

THE LEA SURGERY

Patient Participation Group Meeting Minutes.

Date: 29th August 2017

Present: Dr Goel, D. D., L. H., A. G., F. A., M.L., P. L., K. N., A. M., K. I., L. A., R. C.

Apologies: D. B., D. W.

AGENDA

- 1) CQC Report Discussed**
- 2) Doctors Recruitment**
- 3) Building Update**
- 4) On-line services**
- 5) Smears Mix-up from last minutes**
- 6) Use of local gyms**
- 7) Micro Nutrition in patient care**
- 8) Saturday Opening**
- 9) Meeting feed-back**
- 10) A.O.B.**

1. CQC REPORT DISCUSSED

LH – congratulated Dr Goel and the staff for our CQC report. We have done excellently and showed we tackled a lot of issues we had.

AG said it was rather stressful on the day and the examining GP was being pedantic and making things rather difficult.

They took 4 months to produce the draft report but gave us 2 weeks to respond.

Dr Goel said they raised the issue of joint injections being done in his room as it is carpeted so he now send the patients to ESP clinic for that to be done.

2. DOCTORS RECRUITMENT

Some doctors are retiring or immigrating. The young one are doing short term locum.

We have a new doctor starting Tuesdays Dr Jouanny and a female doctor Dr Yemisi starting doing 3 days for the week in September. The government is now talking about recruiting doctors from abroad. The target is 1,000 by the end of 2018

LH – people need to say how valued the NHS is

3. BUILDING UPDATE

Dr Goel has formally told the CCG he is not moving to Kenworthy Road. He is drawing a line.

Council is not giving us the upstairs as CCG said expanding here would not work. If we are given a

couple of rooms upstairs we could use the practice managers' room as a clinical room.
List size is now 11,300 and we would like to increase the list size to 12,000.
If we can't get the quality doctor then growing would cause more problems.

FA – what is the average lifespan of a GP?

DG – it used to be become a partner and stay for life now the new doctors don't want to be salaried GP. They want the flexibility of locum work. There is a shortage of GP's. A lot of the practices in North Wales is closing down.

Why would a surgery close down?

1. Funding.
2. Administration very horrendous. Compulsory sign-in a minimum of 2-3 meetings per week.
Confederation, CCG training which are compulsory takes a lot of time.
Bureaucracy and admin takes a lot of time.
Organization growing which takes time.
CCG contract of Duty Doctor.
Targets – 98% HF have to have blood pressure on target. Lots of tick boxes.
PMS - lot of money going, so some of the funding will be going.

LH – some targets are really good idea but can become bureaucratic.

4. ON-LINE SERVICES

NHS England wants the surgeries to increase our uptake of on-line services. One of the problem is how do we guide people as to which clinician they need to see and what is the difference between a what a nurse covers and what to be booked with the doctors.

5. SMEAR – MIX-UP OF SAMPLES

This was discussed in the last PPG minutes. We now double check every smear; take photographs when putting every single sample in the bags.

The forms used to be printed prior to the appointment but this has now changed and we print the forms when the patient is present. The problem has not happened since the change.

We were alerted to the problem by the cytology lab.

6. USE OF LOCAL GYMS

LH explained how the gym is working and how much she pays. They are doing a pretty good job and use of the gym has given her good habits. The exercise program gives access to local authority gyms.

AG also accessing the exercise program and finding it very helpful.

7. FA – asked Dr Goel how involved is micro nutrition in patient treatment.

Dr G said we test for deficiency and treat for that. Mediterranean diet recommended and walnut &

Almonds; variety of fresh fruits and vegs.

Patients come with 2-3 things to see the doctor about so there is not much time to micro manage or not always possible.

Dr Goel will be starting a group on diabetes and healthy balanced diets.

Lalita sees diabetic patients for ½ hour appointments so she takes that opportunity to inform them what types of foods to eat.

8. Saturday Opening.

DD wanted to know if we still do phlebotomy on Saturdays.

The HCA who used to do the sessions on Saturday got married so not at present. We are debating on stopping extended hours for Saturdays and Sundays. The nurse does smears on Saturday mornings. It was convenient doing the bloods on Saturdays for working patients as that service is not available on Saturdays. We don't have another HCA at the moment so we may have to train someone up. HUH phlebotomy wanted to charge time and a half to do a session at the surgery for us.

9. MEETING FEED-BACK.

DD attended the meeting at Homerton. They are having funding problems.

10. A.O.B.

FA wanted to know how safe we are here.

If we moved to Kenworthy Road we could double the size of the practice but ?quality of care as so difficult to recruit good doctors. It would be a great deal of stress and the government can change the rules at any time. No one can predict what NHS will be in 10 years as they are even talking about merging all the CCGs.

FA – any expertise Dr Goel would like to expand/bring to the surgery.

Concentrate on getting good level of GP to improve level of care and maintain sanity. We need doctors to come back to the UK to help plug up the shortfall.

Dr Goel thanked the entire patient participation group for their support during the difficult times.

Meeting closed at 2:20 pm.