

SWALLOWFIELD MEDICAL PRACTICE

Patient Group Meeting

Minutes

13 March 2017

Action

1 **Present:** Dave, Roberta, Fran, Sandy, Jane, Mike, Jess, Will

Apologies: Angela, Roger, Jim

2 **Welcome**

Roberta welcomed everyone to the meeting especially Marie and Nigel from Involve

3 **Minutes of previous meeting**

accepted as accurate

4 **Matters arising**

nil

5 **Community Navigators/Involve**

Marie (Co-ordinator) and Nigel (volunteer) came to talk to the group about the work of Involve and Community Navigators. Involve support charities in the Wokingham and Bracknell district offering training, advice and supporting growth and development of charities.

Involve were granted funding for the Community Navigation scheme via the Better Care Fund over 18 months ago. Their aim is to work alongside the medical profession and help people access other voluntary organisations which may help them with their social and mental wellbeing. In the Reading area this scheme is also known as the Social Prescribing scheme.

Medication is not always the answer to peoples' problems; sometimes more social interaction will help. This is where the Community Navigator can help by signposting patients to different groups and services in their local area. They will even help make the initial contact with a group if required.

Any medical professional can refer patients to the community navigator - GPs, PNs, DNs, even secondary care clinicians such as OTs, Physios. Patients can also refer themselves via their website www.involve.community or by phoning 01344 383515. Appointments can be made for either a meeting at the Swallowfield surgery or telephone or email appointments are also available.

4-6 weeks after the initial contact, a follow-up call is made just to see how the patient is getting on and assessing the benefit of the service to that patient.

The group thought this was a really good initiative and will try and spread the word in the community about the work of Involve and community navigation.

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6 Staffing Update

Dr Dugmore is on maternity leave until September - she had a baby boy last week. Dr Smith who was originally going to cover the maternity leave, left last week to join a practice closer to his home. We have been lucky enough to find a locum, Dr Rehala Choudry, who started last week. She will be with us for 6 months.

We have a new HCA, Julie, starting in April covering 1 session a week initially. HCAs are being upskilled and eventually will be taking on some of the work from PNs who, in turn, will be able to take on more of the chronic disease management from the doctors.

We have a new trainee dispenser, Cheryl, who has been with us for 6 weeks and is doing really well - she will start her dispensing course shortly but wont be fully qualified for another 18 months at least.

In reception we have Laura starting this week. Laura has already got experience of working in a GP surgery. We are also interviewing for 2 more receptionists to start asap - our reception team has been light for over the past 7 months and they have done a sterling job covering for each other - but they are under strain. We hope to get the additional staff in before our existing staff expire completely - recruiting is an issue round here for some reason.

7 Newsletter - Summer

Spring newsletter has been published. Summer deadline for SPC is around mid May. Ideas for articles:

- Extension update - parking space for staff? etc
- Sunburn
- Can we cope with the new building/increased population - future plans
- Carers & Solutions 4 health
- Minor Ops procedures - not doing cosmetic
- Facts - costs per consultation, ambulance call out, A&E Visit, cost of certain medications

8 New Ways of working

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Training Practice - Dr Ansari is currently training to be a trainer - he will then be able to take on training new GPs as part of their rotation when at university. We have huge forms to complete and a practice visit in June and hope to be validated as a training practice after that. This means that there will be student doctors who will be working at the practice, holding their own clinics under supervision from Dr Ansari and the other GPs. Although hard work now the long term benefits are great. We hope that this will also enable us to recruit new GPs to the practice as, historically, training practices have been able to keep good trainees after they have qualified.

Clinical Pharmacists - In order gain funding for new initiatives the government has stated that the minimum population should be 30000. Funding is available for clinical pharmacists and the CCG has collectively submitted a bid to secure 9 clinical pharmacists across the area. For SMP this will hopefully mean that we will be able to have 16 hours of a clinical pharmacist, holding 4 sessions each week for medication reviews, medication queries and problems, auditing - thereby freeing up GP time to see more patients. Once we get the go ahead we will advertise - watch this space.

Appointments - We are also looking at our appointments system - a recent survey of patients revealed that 50% wanted an appointment the same day and 50% wanted to be seen within a week. We are going to introduce a sit and wait clinic for all GPs which will run alongside our normal duty doctor. Patients will be given a time to turn up and they will have to sit and wait to be seen. This may discourage patients whose problem is not urgent to seek advice elsewhere (ie pharmacy) or self treat. We are leaving self care leaflets in the waiting room as well as leaflets indicating other places to seek help.

The group supported all the work being done in the practice behind the scenes to plan for the future.

9 **AOB**
Nil

DONM : 3 July 2017 - 6.30pm
Future dates: 11 September 2017