

**Heathgate Medical Practice**  
**Patient Reference Group**  
**Tuesday 6<sup>th</sup> June 2017**  
**Minutes from the meeting**

A pre-arranged meeting with the PRG, advertised beforehand on the Practice website, the patient information screen and with signage in Practice.

The meeting was chaired by Mr Henry Gowman, with Mr Whiting and Dr Palframan in attendance from the Practice.

A list of attendees was made, with representation from across the patch.

The author of these notes is Mr Whiting, Managing Partner.

**Updates since last meeting**

Mr Whiting updated members with various operational matters.

- **Accepting repeat medication requests by telephone** – patients had been appreciative of the decision by the Practice and supported by the PRG to continue to accept requests by telephone. The message had been shared via our website and newsletter.
- **Managing winter pressures with additional appointments** – Mr Whiting explained the additional appointments the Practice had made available each week during the winter that had helped manage demand but explained the effect this had on our clinician's well-being.
- **Flu uptake** – our overall take up had been similar to the previous year, with local Pharmacies involved in immunisation this year.
- **Waste medicines** – this is still monitored and the quantity of returned medication remains high despite local and national campaigns. Our teams still flag and question patients when they appear to be requesting high quantities of medication or medication sooner than it appears necessary.
- **DNA rates** – we are seeing an improving situation with April 2017 witnessing the lowest number of missed appointments since we started monitoring this closer in June 2016. Text reminders are helping reduce DNA rates.

**CQC report**

This was the first meeting since our CQC inspection. Members congratulated the Practice on the outcome. The members of the group who attended the lunchtime session on inspection day were thanked for their contribution, which was recognised within the report commentary.

Dr Palframan described the day as a challenging day and shared some aspects of the inspection experience with members.

The Practice received some good positive press coverage from the EDP and EEN. Local press are made aware of the outcome of outstanding inspections by the national CQC press office and so picked up on the story at Heathgate.

As we are required to do, the report is highlighted on our website but we are not over promoting this with banners and such like some surgeries have done.

### **Patient list size**

Prior to the meeting, one member had raised a question around the growing Practice list size.

Mr Whiting presented the latest population figures, which show we are on the cusp of 9,000 registered patients across both sites (8,940). We discussed how the Practice is addressing the increasing demands and needs of the population through trying to manage expectations and developing the skill mix of the clinical team. We have some thoughts around the addition of a Pharmacist to the team to help medication related queries.

Shared the principles of the NHS Five Year Forward Plan and the doughnut slide around potentially avoidable appointments.

### **Social prescribing**

PRG members that attended the latest CCG wide event were introduced to Social Prescribing. Mr Whiting explained the principles of this, using the following description.

*A route for primary care services to refer patients with a social, emotional or practical need to a range of local, non-clinical services. Often these services are provided as part of a partnership between the voluntary and community sector and local councils.*

It was agreed that for the next meeting, we would arrange for a South Norfolk Council representative who manages the local hub to attend the PRG meeting.

### **Local Pharmacy Application**

Members were made aware of the local application for a Pharmacy in the new units adjacent to the Budgens supermarket in Poringland.

Mr Whiting and Dr Palframan explained the reasons why the Practice, along with four other organisations including the Local Pharmaceutical Committee have not felt able to support the application.

This will undoubtedly place at risk the continuation of the services provided by the Well Pharmacy as the number of non-dispensing patients locally between us and Old Mill Practice will not provide sufficient business for two pharmacy sites.

Practice representatives explained the impact on dispensing services for 200 patients at the Practice. The Parish Council has supported the application on the basis of Choice.

The latest NHS Pharmaceutical Needs assessment indicates no additional pharmacy need locally and how the area is served well by The Well Pharmacy and the two surgery Dispensaries.

We await NHS England's decision.

### **Prescribing**

Members were made aware of the Practice's new strategy and policy on dispensing generic medications. We will continue to write the majority of our prescriptions generically (unless with some preparations, for continuity, there is the need for a brand drug – such as with Epilepsy) but not stipulate a generic manufacturer.

This will allow the Practice to source the most cost effective supply of medicines from our wholesaler.

Patients that have historically requested certain brands of generic medication have been written to explaining the change and how their brand may change from one month to the next, reassuring them that the drug itself is unchanged.

Members were supportive of this stance to help maximise use of NHS resources and maintain income from the dispensary which supports some of the services the Practice provides.

### **South Norfolk CCG – financial position**

Dr Palframan explained the financial challenge at the CCG, outlining the savings that the CCG needs to make this year to break even and not end the year in a deficit position.

He referred to the difficult choices that the CCG Governing Body has to make at times and how alternative options are considered all the time in an attempt to continue to provide the appropriate care but in a more cost effective way.

He used examples of how the CCG has worked hard on redesigning services to bring them out of the acute hospital setting, which benefits the patient and the NHS budget.

This will not be an easy year for the NHS in South Norfolk, but the CCG has a plan to cover its projected deficit if it does not make changes.

Members discussed one of the CCG thoughts in improving patient care by doing less.

Dr Palframan explained the principles of Multi Community Providers where Practices will be looking to work in hubs to 'do things differently'. The Practice currently sits in a hub with 8 other local Practices and meets monthly to discuss working differently together.

### **CCG wide PRG event**

The next event is being held at the Council Chambers at South Norfolk Council on 13<sup>th</sup> June. The agenda was shared and all members are welcome to attend.

The meeting has three main aspects:

- Primary Care development in South Norfolk over the next 5 years
- Social Prescribing
- Self-care

The opening remarks will come from the CCG Chief Officer.

It appeared that our PRG will be well represented.

### **Clinical educational event**

We discussed again the possibility of arranging a clinically themed event. This was welcomed and Mr Whiting asked for volunteers from the group to lead on this. There were no keen volunteers at the meeting and so Mr Whiting offered his contact details for an approach out of the meeting. We could look at something linked to diabetes care or stroke.

The meeting ended by the Chair extending his thanks to the Practice for the work it continues to do in providing care to the patients of Poringland and the surrounding villages.

The next meeting of the group will be in the autumn and Mr Whiting will be in touch with members nearer the time.

END