The Swineshead Medical Group

**Fairfax House Patient Forum**

**Minutes of the meeting held on 19th January 2022**

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| **Present** | Mrs Angela Ball (AB) (Chair) Mrs Barbara Connolly (BC)Mrs Linda Jordan (LJ) Mrs Sandra Thompson (ST)Mr Michael Atkinson (MA) Mr Ramon Kemmett (RK)Janet Poston (JP) |
| **Via Teams** | Ava Harding-Bell (AH-B) |
| **In Attendance** | David Harding (DH), Fiona Anderson (FA) |
| **1**. | **Apologies –** Mr Greatrix, Margaret Downs, Ray Kemmett, Deanna Ginns, Phyliss Marshall, Salvatore Canizaro | **Actions** |
| **2.** | **Minutes of Last Meeting –** 17 November 2021Certified as a true and accurate record**Outstanding Actions** – Books – It was agreed that Sandra and Barbara would arrange to come in the practice to sort out the books on 24th Jan 22.  | **ST & BC** |
| **3.** | **Practice Update*** Staff Changes
	+ Nikki Shortland – New administrator to replace Sarah Aldridge
	+ Michelle Coulson – New receptionist
	+ Pasqualina Potter – New clinical associate (Paramedic) to replace Andy Robinson
* Complaints –
	+ Matt Warman (MP) – Letter received about a patient who was late for her appointment and was told to rebook. DH wrote to Matt Warman saying - As our local MP you should be acutely aware of the Government drive to reduce our routine work so we can concentrate on Covid Boosters. I find it incredible that I now have to waste time replying to letters like this when I should be concentrating on booking Covid vaccination boosters.
	+ Patient’s husband was treated for vertigo but was not seen F2F by GP. Got worse and was told to call 999 – EMAS reported Stroke and took to LCH. LCH discounted CVA and sent home. Dropped off at home at 3am on Saturday with no support in place. GP tried to arrange support, but no one had capacity. Taken into Pilgrim 3 days later. Died while in Pilgrim. Apologised for delay in replying. 23 Dec 21 Letter explaining GP’s treatment. Advise to call 999 was appropriate. Apologised we were unable to arrange care and support at short notice.
	+ Patient sustained traumatic head injury on 25 Oct 21. 2 weeks later called surgery and spoke with NW. NW advised to return to A&E. Patient did not want to go back to A&E. NW send letter explaining why she recommended patient should go to A&E. Apologised if patient thought she was not listening to her.
* Compliments
	+ Dr Lal – Stonehaven Care home impressed with his bed side manner
* Suggestions - Nil
* Significant Events
	+ Blood Result – Patient’s blood results were received, and GP put ‘to be seen by GP’ but did not task reception because they expected the patient to call to ask about the results. Because the patient did not call this was only picked up by NW when she was accessing the patient’s medical records for something else. The clinical staff were reminded that if they have a result that the patient needs to see a GP then they should task reception to confirm if the patient has booked an appointment already and if not, the reception team will contact the patient.
	+ OCP – a patient was prescribed an inappropriate Oral Contraceptive Pill. Patient had a history of high BP which contraindicated the COP that was prescribed. The Clinician was informed of their mistake.
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| **4.** | **Primary Care Network (PCN) Update*** GPAD - Appointments Data – DH brought up website and explained how the NHS plan to rank practices. The data showed how the practice had seen over 63,000 patients per year. Which is 5700 per month.

Just under 20,000 of these were Face to Face with a GP. These figures do not include nurse practitioners or Extended Scope practitioners. Compared to other practices we see more patient on average than any other Boston practice.  |  |
| **5.** | **Update on Fundraising Activities*** Nil added since last meeting. Fund stands at £2963.26
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| **6.** | **A.O.B.*** GP Triage System (F2F appts) – Dh was asked when patients would be able to book F2F appointments. DH explained that even prior to Covid we had a Triage model, and a member of the clinical team would evaluate each patient and decide if they needed to be seen F2F or if the could be dealt with over the telephone. eConsult was due to be implemented but due to Covid was introduced earlier than anticipated. This model will not change. The Clinical staff will continue to speak to the patient before bringing them in to be seen F2F. The issues the practice have is that access for patients is much easier and therefore we are often dealing with issues that patients could self-medicate or go to the pharmacy for.
* Covid Update
* Building Changes – the practice has split the Health Promotion Room into 2 consultation rooms. A patient called Fred Kent left the practice £5,000 in his will so we used this to fund some of the work.
* CCG Listening Clinic – 9 Dec 21 – the report from the CCG staff was very positive. We only had one complaint about not being able to book a F2F appointment. They were spoken to over the phone and were then invited in to be seen F2F but thought it would be more efficient if they just came in F2F without having to have the phone call. It was explained that some patient’s think they need to be seen F2F but in fact we have treated 60% of patients over the telephone which save them having to travel.
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| **7.** | **Date and Time of Next Meeting**Wednesday 2nd March 2022 |  |

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