

# MEDICI PPG MEETING

## 8 February 2018

### **Present**

GA © VN

DH JO

MH AP

EJ CR

CJ Dr AS

GN

### **Previous meeting notes**

The 28 september notes wrongly showed this meeting as scheduled for thursday 6 february

### **Cancer questionnaire**

At the last meeting, Jay Smith from Cancer Research had given a very interesting talk on the questionnaire programme in Luton, results of which were due in December last. The project was prompted by Luton's relatively low uptake on the current national screening programme. GA will invite him to attend the next meeting with questionnaire results and any potential impact proposed action might have on the Practice's workload.

### **Telephone system**

Some enquirers still continue to experience being cut off whilst on hold. The system supplier denies a system fault so EJ is asking for specific details, ie date,

time and number she can pass on for investigation. The termination seems to occur most frequently when callers reach number 1 in the queue! Where calls are being made from a mobile phone maybe the problem is a network one.

### **Premises security**

Implementation of a security system for the ground floor toilets is still under consideration.

### **Closure of patients' register/list**

The previous meeting notes recorded that patient numbers had grown in the last decade from 6,000 to 14,300. Dr S said this trend is not sustainable.

The Practice has a wide range of services to protect where recruitment of additional GPs is proving impossible. Luton is already a very-densely populated town with a population both increasing and transient. The Practice sees a 10% annual patient turnover and some patients are increasingly discontented with appointment waiting times. It needs to adapt demand to its available resources so as to maintain current standards of care.

In consequence, the Practice has taken the reluctant decision to close the register to new patients and advised NHS England accordingly.

### **Staffing**

Dr S announced that the Practice is to appoint a clinician pharmacist who will concentrate on prescriptions for chronic conditions and this will help ease the GPs workload. Additionally, it is hoped to train up the nurses to prescribe some medicines. Patients would be referred by the current triage system and those with complex needs would be given priority.

### **Walk-in Centre**

The Chapel Street Walk-in Centre has been converted to a non-urgent Care Centre where appointments must be arranged by the 111 system

## **Care Quality Commission Report**

Discussion continued on the CQC Report of March 2015, specifically pages 11-14. Topics included Safe track record, Safeguarding, Violence to staff and Translation/Chaperone services. EJ said patient safeguarding training has 3 levels, the first 2 online and the 3<sup>rd</sup> a 1 day training course.

## **Blood & Transfusion Service (NHBST) –Pilot Scheme**

CJ said staff training on the delayed scheme is scheduled to start in March. The aim is to increase membership of the England transplant organ register.

When the scheme does start, patients will be consulted over a 3 month period, one possibility being they could acknowledge their interest or acceptance when they log in via the reception screens. Scheme details will be provided via the Patient Information Screen. CJ will invite the PPG to be a consultation focus group.

50,000 people are alive today thanks to transplants, and almost 4800 transplant operations were performed in 2016/7. History shows that families are much more likely to support donation where individual wishes are known beforehand; this is particularly important in communities with little tradition of organ donation. Family refusal often reflects understandable difficulties that families face at stressful times.

## **'At Home First' Service**

Increasing pressures on hospital services nationally have been widely reported. The approach of this new service is to support people at risk of emergency hospital admission and thereby avoid unnecessary hospital admission. This will be done by providing co-ordinated, multidisciplinary health and social care support at home. GP Practices are integral to this integrated approach

## **Next meeting**

wednesday 9 may, 12.30 for 1pm.

