

Patient Participation Group – 28th April 2016, 4.00pm

Minutes

Apologies: Chris Youngs

1. Introductions and welcome	All
2. Minutes of last meeting 3 rd March 2016	Anita – Agreed No matters arising
3. Discussion on the continued additional workloads/Patient expectations in General Practice and issues directly affecting Crossley Street Surgery	<p>Dr Hall/Anita/All</p> <p>Recap of issues currently affecting general practice. Incl increased workloads from hospital, increased patient contacts, lack of increased funding, 5 years ago 90% of work done in NHS done in general practice for 9% of budget, this had now reduced to 7.2%.</p> <p>Increasingly difficult to recruit GPs, mostly female preferring Part Time work. Patient expectations increasing. Increasingly GPs having to decide what to prioritise with urgency over importance.</p> <p>Review of practice stats 14/15 compared to 15/16 showing increase in all work streams incl those patients may not be aware of: Insurance reports etc up 17%, test results up 7%, home visits up 50%, prescription requests online up 26%. All add to workload across the entire practice over and above appointment requests also up 7%</p> <p>Home visits a real issue, largely due to ageing population and Care Home expectations, which are now being managed differently and has resulted in reduction of visits actually done.</p> <p>We discussed how the PPG could assist the practice with raising awareness of these issues, AGREED that PPG would work with Practice to produce a letter to all patients to bring the stats etc to attention and encourage patients to really assess how necessary some of their requests and expectations were. The Practice prided itself on the levels of care and service it offers, but this is no longer sustainable within budget without assistance from patients in ensuring the services were used appropriately.</p> <p>There were specific issues around the standards we could provide and patient expectations, and it maybe that in order to provide the requisite standards we may not be able to meet patient expectations all the time</p> <p>PPG will look at drafting a letter and circulating which when agreed would be jointly signed and published by the Practice and PPG. There then could be a campaign involving PPG members to be in practice and help educate patients on service use.</p> <p>We may also need to consider some of the additional services we offer “in house” such as minor surgery, additional contraceptive services and joint injections to ensure they are offering value for money and making the</p>

	<p>best use of clinician time.</p> <p>ALL to consider contents and circulate to other members please</p>
4. Dementia Clinic	<p>The very successful Dementia clinic is no longer being funded via the CCG. Because of its success the Partners of the Practice had agreed to fund for a further year from Practice profits, however this was not sustainable. The Practice was gathering evidence from patients and other external sector colleagues to put together a case to continue funding and would like the PPG to assist with campaigning to CCG, local councillors, MP etc.</p> <p>Again ALL to consider contents and co-ordinate action</p>
5. INR Clinic	<p>The Warfarin clinic currently takes place in surgery, provided by Harrogate hospital. Dosing post appointment is done via tel call or letter the next day. In addition the clinic (funded by HDH) will also take additional bloods etc requested by the Practice. Alternative is a service provided by Leeds in the Health Centre, AGREED that service should continue to run in Crossley Street.</p>
6. MSK/Dermatology Referrals	<p>The Practice was now obliged to follow a “pathway” for referrals to MSK (Orthopaedics/Physio) which meant all referrals were triaged before reaching the desired speciality or consultant.</p>
7. Pharmacy first Scheme	<p>This scheme allows patients to seek the advice of a community pharmacist to receive and advice and where appropriate treatment for “minor ailments” such as coughs, colds, head lice etc. Where relevant patients receive medication free of charge as per prescription rules.</p>
8. ACTION FROM ABOVE ISSUES	<p>Agreed that we would draft a letter explaining the issues and difficulties. We would outline the pressures, financial constraints and request their assistance in alleviating some of the issues. None of which would or should reduce patient care. We should aim to re-educate on test results, reassurance and self help</p> <p>None of which is about reducing services</p> <p>We would also look to have another Open Day in autumn further pass on this information to patients.</p> <p>We could refer to this as our THINK TWICE campaign</p> <p>As Anita on leave any ideas to Anita by 23/5/16 please</p>
9. Updates from AH/LB/ST	<p>All</p> <p>The board is now up and looks great, next subject is Health Lifestyle and any offers of contents, research, assistance with materials and the board should be referred to Sue, Liz or Anne</p>
AOB	
Next Meeting	Thurs June 9 th 2016 4pm