**WHITECLIFF GROUP PRACTICE PARTICIPATION GROUP (PPG)**

**MINUTES OF MEETING HELD AT THE SURGERY**

**WEDNESDAY 29TH APRIL 2015**

**Part 1: Practice**

1. **Welcome and Apologies**

**Present:** Joyce Lee, Freddie Bannock, Charlie David-Lloyd (meeting chair), Victor Margrie, Kim Bateman, Mary Bealey, Liz Lee, Ted Moss, Graham Downer, Chloe Mutton (Prama Care), Carol Tilley (Practice Manager), Sara Stringer (Reception Team Leader), Dr Jonathan Evans.

**Apologies:** Suzanne Macleod, Peter Newall, Hazel Haigh, Jane Bristow, Gwyn Bates, Carol Tomsett.

1. **Actions from last meeting**

All posters in the waiting room are laminated before being displayed, and lots of information is on the media screens in the waiting areas. All members were happy with the minutes from the previous meeting in January.

1. **Q & A – Practice Report**

Dr Thomas sadly retires 30th April and Dr Paine will be working at Child Okeford to ensure that the same number of appointments is available for patients.

CT discussed the national issues regarding the recruitment of GPs. There is a national shortage of GPs and nurses.

Nationally, a third of current GPs plan to retire in the next 5 years. 9% of full-time equivalent GP positions remain unfilled. 30% of GP training posts across the country remain unfilled.

Historically the Whitecliff Group Practice has been extremely luck in attracting high calibre doctors and has had a robust workforce plan. However the current recruitment market is extremely difficult. We have a new GP joining us in August (Dr Wall) and we will have an Advanced Nurse Practitioner, Nicola Bennett, at Blandford from May. Nicola worked with us briefly in last August; her main focus will be the urgent triage (same day work). These appointments will ensure that we will continue to have the same number of appointments available for patients.

We have worked very hard to look at alternative ways of using clinical resource to ensure that we only use doctors in areas where it is necessary. One example is that over the last 18 months the Practice has employed a pharmacist who deals with many of our patient medication reviews over the phone. We also are very lucky to have a high number of Specialist Nurses. Another example of new ways of working is the joint work between the Practice and Pramacare (Chloe Mutton). Chloe works as a member of our staff team but is funded by the charity. Chloe plays an important role in developing community events to provide health, wellbeing and social opportunities to support our local community. Doctors can then recommend these opportunities to people to enable them to self-care, make new friends, learn new skills, obtain support with their health and daily living. These services play a vital role in helping keep people well and frees up doctors who otherwise have to support patients with non-clinical issues.

A member of the group mentioned that a lot of the new GP’s are women. CT advised that this again this aligns to national trends where 75% of new GP’s are women.

Going forward the Whitecliff Group Practice will be running with one less partner. We will look to recruit another partner in the future, but this process cannot be rushed and we will wait for the ‘right partner’ as this is an importunate decision for both the joining partner and current partners.

CT shared some new statistics regarding the Practice for the year 31 March 2014 to 01 April 2015:

* The Whitecliff Group Practice provided 97009 appointments, face to face and telephone (GP = 66453 & Nurse 30556).
* The recommended Clinical Commissioning Group appointment recommended level is to offer 72 GP appointments per week / per 1000 patients.  Based on the current practice population of 16,353, the Whiteclifff Group Practice offers 78 per week (8% more).
* The Royal College of GPs (RCGP) recommended no. of appointments per annum (GP + nurse) is 5.3 per patient.  Based on the current population of 16,353, we provide 5.9 per patient.

Conclusion although we are over the national average, when you take account of our demographics (above average elderly population) we are probably about right?

The Whitecliff Group Practice has now joined with other North Dorset Practices to form a ‘federation’. The board will be made up of one director from each of the nine practices. The purpose of the company is to provide a legal entity for the practices to work collaboratively in responding to tendering for services for local patients.

1. **Practice Projects**

To date 4 volunteers have come forward to help. If anyone else would like ot be involved please let Gwyn bates know. The following projects had previously been identified:

* The Surgery Car Park in Blandford
* Patient surveys
* Carers week

Discussion followed regarding the car park. A survey has been done before by our patient group. Ideas to stop people from using the car park were barriers (which would not work as they would restrict emergency access and cause road blockages). It was suggested that a pay system could be introduced and people who attended the surgery could be reimbursed (but this would require resource to manage this).

The root cause of the problem is regarding the lack of free parking in town and lack of suitable public transport.

 **Part 2: The Wider Health Community**

Graham Downer attended the PPG chairs meeting, he picked bits out from Carol Tilley’s report and acknowledged that the practices Friends and Family test we were at 96%, unfortunately many people at the meeting did not rate this test very highly.

The patient charter which has been drafted by Dorchester County Hospital will shortly be sent to practices for comment.

Sue Wall from Safe and Independent living gave a talk at the meeting.

There will be a Health Network meeting on 3rd June.

Graham advised that the Clinical Service Review work continues, but public engagement has been suspended as public organisations have to observe ‘purdah’ until after the general election. The CSR has been looking at ideas for improving access to GP practices, including GP’s working longer hours and surgeries being open longer and open weekends, but at the same time are trying to cut costs. CT pointed out that if the Practices GP’s were to work on a weekend they would then not be able to work on the Monday and Tuesday afterwards, as this would not be safe. GPs are already working very long hours with late surgeries and then paper work etc. CT advised the meeting that the practice already offers late night appointments in extended surgeries 3 nights per week. Swanage Surgery recently opened over the Easter weekend and only had 12 patients! The national recommendations in the Stephens Report are that savings of £22 Billion could be found, but that still leaves 8 billion needing to be funded by the government to maintain and expand current services.

Graham felt that Dorset CCG has put a lot of effort in into the project and that it has been extensive. The background work is still ongoing during ‘purdah’ and the project will come up with a proposal in line with the revised time table which is now to consult again in the Autumn.

There is an PPG Networking event on Wednesday 6th May at the Exchange in Sturminster Newton. Any PPG members are welcome and those who wish to attend should advise CT (for lunch arrangements). Chloe Mutton will also be attending to present and explain about the work she is involved in with the Practice.

**Part 3: Developing a Community Active Group**

DT11 Well and Connected Event (the follow on from the DT11 event which was held last September at the Crown) will be in the Corn Exchange from 10am – 5pm on the Friday 5th June and 10am – 2pm on Saturday 6th June. The Practice nurses will be there doing Health Checks and the PPG will have a stand. Gwyn Bates (chair) has asked for volunteers to help ‘man’ the stand at the event. Please contact Gwyn if you can help.

Chloe Mutton spoke to the PPG members regarding all the work she has been doing in with the Practice in the community for patients and carers. Examples are: Skittles for men, Carer Pamper Days which will be every 2 months, monthly topical health awareness events. There will something different every month. Thursday 30th May there is an OCD awareness morning. We are working closely with Eagle House surgery and Chloe also sends information to the local magazines. All events that are happening we have posters in the surgery to inform our patients and at other community sites in the town.

Chloe is the lead for the Blandford Dementia Action Alliance. This group have set up a Safe Haven for Patients with Dementia so if someone is found wandering the town instead of being taken into custody and put in a cell in Dorchester Police Station until their next of kin has been informed, the police now have an arrangement to take them to Larks Leas residential home until their next of kin is informed. The next meeting is 02 June and will involve a variety of agencies including police, the surgery, local dementia groups, etc.

Chloe, Keith Harrison (Dorset CCG) and Sarah Dummer-Wade (Eagle House) have also been meeting with 6th form students from the Blandford School studying Health and Social Care. The Practices are trying to engage younger patients and to communicate with them. The feedback was that the students felt that they probably wouldn’t feel comfortable attending the PPG meetings, but would be more than happy for people to go to them and meet. There seems to be a mixed opinion on coming to a GP surgery and if asked for their input they would be concerned regarding others expectations of them.

**Any Other Business:**

Joyce Lee asked why the Practice had chosen to change the telephone message. The Practice has recently changed phone system and has taken the decision to condense the initial choice with 2 options. This should speed up calls / release phone lines more quickly as people are not having to list to a long dialogue, before talking to an operator. Generally it was felt that the length of time to get through to the surgery was acceptable, although it was acknowledged that occasionally during extreme busy periods there still are delays in getting through.

Dr Evans joined the meeting after his surgery and spoke further about the Clinical Services Review and the difficult decisions that need to be made. He also praised the process and felt it had been a revelation. Through the process Dr Evans has been able to meet with lots of different clinicians and managers working across Dorset. He did however acknowledge that at present the financial envelope for Dorset GP services is inadequate. 80-90% of patient care is moving to Primary Care but the budget is still decreasing which needs to change however historically the Hospital budgets have not changed and that this needs to be addressed.

**Date of next meeting Tuesday 30th June 2015 at 6pm**