The Swineshead Medical Group

**Fairfax House Patient Forum**

**Minutes of the meeting held on 9th March 2022**

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| **Present** | Mrs Angela Ball (AB) (Chair) Mrs Barbara Connolly (BC)Mrs Linda Jordan (LJ) Mr Ramon Kemmett (RK)Janet Poston (JP) Ava Harding-Bell (AH-B)Salvatore Cannizzarro (SC) |
| **In Attendance** | David Harding (DH), Fiona Anderson (FA) |
| **1**. | **Apologies –** Janet Poston (JP), Gerald Greatrix (GG), Margaret Down (MD), Michael Atkinson (MA), Deanna Ginns (DG), Phyllis Marshall (PM), Mrs Sandra Thompson (ST) | **Actions** |
| **2.** | **Minutes of Last Meeting –** 19th January 2022Amendment – Janet Poston was in attendance, Ray Kemmett sent his apologies – Original amended |  |
| **3.** | **Practice Update*** Staff Changes
	+ Abby Ralph (Receptionist) left 15 Feb 22
	+ Michelle Coulson (Receptionist) left 24 Feb 22
	+ Nicole Edwards (Finance) left 28 Feb 22
	+ Dr Kanita Butt (Part Time GP) – to cover Dr Ojoye who is reducing from 4 days to 3 days per week. Dr Butt will be employed as a locum during March so the practice can access winter funding. This will cover £600 of her daily fee. She will then start as a salaried GP in June 22 – 2 days a week.
	+ Dr Salwa Aslam (Part Time GP) – will be doing odd locum days but in June 22 she will be a salaried GP for 2 days per week.
* Complaints –
	+ Tramadol – Patient was prescribed tramadol and when she asked for it to be put on repeat. She was told that tramadol was contraindicated for patients with epilepsy. She was not happy that she was prescribed it in the first place. DH spoke to one of the GP’s who explained to the patient that tramadol is contraindicated for uncontrolled epilepsy and she can be prescribed tramadol for short courses but should not be on it long term. The GP then discussed prescribing alternative pain relief.
	+ Health Watch complaint – this stated, ‘I’ve been having problems with my health for over a year and have some complaints about this surgery is this something you deal with please?’

Without know who the patient is or what their problem is the practice cannot investigate.* Compliments – Nil
* Suggestions – Nil
* Significant Events - Nil
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| **4.** | **Primary Care Network (PCN) Update*** Enhanced Care in Care Homes – DH explained that this service is a contract that the Boston Primary Care Network (BPCN) signed up to nearly a year ago. The service is to improve the care provided to patients in care homes. Each care home is allocated to a PCN area and the PCN is responsible for ensuring the care for those patients is in accordance with the Enhanced service. It is recommended that each care home resident is registered with the same GP practice. This has caused some issues as some patients wish to stay registered with their GP. At Swineshead we have been fortunate because the care homes we are looking after can see the benefits of one surgery looking after all of their residents and have convinced the few resident that were not registered with Swineshead to change. This has meant that the care home only has to deal with one GP practice, and they do not have to make numerous calls to different practices about different residents.

It has been decided that if a resident is adamant that they do not want to move practices they can remain registered at their GP practice as long as the care home is still within that practice’s boundary. Some of the Care homes in Boston have more than one practice looking after their residents because of the number of residents.The care home has a weekly ward round – this consisted of a GP telephoning the care home and talking about each resident on a weekly basis. The idea is that their care is proactive rather than reactive. The care home can still call and arrange a home visit if a resident is poorly, but this has reduced the amount of emergency calls to the surgery. We have also done additional medication reviews, completed ReSPeCT forms (Recommended Summary Plan for Emergency Care and Treatment) and we are looking at Proxy access to the resident’s medical records for the care home. It is intended that this would be with the resident’s permission. The PCN has supplied a Care Coordinator to assist each practice with the workload. Due to this additional workload the practices have changed the ward rounds and the Care Coordinators now do an initial ward round phone call or visit and only arrange for the GP to discuss the patient who need attention. The care homes use some software called ‘Whzan’ to do the resident vital observations (BP, pulse, temperature etc.) once a month for all residents and for residents that they are going to discuss with the GP. This service is working very well. |  |
| **5.** | **Update on Fundraising Activities*** Nil added to fund since last meeting
* AB proposed that we do a Easter raffle. It was suggested that a hamper be prepared. A H-B suggested we do it for the Queen’s Jubilee – It was suggested that we buy a Hamper rather than try to make one up. SC suggested we look at Fortum & Mason as this would be a great prize. It was agreed that FA would investigate (see below)
 | **FA** |
| **6.** | **A.O.B.*** Long Covid Clinic – A H-B said that she has been referred to this service and has had a very good experience. The long covid clinic is a post covid rehabilitation Service and helps patients who have persistent symptoms 12 weeks post infection. They send a number of questions to your mobile which Ava found difficult due to the size of the device and requested it be sent to her computer. They explained that it needs to be an Android device but have agreed to loan her a iPad. Each long covid patient is discussed at a Multidisciplinary Team (MDT) meeting and depending on the symptoms determines which department they are referred to. The MDT coordinates the care and ensures the patient is at the centre of decision making.
* Covid 4th Vaccination (Over 75’s) – DH informed the group that it has been announced by the JVCI that there will be a 4th Covid vaccination for all over 75-year-olds. The BPCN has been contracted to deliver this service to the Boston community. It has been agreed that we can deliver the service from the GP practices. The main issue is that this will be in addition to the normal services whereas before the government agreed that practice could reduce some of the routine services. The Swineshead team will be make a plan over the next few weeks to start hopefully on the 31st March. BC asked if the ‘at risk’ patients will also be vaccinated. DH explained that at this moment in time we are only being asked to do the over 75’s and care home residents. It is expected that once this cohort of patients is vaccinated, we will be asked to do the over 65’s and maybe the ‘at risk’ patients. We know they are working on a combined flu and covid vaccination, but this is not expected to be available for at least 18 months.
* Community Pharmacy Consultation Service – NHSE have introduced this service across England and are insisting that GP Practice use it. There are number of patients that call the surgery for minor ailments that can be dealt with by the local pharmacy. This should reduce a small amount of unnecessary GP appointments. At Swineshead we have created a pathway that suits the practice and local pharmacies (see attached). The patients that call the practice will be offered a telephone call back from the local pharmacist. The patient will be able to insist they speak to a practice clinician and can still be put on triage but will be encouraged to accept a call from the pharmacist. When this service was trialled 80% of the patients referred were dealt with by the pharmacy. The other 20% were referred back to the practice.
* HealthWatch - Accessible Information #YourCareYourWay – this was given to the members for them to read and if they would like to get involved, they could contact HealthWatch directly.
* A H-B has been contacted by a patient who has been seen by a consultant and told she will be issued with a prescription. DH explained that if the consultant wanted her to start the medication immediately, they should have done a prescription for a week. This will give the GP practice time to receive the letter and prescribe it again if required. DH asked for the patients details to be forwarded so it can be investigated.
* E H-B has spoken with a patient who wanted to cancel or rearrange her Xray appointment. She called the number on the form, but they did not answer. She ended up contacting the Johnson Community Hospital (where they Xray was booked for) and the asked her if she was able to attend immediately, which she was.
* A H-B said she has had a medication review and ask if the Clinical Pharmacists were on a cost saving exercise. The clinical Pharmacist was trying to stop medication she thought she needed and if she was a strong person she might have agreed. She was concerned other patient may give in and this may have a detrimental effect on their health. DH said he would speak to James Musk who is her supervisor.
* SC asked about the staffing situation and if it would be possible to what gaps the practice had. There has been a number of staff that have left, and he would like to assist the practice in understanding why they are leaving and if the practice can do anything to reduce the turbulence of staff changes. DH explained that some information is business sensitive, but he will look at what we can provide and will try to have something for the next meeting.
* SC asked if the practice had any data on the amount of eConuslts we did, the amount of telephone calls we received and how many F2F appointments we did. DH said the practice will look to see what data is available but if it is too difficult or too time consuming this would not be done.

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| **7.** | **Date and Time of Next Meeting**Wednesday 13th April 2022 at 6.30pm |  |

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Fortum & Mason Hampers - The Fortmason Hamper £130



Fortum & Mason Hampers – The Spring Collection £100

