

## **Meeting of the Rutherford Medical Centre Patient Participation Group**

### **Minutes of meeting held at Rutherford Medical Centre**

**7<sup>th</sup> December 2017**

**Present:** Dr Cuthbert, Dr Dayaram, Dr Joyes, Linda Thornley, Alison Webster, Marie Duthie, Mildred Brophy, Marj Foy, Stuart Scholes, Basharet Hussain, Sara Burn, Liz Finch and Ann Thornber

**Apologies:** Brian Smith

**Introduction:** Dr Cuthbert welcomed everyone to the meeting.

**Minutes from last meeting:** Read and accepted as correct

#### **Matters Arising**

Dr Cuthbert discussed the ongoing pressures and increasing demand for doctors and believes things cannot continue the way they are, we need to change for the better but must preserve the good that we currently have. Dr Cuthbert believes with the help of our patients and the local community we can make some changes for the better.

Open surgeries were discussed at length, lots of patients come to open surgery but again due to increased demand they are very busy and we now have 2/3 doctors on every morning and most days the surgery goes on up to 1pm in the afternoon. Open surgery is available to anyone who wants to come but we did discuss the option of only seeing acutely ill patients or possible doing a triage system which Dr Cuthbert explained has good and bad points. A few local surgeries now triage all their patients and it can work but we would need to employ extra staff to do this for example, an advanced nurse practitioner, possibly a health care assistant it is something we could consider. Marie said we should keep the open surgery as it is extremely popular with patients but maybe it would help if we monitored who came and put posters up advising patients what the open surgery is for and that may help with the increased demand.

We discussed continuity with doctors as some patients find it hard to get appointments with the same doctor, Dr Cuthbert explained due to our increased list size and demand on doctors it is sometimes very difficult for patients to see the same doctor each time they visit the surgery. Mildred stated that the Government directive on patient registration created problems and also suggested that a triage system could be considered with suitably qualified staff to help prioritise patient needs, Dr Cuthbert did say this was a possibility and something the surgery may consider in the future.

Dr Cuthbert explained that the government has promised surgeries more doctors but this won't be until 2029, with that being so far away we need to act before then.

Stuart asked if Rutherford can take on more doctors, Dr Cuthbert explained we have taken on more doctors but have recently had a few doctors go off on maternity and paternity leave so this is added pressure. Over the last few years Dr Griffiths, Dr Leyland and Dr Gaze have all retired. We now have Dr Elkin and Dr Osborne who are long term locums with us.

Basharet asked if secondary care are pushing back more to GP practices, Dr Cuthbert said secondary care do ask a lot of GP's but also adding to the pressure is people are generally living longer, expectations are higher and dealing with patients is only 50% of the work much of the time is taken up with prescriptions, hospital letters, meetings and consultations are much more in depth than they were years ago, you can now write pages for just one consultation.

Again open surgery was mentioned, Marie believes we need to inform patients of what the open surgery is for and Sara suggested we do an audit on the open surgery to see exactly who is making use of it and if it is appropriate. Marie asked if our patients are aware of care at the chemist as it is a good service and we need our patients to make use of this. Basharet suggested we start a Facebook page for information only as it could reach many of our patients and we could inform them of issues that are current and relevant, we would need to make sure patients were made aware that the page wouldn't be monitored 24 hours a day and is just an information page. Dr Dayaram does put up to date information on Twitter.

Dr Cuthbert said we need to look at what is needed, what we need to change, what type of staff do we need to employ and to do this we need the help and support off the patients and local community.

Dr Cuthbert also discussed our other practice Islington House Medical Centre. He said that in order for GP surgeries to survive they need to get bigger, join up with other surgeries as any surgery that has a list size of 5 – 8 thousand patients would find it difficult to survive as demand is going up, funding is not increasing, surgeries need to protect themselves to gain more funding and employ more staff. Marie asked if patients can go to Islington to be seen as some patients work in town, Dr Cuthbert said this is not possible at the moment but may be something for the future.

Marie spoke about the fact that lots of our patients want to see the same doctor for continuity of their care and this is not always possible, some members of the group believe that if a patient is sick then they should see any doctor if they want to see a particular

doctor then you have to understand you will have to wait. Dr Dayaram added that quite often doctor will fit patients in to already full surgeries which adds to their stress and does not help the situation as it increases their workload. Marie again added we need to be telling our patients they cannot expect to see the same doctor and accept an appointment of whoever is available.

Dr Cuthbert explained about the future model of GP surgeries and that triaging patients is a very likely option, Trainee/junior doctors would be able to see patients who present with routine problems and more experienced doctors can deal with the more complex patients. The more experienced doctors would still be available to support with more complicated patients but we would also have an advanced nurse practitioner, pharmacist, health care assistant to help with the smooth running of the surgery and it should work more efficiently. Linda added that all reception staff have been booked to go on signposting training so they have a better understanding of the clinician the patient needs to see.

Marj asked if we still had lots of patients not turning up for appointments, we do still have a problem with this and our receptionist Jo is responsible for ringing everyone who does not attend their appointment, it was suggested we should charge for when patients don't attend but this is not something the practice is legally allowed to do.

Dr Cuthbert is passionate about getting things right for both the patients and the practice and has asked if the group are happy to meet again for a longer meeting and to look at things in more depth. Dr Cuthbert also asked if the group can send in a list of items to discuss, he will email out a list of topics for the group to answer.

We are waiting for confirmation of dates for practice closures for 2018 so we can confirm a date with the PPG, we were hoping for 31<sup>st</sup> January but unfortunately there is a CCG event on that date. Alison will email members of the group with a proposed date for a meeting.

Date of next meeting to be confirmed

