

## **Bridgnorth Medical Practice Patient Participation Group**

**Minutes of the meeting held on Tuesday 2<sup>nd</sup> February 2016 at 6pm**

### **at the Medical Practice**

Present at the meeting were Cecilia Walden [Chair] Eddie Conner [Vice Chair] Sandra Sutton [Practice Manager] Suzanne Lawler [Minutes], Stephen Robbins, Peter Barclay, Margaret Cosh, Keith Hayward and Rosa Smith.

- 1. Welcome and Apologies** – There were apologies from Chris Garside and Audrey Cashmore. We welcomed Julia Davies, Norman Pool and Aiden Flynn.
- 2. Tribute to Meg Marshall** – Cecilia Walden paid tribute to the work and dedication that Meg Marshall gave to the group and all her other interests. She was a valued member and will be sadly missed.
- 3. Matters arising from the Minutes** – Paul Cronin from the Hospice will be coming to talk to the group on Compassionate Communities at the next meeting. The Practice is looking for an expert on Lyme's Disease to come and talk to the group after some patient interest. The subject for the latest PPG survey will be on access and will take place after the new phone system has bedded in, probably in May.
- 4. Practice Manager's Update** - Sandra Sutton reported that the planned improvements to the telephone system have been completed. Dr. David McDowell will be leaving the Practice at the end of June 2016. Trainee doctors Dr Qudsia Ghaffar and Dr Helen Lloyd will be leaving at the end of February and trainee Dr Joy Anosike will be joining at the beginning of February. Receptionists Pauline Platt and Stacey Green have left and the Practice is in the process of recruiting for the vacancies.

The CCG cancer care coordinators from Cancer Research UK have visited and advised that uptake of cancer screening for the Practice is higher than the average figures for the CCG and in England and early referral rates are equal to the average. Our patient list includes a higher than average incidence of emergency admissions for cancer. Overall they felt that the Practice was doing very well in identifying, referring and obtaining treatment for our patients. Sandra wished to thank the PPG for their help in obtaining signatures for the Shropdoc petition, which have been passed on and acknowledged.

**Patient Concerns** – Chris Garside asked for information on the Doctor/Patient ratio at the Practice. Sandra Sutton reported that there were 9 partners and 1 salaried GP with 4 trainees at any one time to serve approximately 16,500 patients. The ratio is slightly lower than it should be because of problems of recruitment following a number of retirements at the same time and problems with finding locum cover. Chris also proposed the setting up of a rapid response team within the PPG to cope with emergencies such as the Shropdoc petition.

Cecilia Walden brought up the problem of patients queuing outside the Practice at 8.30 on Mondays in order to get an appointment. Sandra Sutton said that this would not necessarily achieve an appointment on that day, but that patients could not be prevented from doing so.

The current waiting times for routine appointments was 2/3 weeks, which is in line with the average nationally. A cancellation line was being set up, which with the new telephone lines should make it easier to get through on the phone.

**6. Shropdoc Update** – Since the last meeting patients had been asked to sign a petition to ask the CCG to maintain Shropdoc as our Out of Hours service in the next round of tendering. There had also been an online questionnaire to fill in from the CCG as to the effectiveness of NHS 111 and Shropdoc. There had been a magnificent response from the Practice and Chris Garside was commended for his hard work in achieving 400 of the more than 900 signatures that had been collected. This, together with letters sent to the MP, CCG and Healthwatch showed the high regard that Shropdoc is held in the area and how patients feel about the prospect of losing it. Aiden Flynn pointed out that Shropdoc and NHS 111 are in effect two entirely different services and should work side by side. 111 is essentially an advisory service that directs patients to the most appropriate part of the NHS for their symptoms. Shropdoc is the substitute for the local GP when the Practice is closed. Letters had been received from the MP Philip Dunne saying that he would back Shropdoc and from Brigid Stacey the Acting Accountable Officer for the CCG saying that nothing had been decided and each tender would be considered on its own merit. Decisions would be made in February as the 111 contract ends in October.

**7. Shropshire Patients Group Update** – The SPG has produced a leaflet for PPGs to use to inform patients about their work to encourage active participation within individual Practices. The group felt that the leaflet was too lengthy and a poster would do the same job more effectively.

The Community Fit social care work stream needs a volunteer. Anyone interested should contact Peter Gillard at [Peter@TrotterHouse.net](mailto:Peter@TrotterHouse.net)

**8. Smithfield Car Park Development** - Sandra Sutton highlighted the proposed development of 5 retail outlets and 156 parking spaces in the land adjacent to the Practice building, which provides car parking at the moment for patients attending the doctor. This will mean the reduction of 120 spaces that will impact on staff and patients to the Practice and the Hospital. Stephen Robbins, who is Chair of the Chamber of Commerce said his organisation had objected to the proposal on the grounds of the reduced parking and had put forward several alternative suggestions to maintain the parking provision. He said that the planning permission would probably go ahead as the land was designated for retail use, but there was a consultation period and residents could view the proposal and put their comments at an exhibition being held at the Castle Hall on Friday 5<sup>th</sup> February.

**9. Any Other Business** – Sandra Sutton introduced the CCG initiative on reducing prescribing costs. Patients may note changes in their medication on collection, this does not affect their treatment and the CCG wants patients to understand that they will always be prescribed what they need. Any complaints about any medication changes should be directed to the CCG and not the Practice.

**10. Date of Next Meeting** – 15<sup>th</sup> March 2016

