

**Minutes of the Sturminster Newton Medical Centre and Marnhull Surgery
Patient Participation Group (PPG)
Held at 7.30pm on Wednesday, 16th March 2016
At the Sturminster Newton Surgery**

In attendance: Ian Gall (IG Chair), Wendy Benton(Sec), Sue Bailey, Ray Benton, Janet Bolton, Helen Butler, Margaret Cowell, Joan Drake, Christine Ellis, Alan Eyles, Barbara Farthing, Heather Fullarton, Mali Gudgion, Anna Kelly, Alan Lloyd, Brian McGee, Christine McGee, Joyce Mitchell, Jenny Newman, Martin Parrott, Rosalie Parrott, Frances Pearce, Maurice Perks, Christopher Williams

From the Practice: Jane Dawes, Managing Partner of the Surgery

Apologies from: Ruth Ash, Pat Austin, Katy Elliott, Alan Harrison, Penny Perks, Bridget Pyle, Barbara Rance, Yvonne Thorne, Camilla Trimble, Jeremy Watson, Dr Hannah Parker(called away)

1. The Chairman opened the meeting by introducing himself and Jane Dawes. Everybody present introduced themselves.
2. **Minutes of the last meeting** held on 9th December 2015 had been circulated.
3. **Practice Update – Jane Dawes:**
 - There has been an article in the Blackmore Vale magazine about the current situation with the practice, and concerns about primary care in the future. There is an unprecedented demand from patients which is not helped by with the national crises of GP recruitment. The surgery is on its eighth round of advertising for the recruitment of GPs using the British Medical Journal, electronic sites, plus many others. The use of a head hunting company, who charge £15,000 per GP has brought us one doctor. The incentives that the surgery offer are much better than others but they are still struggling to recruit.

Different skill mixes have been looked at, which has led to the recruitment of Nurse Practitioners, mental health professionals and a Pharmacist. The statistics state that there should be 53 GP sessions per 10,000 patients. At Sturminster Newton we have 36 GP sessions for 9,000 and we should have 43 sessions which is almost another full time GP. At Abbey View they have 51 GP sessions and should have 80 sessions so they are very short of doctors. The Nurse Practitioners are a great help, but it is not the answer.

The article in the Blackmore Vale was to bring this problem to the attention of the patients. If recruitment is not forthcoming soon the surgery will have to cut down on some of its services, like referring to in-house GPs who have specialist interest i.e. dermatology and ophthalmology, which means patients will have to be referred to secondary care. Reviews will have to take place on visits to Nursing Homes etc. New patients who live in Gillingham may have to be refused and asked to register with the surgery in Gillingham.

GPs should, on average, have 30 patient contacts a day, then about 10 telephone contacts, but our GPs are now having about 80 patient contacts a day and they are now saying that this unsafe and mistakes could be made. This is not sustainable in the future and with the building of new houses due to take place in the future the situation can only get worse.

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- A meeting has taken place with Simon Hoare MP to discuss the situation with him, but he just gave the Government's point of view where they have promised 5,000 extra GPs but it appears that young people are not choosing to become doctors and those who do, will take 10 years to train - so it would seem this is not the answer. Work has been taking place with the CCG Human Resource Team, who have employed an organisation in the NHS to do a recruitment drive in Dorset.
- GPs today are retiring early and they are saying they cannot cope with the pressure of work and the bureaucracy. They say that they just would like to work seeing patients on a part-time basis. Dr Jeremy Ferguson has retired, but will be coming to do 7 sessions a week at Sturminster Newton. Dr Emms at Shaftesbury will be leaving at the end of March, but we have managed to recruit a doctor through the head hunting service and there are a few more of these doctors in the pipeline.
- Telephone System: The new system has had some initial problems, but is beginning to settle down. There are more staff answering the calls and there is now a full reporting system and recording of calls in and out of the practice which has already proved useful. There is now a wall board on all the computers showing the number of calls waiting, waiting time, number of staff logged in to the system and taking calls.

4. ***Discussion on the Current Situation:***

- The reasons why there is an increased patient demand were discussed as it is believed that approximately 40% of patients seen do not, in fact, need to see a doctor and could have been seen by a nurse or a Pharmacist. It is necessary and important to educate the patients to practice self-management. The receptionists try to help, but patients can become very aggressive, and this is happening on a daily basis. The online booking system can make things worse because patients can book a doctor's appointment themselves. There was much discussion on these subjects.
- Comments received from PPG members who could not attend the meeting included:
 - a) More careful triage assessment with a Nurse Practitioner.
 - b) Using technology more: Patients sending an email request.
 - c) Educating patients.

There is a system called GPweb which is used by GP practices in London. A patient would go through a symptom checker and complete a pro forma which is sent to the doctor so that when the GP telephones the patient they have all the information they need. This has been shown to reduce the number of patients seen and also makes the consultation shorter. This is one of the things the surgery is looking at.

- The "Did Not Attend" situation is another very difficult thing to improve. There are people that just forget and there are those who are repeat offenders who can be written to after 3 times in six months, saying that they could be removed from the register.

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- It is hoped to have a series of public meetings to discuss all the problems. Discussions have also been taking place with the Community Trust, who run the Community Hospitals where they have a practitioner led service. In the minor injuries unit they tend to see only 8/10 people a day. These discussions with the Trust are showing that there may be a need for an “urgent need service” which means that patients who need the minor injuries service could see a doctor and a nurse practitioner and if it is run from a Community Hospital there would be x-ray facilities on site.
- Ideas for educating patients were discussed. Discussing this with friends and neighbours is one way. It is an opportunity for PPG members to educate patients to self-manage, which can make a difference. The importance of the 111 service was also discussed. There is a leaflet being produced with a list of where patients can go instead of seeing the doctor.

5. Communications:

- ✓ Practice Leaflet. Work in progress.
- ✓ Practice Newsletter. The next issue will be published soon.
- ✓ Website. The website is active and a good place to go for information, including links to all the Exhibitors at the forthcoming Ideal Health Exhibition.

6. PPG Focus and Projects for the Year Ahead:

1. **Patient Survey:** The 2015 survey highlighted: getting appointments, waiting times and patient satisfaction. Another patient survey is planned for 2016.
2. **Ideal Health Exhibition:** This is due to take place on Thursday, 14th April 2016 at The Exchange starting at 12.00 noon and finishing at 7.00 p.m. This event is being organised by the PPG led by Mali Gudgion as the Project Leader with a team of 6 others. JD, at this point, wanted to congratulate the Project Group for the publicity campaign. At present there are 38 Exhibitors attending covering as many of the health problems that had been asked for in the 2015 survey. All Exhibitors are on the surgery website with extra information about each one. The Exhibition is being promoted on Facebook and Twitter, but everybody’s help is needed to publicise the event. A brochure is being produced which will give all the names and contacts for the Exhibitors to be kept for future reference. Demonstrations will also be taking place during the event.

VOLUNTEERS ARE NEEDED TO ACT AS STEWARDS ON THE DAY IF ONLY FOR AN HOUR. PLEASE GIVE YOUR NAME AND TELEPHONE NUMBER TO MALI GUDGION OR WENDY BENTON, BOTH ON EMAIL: BVPPPG@gmail.com. ALTERNATIVELY, AT THE SURGERY. THANK YOU FOR YOUR HELP.

7. AOB:

1. The CCG are having a meeting at The Exchange on Thursday 31st March 2016. The main focus is to seek views on emerging ideas and proposals.

2. Christine McGee had brought some brochures for distribution in the surgery regarding supporting the Dorset County Hospital. There is also a vacancy for a Governor.
3. A suggestion by Martin Parrott was that a short video could be produced and put on the website about the situation of patients wanting unnecessary appointments. There could be two or three examples and maybe a cartoon version. This was considered a good idea and will be looked into.

8. *Date of Next Meeting:*

Wednesday, 22nd June 2016

Wednesday, 21st September 2016

Wednesday, 7th December 2016