

**Minutes of the PPG meeting held on Tuesday 3<sup>rd</sup> January 2017  
at 10 am in Wymondham Medical Centre**

**1. Present:** Adrian Hoare (chairman), Anne Hoare, Gillian Warrin, Kevan Baker, Sue Meadows, Douglas Beattie, Tony Finon, Mick Sewter, Rachelle Rolfe, & Sara Hassan

Adrian welcomed Rachelle Rolfe to the group

**2. Apologies:** Alan Greengrass, Rob Fenton, Margaret Mawson, Katherine Koster, Georgia Montgomery, Ewan Fordew, Debra Glover

**3. Minutes of last meeting:** Agreed to be a correct record

**4. Matters arising:** a) **Diabetic Support group** – the Dec meeting was well attended, Diane, a committee member gave an entertaining talk on ‘In your right mind’! Diabetes friendly refreshments were served and the Ukulele band entertained. b) **Self-Care Week** - Sue provided posters for our notice board & two relevant ones are still there ie, ‘Consult your pharmacist’ - open 7 days a week, the ‘importance of a good medicine cabinet’ and remembering to order medication in good time but not over ordering. Tony & Anne talked to patients and invited them to take self-care information about common ailments eg what to do about a child with a high temperature. Diabetes information was also available. Adrian thanked them for their contribution.

Douglas pointed out that the pharmacy may be too busy to help much. Tony said patients often went into the private room but Kevan thought this could be due to Boots own private work c) **students offer to help at the Pabulum Café** – Adrian has spoken to Trevor Brown who was happy for our students to email him if they were interested d) **Admiral Nurses** – this is still under discussion

**5. Chair’s report:** a) **S Norfolk Loneliness project** – Adrian reminded the group about Oliver’s email on this. Anne said it is important for everyone to be a good neighbour to those they know. Gillian belongs to the Silver Line and talks to a lady in Dorset regularly. There was discussion on what was available for those who might want contact and friendship. Age UK attend the surgery and have their own scheme. Vivienne and Mary run the S Norfolk scheme. We have a list of support groups which is regularly updated. Gillian & Rachelle felt there were ways in which we could help. b) **planned PPG networking conference** – Adrian had sent in a list of our activities in 2016 and why they were successful c) **possible new members of the PPG** – Rachelle Rolfe and Debra Glover are interested d) **CCG’s Diabetes care and treatment project** – Anne has responded on the basis of her 40 years’ experience of care in S. Norfolk.

6. Reports from sub groups: Nil

**7. Updates from the practice (Kevan):** a) **Staffing – Dr Thorman** is retiring after many years of outstanding service. A replacement has been sought throughout 2016 without success. However, it is well known there is a serious GP recruitment issue nationally. The surgery has an agent working on the problem at the moment.

Adrian asked what plans there are if no replacement is found. Kevan said patients can be assured that until an appointment is made, other clinicians will undertake their care.

Mick & Adrian asked about leaving arrangements for Dr Thorman. Kevan said there would be an event at the surgery for staff. Patients who wish to show their personal appreciation of his care, can donate to a fund to purchase equipment for minor surgery at the practice.

Future staffing – Drs Brown & Glenn are due to retire in 2020. One of the practice nurses is leaving for improved pay. Douglas asked why she would be better off elsewhere. It is because of promotion.

**b) General Practice – forward view**

(i) **active signposting** – it is important that receptionists direct patients to the right person to meet their needs. The surgery is looking at more training for this. Medical Assistants are being considered to help with GP paperwork. (ii) **new consultation types** – phone conversations with GPs are well established here (iii) **reduce DNAs** – missed appointments to the manager and patients are a waste. To GPs and nurses however they can be an opportunity to catch up. Kevan felt that patients who regularly missed appointments cannot be denied service as forgetfulness could be part of their illness (iv) **develop the team** – we have 4 advanced nurse practitioners and are advertising for another; a minor illness nurse practitioner is leaving. We are hosting some physician associate students this year (v) **productive work flows** – a consultant will attend next week to advise if we can find a way of doing things more efficiently (vi) **personal productivity** – we shall seek training if relevant (vii) **partnership working** – we need to develop this with community nurses and pharmacists. The government model is a lot of services wrapped

around the practice including some now delivered in hospitals. Our problem is lack of space. We are developing group working and a meeting has already been held of 6 practices along the A11 (Ketts) – there is another group of 8 practices along the A140. Now district nurses do not usually enter GP surgeries (viii) **social prescribing** – some practices have become community hubs. We host |Age UK and the S. Norfolk council community help scheme (ix) **support self-care** – older people come to the doctor when they need to, but there is an attitude in other generations of ‘I have a health issue – I want it solved now’. Some people want the right of access to the GP of their choice too.

Gillian and Rachelle said that prevention is a very important part of NHS strategy and we need to communicate this to patients. Anne said that self-care is vital to good diabetes management and the Wymondham Diabetes group aim to support this. Dr Glenn will attend the February meeting (x) **develop expertise** – we have to provide a service with the right clinician for each patient; this is not necessarily a GP. This involves changing the patient’s mind-set.

Eleven years ago each patient came to the surgery 5 times a year– now it is 8 or 9. Communication in the surgery is more difficult now because of the increased number of staff and part-time working.

Adrian enquired further about re-allocating Dr Thorman’s patients. Kevan said there is no decision yet as they are hoping for a replacement. To re-allocate permanently among other GPs, needs the support of NHS England whose systems do not work well. If we replace Dr Thorman with two nurses, another room will be needed. Another tranche of support, is funding for conversion of office space to a consulting room. There is a very tight schedule for the money and work is to be completed by the end of March. Kevan is doing his best and Wymondham tennis club has offered a porta-cabin for surgery records.

**Care data** – the surgery needs to work more on this but information about it could it could be put in the February PRG bulletin.

**8. PRG** - there have been no responses to the November PRG bulletin

**9. Items from the Suggestion Box** : a) another hand dryer has been requested for the ladies toilet. The PPG was astounded to hear that paper facilities had disappeared on Fridays.

**10 Student/young person’s issues:** Nil

**11. AOB:** a) Douglas recounted his very difficult, long drawn-out experience at the Rouen Rd walk-in centre. Anne’s experience on 111 had been very good. b) Tony said he would be unavailable after 11 February until April and added that the term ‘pre-diabetes’ was very confusing for patients.

**Date and time of next meeting: Tuesday 7 February at 10 am**