

Minutes of Crown Street Surgery Patient Group held on Tuesday 29th September 2015

Present: Lena Inger (Chair) Janet Hobbs, Susan Barlow, Jean Seglow, Clare Gache, Sarah Krzyzanowska, Elizabeth McCann, Peter Durow, Ray Bevan, Richard Wodynski, Holle Baumert, Alison Marshall, Margaret King, Glynis Roberts, Mark Templer, Dilys Jones, Graeme Crawford, Alexander Leckie, Tim Carpenter

Surgery: Jacqui Hawkins (Practice Manager) Dr Rekha Garg (Managing Partner) Dr Sarah Bull (Deputy Managing Partner) Vanessz Zahran (Reception Manager).

Lena welcomed everyone to the meeting, especially those attending for the first time. It was always good to see new faces at these meetings. It was noted, that although we were running a walk-in flu clinic for those attending the meeting, many patients came for a flu vaccination but chose not to stay for the meeting.

- 1. Acton network of PPGs.** There was not much to report at this stage. Graeme Crawford had attended the last meeting in July and another was scheduled for October. There was representation at that meeting by all 16 Acton practices and an executive group had been established.
- 2. Practice staffing update.** Jacqui confirmed that our new partner, Dr Anil Sagar had started at the practice in May; due to current recruitment difficulties in general practice it had taken a full year since Dr Kenny informed us that he was leaving the partnership to replace him. Dr Sagar is settling in well and brings new experience and enthusiasm to the team. Dr Shah is currently on maternity leave until next summer and her locum replacement is Dr Jay Patel, a newly qualified GP who is already popular with patients and the staff team. For the first time for a long while, we now have an equal split of male/female doctors working in the practice. Vanessa had now been in post as reception manager for almost a year and is an invaluable admin support to JH. Having thought we had resolved our staffing issues for now, we recently learned that our nurse Helen Hudson is moving overseas with her husband and this leaves us with a real dilemma as to how to replace her. Helen works full-time and is a highly qualified practice nurse, but also has high level IT skills which have been of immense value not only to us, but to the whole CCG (clinical commissioning group). It is even more difficult to recruit a practice nurse than a GP, and responses to our advertisement on the NHS jobs website as well as locally, have been very poor. We have the option to increase our HCA (healthcare assistant) capacity if we cannot recruit a full-time nurse, but we are hoping to find a nurse to work 2 days per week as a minimum.
The partners and JH are taking protected time out from the surgery tomorrow (30th Sept) to consider staffing capacity and current challenges facing us. Whilst much thought and discussion has already taken place, we aim to come up with a business plan and how to achieve it for the next couple of years.
- 3. Phlebotomy services.** Jacqui explained what has taken place over the last 3 months regarding provision of phlebotomy services. The CCG had re-commissioned pathology services from 1st April from Hillingdon (previously the Imperial hospital group including Hammersmith and Charing Cross). This had resulted in substantial savings. However, pathology (the processing of samples) does not include phlebotomy (the taking of blood). The plan by the CCG was for a number of community clinics to be established in Acton. Crown St had opted to provide a room for this service which we felt would be of benefit to our own patients as well as providing capacity for patients from neighbouring Acton practices. The CCG had asked a number of healthcare agencies to provide staff for this service. The start of the service had been delayed from 1st April to 1st July due to initial set-up problems. Once the service did commence, on numerous occasions the agency phlebotomists were anything up to an hour late or did not appear at all. Patients (especially those not from CSS) were justifiably complaining but were also being very rude and unkind to our receptionists and taking up a lot of their time which should be used for the benefit of our own patients. There was also an adverse effect on the reputation of the practice in the community.

JH had complained on many occasions to the CCG and had also found that Hillcrest Surgery were having similar issues, but the final straw came on Monday 21st Sept when the attending phlebotomist appeared to be clinically unsafe, untrained and had not been inducted to use the supplied equipment. At this point, Jacqui had informed the CCG that we were withdrawing the use of our room due to patient safety issues and requested that alternative arrangements be put in place with immediate effect for Acton patients. The CCG has now made a short-term arrangement with Imperial for Acton patients to attend Hammersmith and Charing Cross hospitals once again for phlebotomy and there will also be more clinics running at Acton Health Centre in Church Rd. As explained in No. 3 above, due to the loss of Helen, we will not have internal capacity to provide many phlebotomy appointments.

A number of patients queried why, if GPs had the power to commission services, Hillingdon had been given this contract. Dr Garg explained that the Ealing CCG represents all of the 84 Ealing GP practices. Crown Street doctors attend meetings and can express their views, but only a few GPs would be involved in commissioning services. Cost would be a consideration when awarding a contract.

No-one had ever been expected to go to Hillingdon Hospital to have blood taken, and indeed they do not have the capacity there to provide this service anyway. It was always the case that clinics would be provided to take blood in Acton, the issue was the way in which these clinics were staffed. The pathology service provided by Hillingdon was in fact proving very good, with results coming through more quickly, and the collection service for samples was also better with two collections per day. Once the final solution regarding phlebotomy services was clearer, Jacqui would update this information on the surgery website.

4. **F2 doctors.** JH explained that, after many years, Dr Pambakian had ceased to be a trainer for final year training GP registrars two years ago. This was a loss for the practice and it was hoped that one of the younger partners would become a trainer again in the near future as this brought in additional appointment capacity for the practice. Both Dr Shah and Dr Newth are former trainees under Dr Pambakian. Meanwhile, Drs Garg and Newth have been approved as F2 supervisors. An F2 doctor is in their 2nd year of post-qualification training and does three 4 month rotations in that year. One of those rotations is in primary care. We will therefore be having three F2 doctors between Aug this year and next. Our first F2, Dr Sarah Williamson started with us at the beginning of August and is an excellent young doctor. The supervising partner checks every consultation the F2 does so patients can have complete confidence that nothing will be overlooked. An F2 doctor also has a longer consultation time, which some patients will like.
5. **Communicating with Patients** – Vanessa discussed the rise in use of SMS messages for communicating with patient's. It was felt that this had many positives such as speed, time-saving for staff and also cost-saving. There are pitfalls with sharing a message in a 140-character format and this led to some misinterpretations by patients. VZ explained that it was very difficult to get the right balance between short, direct messages and giving the right level of information across a wide range of patients. She explained that they were constantly working on making sure information was conveyed clearly. VZ asked for feedback about whether people found the service helpful and if they were happy with the information they were currently receiving. Patients are encouraged to provide and update their mobile phone numbers with reception. VZ also encouraged patients to supply their email address as this would be a communication tool used more and more by practice staff. JH also informed that current funding for SMS messaging would be coming to an end shortly but the practice would be funding an alternative service themselves as they felt this was an incredibly important tool for both staff and patients using the surgery.
6. **Antibiotic Talk** – Dr Sarah Bull gave a short talk about antibiotic use particularly for patients aged 18- 35 and the rising threat of antibiotic resistance. She explained that 1 in 4 under 35s had admitted attending A&E or seeing their GP for winter minor illnesses and that 44% of these people expected an antibiotic as treatment. This decreased to 1 in 10 for over 50s. She said that education about self-treatment and self-management of minor illness was the biggest message she was pushing to help prevent antibiotic resistance to illnesses in the future. SB

encouraged patients to visit www.treatyourselfbetter.co.uk for advice about home and pharmacy-led treatment as well as important advice for specific groups such as men and children.

7. **The Minor Ailments Scheme-** Dr Garg explained that this service has been re-launched for use by Ealing patients in Ealing pharmacies which had signed up to offer the service. Pharmacists have been given specific training in addition to their own pharmacist training and could offer advice and medications to treat a range of minor illnesses listed on the MAS leaflet – available in the practice. Patients could use this service if referred by their GP, by UCC or could self-refer and should provide proof to the pharmacy that they were registered in an Ealing CCG practice. They could then receive medication and treatment advice from the pharmacist free of charge (if they were entitled to free prescriptions) or would be charged no more than the cost of an NHS prescription charge for medication if not entitled. The doctors encouraged patients to use this service as it will help the practice particularly during times of high demand such as the winter months as the types of illnesses covered by this service accounted for 57 million appointments in the NHS a year. Lena gave an example of her own experience using this service and encouraged other patients to use it.
8. **PPG Presence in the Waiting Room-** Lena had recently spent a morning in the surgery advertised via text message. She had used this session not to recruit patients to join the PPG, (although 2 were present at this meeting) but to offer to chat to patients about the surgery and their experiences. She had met with several people and felt it had been a useful experience and would be asking other members to do the same over the coming months.
9. **AOB – Electronic prescription Service-** The issue was raised that patients were still having to wait for prescriptions (even pre-ordered) at pharmacies.. VZ explained that although the prescription may be sent from the surgery electronically, that did not guarantee that pharmacies would download and dispense the prescription when they received it. That was down to each pharmacy, how they worked and how busy they were. Patients are entitled to refuse the use of this service if they prefer, but the doctors find it incredibly useful particularly for working patients who need medications sent near to work.
10. **AOB – Appreciation for Staff** – several members in attendance expressed their thanks and appreciation to the whole team, but especially the reception staff who, in their experience, were always very helpful, cheerful and proactive in trying to help patients. The difficulty of their job and the abuse they were often subjected to was recognised and the patients present wished to offer their support. JH asked patients to go on to the “I Want Great Care” site and add some positive comments as there had recently been some negative comments made, especially about the reception staff.
11. **AOB** – patients asked whether the new telephone system had brought about any improvements in patient satisfaction. JH thought that most of the teething problems had now been ironed out but was unsure whether there was a notable difference. Comments from the floor indicated that it was helpful to know where you were in the queue.