**MINUTES OF THE MEETING OF THE PATIENTS PARTICIPATION GROUP
 HELD AT THE GADHVI PRACTICE ON 1 AUGUST 2016**

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| In attendance: | Dr A Pathan (APDr M R Gadhvi (MG) |

AP opened the meeting by asking everyone to introduce themselves.

AP said that he had news from the CCG and plans for the future.

One of the patients, Mr D raised a point in relation to the prescription, in particular as to how repeat prescriptions work as he did not know how the system works. AP explained that repeat prescriptions could be sent electronically from the surgery to the chemist of their choice. Mr D wanted to know how to get this information as he was not aware of this. SL said that the information was obtainable on the NHS website. Mr D argued that he was not aware of this.

AP explained to Mr D that the surgery operated on a 9 month repeat prescription system with the chemist. However, AP explained to Mr D that if a patient’s blood pressure and their medical condition were stable, then the chemist could prescribe their prescription every 3 months but then every 9 months, that patient’s blood pressure would need to be checked. When the patient goes to the chemist they only need to attend once but the chemist will prepare 3 repeat prescriptions on the same date and the patient would need only to attend the chemist and request for their prescription every 3 months. This would apply to patients whose medical condition is stable but if that patient’s medical condition were to fluctuate or there are other underlying medical conditions, then that the surgery would operate a 9 month prescription but the chemist would dispense this on a 3 monthly basis. All the prescriptions would be dated the same but each repeat prescription would only operate every 3 months.

Sam Lerner (SL) asked AP if the repeat prescription section that the patient gets when they get their medication if the white part of that prescription form that the text could be adjusted on the white form to show the ways that the patients could get to know what services are on offer, on how to get repeat prescriptions, AP said that this could be done.

Mr D said he clearly expressed MG’s valuable views that he felt that MG would have better access to user views. Mr D said that this is an aspiration MG has. MG said that getting the manpower for the practice takes tremendous effort and that this is the problem. MG said that the manpower was the problem but that he would like to recruit more people in the practice i.e. a nurse practitioner which is a tremendous effort and hopefully the practice can get another doctor. Mr D said that it is unlikely that the PPG could help with that. MG said that they were not putting an open offer for a doctor because it is very difficult if applicants were applying from a different part of the country and then to shortlist them and then interview them. This is because there are guidelines in place with regard to salary and travel allowance set down by the BMA. Applicants who did apply found that the cost of living in London is very expensive. This was AP’s view of the CCG but they would not be able to help with that. AP said that they were just trying to see from their point of view trying to help the ?. Mr ? asked what CCG was; AP said that this was the Clinical Commission Group.

Mr D said that the search for new staff is governed by the salary the practice is willing to offer surely it is a financial equation. MG said that the salary offered is set by the BMA for any doctor or nurse. Mr D said that there was nothing to entice them to come to the surgery but AP said that all the surgeries were offering that. AP said that within the City and Hackney, there was a lot of trainee GPS and hopefully the practice may get more GPs coming on to the scene.

Julia Goodman? (JG) asked whether the practice had thought of recruiting outside the country. AP said that the problem with this is that even if they recruit in this way, the cost of living in London is very expensive for any prospective applicant. AP said that if they were to recruit from the West Midlands or Leicestershire they may have a better chance than recruiting outside of the country even though the cost of living in London is still very expensive.

AP also mentioned that hospital appointments have also gone down because of the cost of living in London. MG said that if an applicant has a wife and children and it is only he working, they would still not be able to take any job offer in London because of the cost of living being so expensive. This was one of the problems facing the practice.

MG said that even offering a salary of £70,000 and a superannuation percent of 12.5%, the applicant would still not be able to afford the cost of living in London.

AP went on to say that the text being put on the prescriptions was a good idea and also for patients to know about the website as well.

MG said that they need to give more information to the patients.

Mr D then said that it was no good trying to ask the receptionists for any information as this was confusing.

Mr D said that he had a list of points that may or may not have been covered.

Mr D said that a lot of the difficulty with appointments is that the receptionists are being asked to make medical decisions and are being asked to evaluate the condition of the patients when they are not medically trained to do so. The Hospitals operate a triage system for this reason, that it works and saves doctors’ time. Mr D said that as the practice were looking for another practice nurse to go out in groups in the community, surely it would be very efficient if the practice were to have a triage system so that a medical practitioner nurse doctor whatever could assess how urgent the patient’s needs are. Why do the hospitals do it that way; it must be effective if it is done that way.

Mr D then says that the next point with regard to appointments that he knows everyone is going to join in this one.

 SL says on that point that it must be UK wide phenomena that everyone is ringing receptionists trying to get appointments and receptionists making medical decisions. There must some sort of research or pilot scheme somewhere where people have tried other options and it is something that has gone on in SL’s lifetime for a long time and she agrees that it is interesting how the first port of call is trying to explain to the receptionists to describe what is wrong and they would need to know a certain amount of medical knowledge to be able to make a decision.

Mr D then says he is not trying to belittle the receptionists but it is patently obvious that it does not work if one has a serious condition and they need to see a doctor urgently, receptionists should not be put in that position to assess the patient’s condition really.

Mr D then raised the next point relating to appointment delays – he said that he could not ring up AP specifically – minimum 6 weeks (Mr D says he could have died in that time); it does not work for Mr D and it does not work for the practice – he does not understand it – patients always want to see their doctor as they know that their doctor knows their conditions – patients do not want to see a locum as it takes longer to explain all their conditions or for him to read your notes – than to see the doctor they regularly see but they cannot afford to have 6 week delays for appointment to see a doctor. That is third world.

Mr D mentioned that surgery not running to time – often the doctor is not on the premises (Mr D says he will mention no names – lots of chuckles!). Another thing, the surgery used to have an onsite exercise group which was very valuable for people who need a bit more exercise and probably need somebody to help encourage them and what better place than your local GP practice and now that this has been stopped. Nothing was put in place. Mr D had asked the question 3 times personally. AP explained that the funding has been cut by the Hackney Social Services. The practice does have an exercise on prescription whereby the GP can refer the patient; this is run at the Britannia Centre. So what happens is that the patient can ring head office and they can choose Clissold Park or whatever place of their choice.

Mr D also mentioned the waiting area. There are no books or magazines or TV. When patients are waiting 1½ hours to see your doctor, all they can do is stare at the wall. Mr D said asked if the patients could bring in any books or magazine AP explained that this was allowed as well as the water fountain because of health and safety issues.

SL explained that the PowerPoint screen is quite generic – could the practice arrange to have a lot more practice information put on there and perhaps the services offered for the prescription service and more diverse information for the patients.

There could also be something put on there as to the functionality of the website. Patients all know about the yellow fever details now!

AP mentioned about the triage; the practice does have in the mornings a system where patients ring at 9.00 am and a slot will be arranged for a doctor to ring the patient back – this happens every morning. AP did explain that the telephone does get very busy so it is hard for patients to get through. He also explained that there as there is only one of him and if he is on holiday, appointments do take longer.

People have changed doctors but SL says that if she needs to see a doctor (if her own doctor is not available), she would see another doctor and at one time, she saw Dr U Gadhvi who she said was very good.

The waiting time is longer if any of the doctors are on holiday and this cannot be helped.

The other situation is it depends on whether the condition is acute or chronic. The chronic problem may be blood pressure but there are two different scenarios.

AP said that hopefully patients will be able to keep the same doctor for a long time.

AP also mentioned another medical practice where it is a vast practice but said that the Gadhvi practice was more old fashioned in patients staying with their doctors rather than seeing other doctors in the practice.

MG mentioned that they have asked one other doctor who is doing exams at the moment in relation to joining their practice but they are just waiting for him to come back when they are hoping that something may materialise. They are hoping that any new doctors who join the practice will stay for a long time.

Janet ? also mentioned about other practices saying that if patients go to see their doctor and he is not able to see them, they would have to see another doctor within the practice.