

Minutes of meeting held on Wednesday 15th January 2020
2PM Gnosall Health Centre
www.gnosallpatientsforum.org.uk

Present

Alex Bradshaw (Chairman)	Lorna Wheeler
Sue Bradshaw (Secretary)	Ian Macmichael
Peter Dawson (Minutes Secretary)	Joy Macmichael
Laurie Worthington	John Herring
Lynn Fellowes	Josie Herring
Steven Lister	Lorraine Bates
Jan Lammin	Joy Tuft
David Bourne	Pat Alker
Margaret Bourne	

1. Apologies

Victor Scofield (Vice Chairman)	David Lang
Lisa Smith (Practice Manager)	Carol Eve
Allan Mills	John Eve
Arthur Butler	Viv Hillier
Christine Jones	Geoff Brown
Yvonne Brown	

2. Minutes of meeting held 20th November were agreed. The Chairman would sign as a true record.

3 and 4. Matters Arising and News from the Surgery

The following notes were provided by Lisa Smith, the Practice Manager

News from the surgery PPG meeting 15th January 2020

Happy New Year to you. As January is a very quiet month I do not have much information to update you on. My apologies that I cannot be at the meeting today as I am attending a two day course at Keele University

- **Waiting Room** – We are still waiting to have the patient satisfaction tablet installed this is taking some time due to the WiFi vulnerability.
- **Telephone System** – Now been installed and greeting messages updated; I am pleased to say the installation went very smoothly. We still have a few minor things to add on and to develop the daily functionality. However, I can confirm that all calls are now recorded for training and monitoring purposes.
- **Extended Hours** – The way we provide these appointments will be changing from 18.11.19; we will still offer the late Monday evening appointments with the GP between 18.30 and 20.00. However, we will stop the nurse appointments during this time period. We have recruited a Physicians Associate who will provide extra appointments during core hours for chronic disease reviews and minor ailments and illnesses. We feel that this change will benefit the service we provide during the

winter months to enable patients to attend during the day rather than in the dark evenings.

We are now also offering some extra capacity on a Monday and Friday January to end February between the hours of 2-3 with our Physicians associate to help alleviate the pressure on A&E attendances

- **Staff**

Nursing Team - We have had some difficulties of late which has resulted in us needing to cancel / re-arrange some appointments and am really grateful to all the patients that were affected for their patience and understanding.

We have now successfully recruited a replacement for Nicki her name is Dee Evans and she will be starting on 17th February and will be working Monday to Thursday.(she is currently providing some cover for us on a Monday)

Nurse Becky Loach returned and we are very pleased to have her back as part of the team. This will mean that we can start to re-build a stable nursing team that covers the whole week.

- **Medical Secretaries** - We have recently advertised for a part time medical secretary to work with our other part-time lady and will be interviewing shortly.
- **Trainee GPs** - Dr Green will leave us sometime in February as he has accepted a job in a different area for a least a year. We will be really sorry to see him go but hope that we will be in a position to bring him back at some point in the near future.
- **Facebook** – Facebook is going well and we have more people following on a daily basis. Ashleigh Davies and myself are the administrators for this site and we hope to increase more practice based notifications alongside the NHS ones
- **Primary Care Network** – Our network has been reduced from 4 practices to 3 practices – ourselves, Weeping Cross & Millbank as the proposed merger between Weeping Cross and Castlefields is no longer happening and Castlefields have decided to join Stafford Town Practices. We are still a large enough group to remain as a PCN from the patient list size perspective and small enough to develop what we planned.

There is a PCN meeting organised for Tuesday 14th Jan and I will update you at the next meeting with any news and developments.

- **CQC** - We are still waiting for the CQC to notify us of the date for our site visit
- **Gnosall Dental Service** – Lisa to update you at the next meeting
- **Flu clinics** – We are still offering the vaccination to our patients and have purchased some extra vaccines for the 65+ patients
- **Events update**

Patient Questionnaire	Date to be confirmed
CQC Inspection	Date to be confirmed

Alex presented Lisa's notes for discussion. Alex will report from the next PPG meeting to be held next week. Then...

A number of problems were discussed relating to the new telephone system. One said she spent ten minutes on the phone to find out that she couldn't order a prescription by phone

A problem arises when a particular medicine isn't available. A new prescription has to be written for an alternative. This can cause delays.

Why do you have to go to A&E for tetanus jabs and minor stitching? Who can attend to post operative wound dressing?

Could Lisa provide a breakdown of the missed appointments to see if on the day appointments compared with those booked in advance?

When the CQC visit takes place, Alex will have the opportunity to have a say.

Post meeting responses from Lisa

A number of problems were discussed relating to the new telephone system? I did put in my news from the surgery that we still a few minor things to add on and to develop the daily functionality. You have not listed a number of problems for me to review? I can only see the example where a patient spent 10 minutes on the phone to find out she couldn't order a prescription over the phone. The practice policy is that we do not take requests over the phone and this has been the case for at least 4 years. We do offer on line access to order prescription.

In regards to the problem where a particular medicine is not available and an alternative script having to be issued. When we prescribe medication we are not alerted that a medication is not available and have no choice but to issue an alternative script and we do endeavour to do this with as little disruption as possible. It could also be that the medicine in not available in a particular pharmacy and may be available in another which could help with the problem unless it is a discontinued drug. I will speak to the CCG Pharmacy advisor to see if there is anyway this could be looked at from their perspective.

Going to A&E for a tetanus jab and minor stitching? We do provide tetanus jabs in the practice but it would depend on the reason the jab was required? If someone needed stitches we do not do this as part of our contract and do not have staff trained to undertake this procedure so patients will be sent to A&E if stitches are required and advised that a tetanus would be given should this be required.

Post-operative wound dressings Our practice nurses to deal with dressings and this includes post-operative wounds. However, this would also depend on the type of wound the location of the wound and whether it was complex each patient would be advised by the place of surgery as to how dressing should be changed this maybe, outpatient, district nurses (if housebound) and community locations. If a patient attends the practice for a wound dressing the wound would be assessed and advice and guidance provided.

5. Patients Participation Group and other external reports (PPG)

At the PPG, a representative from Rowley Hall offered to come to our meeting to talk about their services. This was declined as it was felt it was likely to be an unwanted sales pitch.

6. Parish council matters

Pat Alker reported that 2 of the defibrillators had been used recently. Money was available to replace batteries. Full instructions are given via an included phone if you have to use one. The dementia garden is progressing again and has received funding from various sources. Pot holes are a big problem and though many have been reported, the council have said they're low priority.

7. Treasurer's Report

Nothing to report.

8. Correspondence

Alex produced a card listing minor ailments that the pharmacist should be able to advise on see below.

9. Web Manager's report

The latest minutes will appear under Forum Leaflets to make printing easier. The Forum Leaflet on the website has been updated with personnel changes.

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10. Patients recruitment to the forum and use of social and other media.

Facebook was discussed and Steven Lister seconded by Pat Alker proposed a 6 month trial. This was approved in an overwhelming vote though some members had reservations.

11. Any Other Business

A discussion about missed appointments followed again. Apparently 300,000 appointments a week are missed nationally. The cost is high but difficult to quantify accurately.

Questions for Lisa Smith. Can she stop the wasted paper when ordering repeats on line and what is the latest position on ear wax removal?

12. Date of Next Meeting

The next meeting is on Wednesday 18th March at 2PM at the Health Centre.

Meeting closed at 4:23 PM.

See your pharmacist first for common health conditions such as

- Acne
- Athletes foot
- Burns and scalds
- Colds, coughs and nasal congestion
- Cold sores
- Conjunctivitis
- Constipation
- Cradle cap
- Cystitis
- Dandruff
- Dermatitis
- Diarrhoea (adults only)
- Dry eyes/sore tired eyes
- Dry skin
- Earwax
- Excessive sweating
- Haemorrhoids
- Hayfever/seasonal rhinitis
- Head lice
- Indigestion and heartburn
- Infant colic
- Insect bites and stings
- Migraines
- Mouth ulcers
- Nappy rash
- Oral thrush
- Pain and fever
- Prevention of dental decay
- Ringworm
- Sore throat
- Sun protection
- Sunburn
- Teething/toothache
- Threadworms
- Travel sickness
- Warts and verrucae



Going to a pharmacy is easier and sometimes quicker than an appointment you may not need.

Pharmacies are open out of hours, like late nights and at the weekend, which is convenient for people who work.

Choose self care