



Luson Surgery

Patient Participation Group

Meeting Notes Wed 15th February 2017 – 6.00pm

Attendees:

Jenny Roncaglia, Marjorie Stockley, Michael Clarke, Glyn Meredith, Martin Ellacott

Apologies:

Chas Jacobs

Notes from meeting on 31st August 2016 accepted with no amendments required.

Topics from the last meeting

8 till 8 Service

Last week a meeting was held by Taunton Federation of GP Practices to discuss the proposals for this service. This is now likely to provide availability to see a GP between 8am-8pm Mon-Fri, with the requirement for weekend hours dependent upon patient demand.

The service will be provided for the whole of Taunton Deane, with a GP available until 8pm at a practice in the area to provide pre-booked appointments on each week day. No telephone service will be offered, and the surgery doors only opened to those with pre-booked appointments. This will not replace the Out of Hours service, who will still deal with phone calls and visit requests from 6.30pm-8.00am.

New Topics

Local Developments

Over the past few months there have been a number of changes in the practice, both to personnel and organisation, and we ran through the changes

Change of GP partner

Dr Marc Janes has announced his resignation with effect from the end of February. He will be replaced by Dr Theresa Foxton. Dr Foxton has worked at the practice previously on a number of occasions as a locum, and will work for 5 half day sessions each week. The balance of Dr Janes' sessions will be taken over by Dr Awodiji (2) and Dr Lister (1). This inevitably means movement of patients between GP lists. Those being moved to Dr A or Dr L will be advised by letter. Some GPs will change their sessions across the week, and a copy of the new GP rota is attached.

New Nurse

We have a new experienced Treatment Room Nurse – Amanda Jordan, who has joined us from Highbridge. She will work on Monday, Tuesday & Friday of each week. This provides us with additional nurse capacity of 3 half days across the week.

Nurse Practitioner

The extra nurse capacity mentioned above will be used to increase our Nurse Practitioner hours. The introduction of our NP on Tues, Wed, Thurs a couple of years ago has proved to be such a success in helping the GPs deal with on the day requests, that this is to be extended to 5 days a week. Sarah Merry our Lead Nurse will now work all day Monday and Friday mornings as a Nurse Practitioner, with Amanda filling in for her in the Treatment Room. This provides further same day appointment capacity either side of the weekend.

National GP Survey January 2017 results

These results were not available in time for the meeting and will be discussed next time

Somerset Sustainability and Transformation Plan

Copies of the Overview of the Somerset Sustainability and Transformation Plan were circulated before the meeting, together with a copy of the full plan and suggested reading from that plan which related to Primary Care (GP) Services.

Demand is increasing on NHS & social care due to patients living longer with more complex care needs such as dementia, diabetes & high blood pressure.

STP provides a vision for the future of healthcare in Somerset, as a joint plan developed by Somerset's hospitals, community and mental health services, Somerset County Council and Somerset CCG (GP services).

In summary the plan has 5 main priorities

1. Encourage and support people to live healthier lives
2. Move care out of hospitals and into people's homes, wherever possible
3. Invest in GP teams to develop a mixture of skills
4. Make it easier for patients to get services nearer to their homes
5. Invest in front line care by being more efficient and using buildings and people more effectively

These are all laudable objectives, but will require a level of co-operation not always apparent in the NHS previously. The need for efficient communication and timely sharing of information was raised as a key factor in delivering this plan.

1. At present correspondence is received by GP practices much quicker than was the case previously, as hospital discharge summaries, clinic letters and A&E reports are now sent electronically direct to a patient's GP. This has proved to be a great benefit, with GPs able to ensure patients have the support they need post discharge.
2. Local hospitals can now access a limited part of patient's GP records once they have obtained consent, and Out of Hours GPs can now access a patient's GP record, making their service more effective and safe.

Across the NHS there is a shortage of GPs and nurses, which makes providing the service a challenge. In Somerset there are currently 12 practices seeking new GPs, and the difficulties faced by Wiveliscombe GP surgery following the simultaneous resignation of 3 GPs earlier this year show how quickly a practice can face difficulties. Any small practice might be only 1 resignation way from a serious problem.

1. The shortage of GPs is one of the driving factors for the STP. Redesign of service provision is a key element, with the aim of a patient being seen by the lowest qualified professional competent to provide the service ensuring effective use of resources.
2. This will involve patients being seen by Nurse Practitioner, Practice Nurse, Physiotherapist, Counsellor, Mental Health worker, or Health Coach, rather than necessarily seeing their GP for all appointments.
3. At Luson, we have pre-empted this by our introduction of Nurse Practitioners, and this has proved to be a success in providing increased capacity to release GPs from dealing with the more straightforward requests for on the day appointments. Our further increase in February this year, we provide increased breathing space for GPs to deal with their more complex patients.

The proposed changes to services set out in the STP is inevitable as we try to deal with increasing demand, with the background pressure on health spending budgets meaning that the status-quo is not an option. Whilst some patients will find these changes a challenge, it was noted that the health service has already changed considerably over the years, and that the provision of services closer to home can only be a good thing.

AOB

The point was raised that in some cases the public need to learn to appreciate and value their NHS.

One way of doing this might be for patients to have a greater understanding of the value of their treatment or medication. It was suggested that the cost of medication could be printed on prescriptions, so that patients could see the value they are getting.

This suggestion would require a national initiative to change prescribing software to deliver this, but has been passed on the prescribing lead for Somerset.

Date for next meeting was agreed as 7th June 2017 at 6pm.

The meeting closed at 7.20pm

16th Feb 2017
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