not a priority.

Actions from the last meeting:

Simon

- Simon cleared the leaves from the Vernon St Surgery steps. Members commented on the prodigious amount of leaves on and around the streets – possibly due to the lessening of tree maintenance/pruning.
- A new sign for Vernon St Practice is on order. Previous beautiful brass signs have been stolen soon after their installation. The new sign on order is made of a less attractive but durable material.
- The 'phone company are addressing giving accurate information on how many people are in the queue in front of you – up to a maximum of 20.

Val

- Aims of the PPG was circulated with current minutes and will be with all future minutes.

Dr McKay talked of his part in the development of the Primary Care System.

Dr McKay spends 2 days of his week at the Practice and the rest of his time trying to devise ways to streamline the system.

Nationally we have an aging population with dramatically increasing health needs. Historically life expectancy was lower and there were far less complex needs. General Practice was a far simpler place.

Previously chronic illnesses were dealt with in hospital. Over the last 20 years the patient demographic has dramatically changed. Many more Patients in their late 70s are presenting with 3 or more chronic illnesses, with only the most challenging being dealt with by hospitals.

Nationally the number of hospital Consultants has increased, and the number of GPs decreased. The ratio of patients to GP has increased exponentially.

Life expectancy is 77 – 84. Nationally average life expectancy was 73. People still become unwell, less active and more dependent but live 10 years longer.

Allestree is an affluent area – not within the normal demographic. Economic factors (current and future incomes) having the greatest impact upon life expectancy.

GPs want to manage continuity of care to aging patients with complex, chronic co-morbidity illnesses. Dr McKay explained how important listening to what a patient says about their condition/symptoms and GP knowledge of their medical history to efficient and effective care management. It is rare that examination informs a diagnosis.

The ideal is for the same GP to be able to have ongoing work with the particular patient – building up a comprehensive knowledge of that person's need and condition. This is very difficult to achieve given patient numbers. Members shared their frustration of having to repeat their 'story' many times to different practitioners.

The Practice's aim is for the GP to quickly direct a patient to the expert practitioner for that case. Acute illnesses can be managed, for example, by practice nurses, first contact physiotherapists or respiratory illnesses via the Hub. This saves time and frustration for the patient.

It is politically attractive to say access to GPs is the problem to achieving high quality continuity of care but the limited workforce impedes this.

The Primary Care Network PCN continues to develop a wider team.

Receptionists are directed to ask patients about their needs in order to more quickly direct them to appropriate practitioner e.g. social prescribing, physiotherapist. GPs are the rarest of resources so should be used efficiently. 90% of cases get better within 3 days, so a suggestion to ring back in few days if symptoms persist is reasonable.

There was a movement for increased use of pharmacist's skills in patient care but there are not enough trained pharmacists to make this work.

The PCN are central to the redesign/reconfiguration of the healthcare system.

The 5 PCNs in Derby work very well together – they share problems and solutions.

Urgent care management whilst prioritising continuing care is a priority. A solution is to remove this from general practice; the likelihood being is the use of a separate telephone number resulting in a clinician navigating need to the appropriate service at the right time.

Simon Jones gave a Practice Update.

There are 6 partners in the practice, plus 2 new salaried GPs.

All new GPs are well supervised and settling in well.

The Practice is well staffed. Accommodation, i.e. actual rooms available to use being a bigger problem.

The practice currently has 4 trainee GPs (registrars). This would normally be 2 registrars but due to a general shortage of placements for GP trainees, the practice offered to take on extra as a one-off. Having trainees helps to ensure more GPs are being trained and coming through the system, whilst also placing the practice in a stronger position when GP recruitment is necessary.

The nursing team is very stable. The practice has 4 practice nurses, 1 health care assistant and 1 nurse practitioner, who can prescribe and support the GP team to manage acute illness.

The biggest staff turnover is with the reception team – mainly due to retirement or relocation.

It can take weeks or months to train up new receptionists. Patients are being requested to have patience if the receptionist needs to request advice from another member of staff.

The 'flu vaccinations are now underway. The Practice is only able to offer Covid booster vaccinations to over 80s, Care Homes and housebound/vulnerable patients because of NHS England's last-minute changes to the dates and processes, in addition to allocation of vaccine. The Practice will contact patients if/when there is any spare capacity to extend.

Simon has already ordered flu vaccine for next year.

Q&A:

- Are 'flu vaccinations available at Vernon St? What about disabled patients who live in the Vernon St Area

Unfortunately for logistical reasons they are all at Park Farm. There are some limited ad hoc mid-week clinics to do this at Vernon St, for the small number unable to get to Park Farm.

On the subject of access to Vernon St, Simon said the building which is listed, is having maintenance etc. being looked into.

- How often is the website updated?
Not frequently enough! Currently there is no one in the practice with an interest or particular skill in this area. We are looking for a solution.

A.O.B:

Val informed the meeting that there are about 13,000 patients in the practice, roughly 600 are in the PPG. Currently about 10 members attend the meetings of the PPG. We are looking for more ways to recruit more members, suggestions would be helpful.

I would like to add that a member, who I know, has contacted me to say how pleased she is with the practice. In the last 3 months she has had many problems and everyone from reception to doctors and nurses have been very kind and have even visited her at home. This lady transferred 2 years ago from the Macklin St practice, she is amazed at the difference she says

Members who are unable to attend may send in questions / comments, to be raised at meetings, to the Chair, Val Haylett at val.haylett@nhs.net, left in person with Reception at either Practice, or via email to ddicb.parkfarmmedical@nhs.net, or in direct response to the meeting invitation.

Next meeting

Wednesday 10th January 2024 at 7pm

Speaker Dr N McKay