

# Strachur Medical Practice Patient Participation Group Minutes of Meeting held on 13 February 2018 at 13.30 in the Surgery

**1. Present:** Heather Grier, Ian Asher, Isobel McGladdery, Sheila Wilson.

Dr R Coull {Principal), Dr A McBeth (Associate) and Anne MacLachlan (Practice Manager)

**2. Apologies:** Elizabeth MacDonald, Margaret Asher and Maggie Swift.

Ian took the Chair, and welcomed all, particularly Dr Alison McBeth, our new associate GP.

| Topic   | Action   |
|---|--|
| <p><b>3. <u>Minutes of the last meeting:</u></b></p> <p>Minutes of the meeting of the 13 October were read and approved:<br/>Proposed Anne MacLachlan: Seconded Isobel McGladdery</p> <p><b>4. Matters arising (not in the main agenda) and brought forward:</b></p> <p>(a) Website: Ian and Dr Coull still to liaise on setting this up. Ian reported he been in liaison with Dr Coull re a page for the PPG. Still on-going.</p> <p>(b) PPG Constitution to be revisited. .... still outstanding re set up of the Hub and possible access to funding.</p> <p>(c) Police Contract now signed – runs to end of 2019.</p> <p>(d) Under 9 from the minutes of the 13 October Dr McBeth also confirmed there are difficulties with triaging with NHS 24 in general.</p> <p><b>5. <u>Manse Gardens:</u></b></p> <p>Heather reported that a decision was taken by THA to finally close the warden service at the end of March making the current warden redundant but maintaining the cleaning on slightly longer hours.</p> <p><b>6. <u>Struan Lodge.</u></b></p> <p>Heather advised that a report will be presented on the future of Struan Lodge to the IJB March meeting.</p> <p><b>7. <u>Strachur HUB: General and Treasurer’s Report</u></b></p> <p>Financial year changed to March so to bring in line another month’s funding to be paid. The current financial position is £4458 in current account. Ian reported he had transferred £1000 from the donations in order to see through to end of period.</p> | <p></p> <p></p> <p></p> <p></p> <p>Dr Coull/Ian</p> <p>Heather/Ian</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> |

Ian advised that the average attendance this year at the Hub is 38, with a maximum attendance on one day of 48.

It was agreed that a longer- term funding approach was required but both Ian and Heather felt that there was a need for us to know where we fit into the locality plan for Cowal., a question constantly asked of the Locality Planning Group in our quarterly report.

### **8&9 Health and Social Care Partnership - IJB**

The most pressing issue relating to our practice is the new GP. Dr Coull advised that the new contract had been voted on and was accepted by 75% of GPs. Most rural GPs did not agree.

Dr McBeth commented the contract was written for urban practices and particularly those GPs working in deprived areas within the inner -city environments.

Dr Coull advised the practice could lose 40% of its funding and Lochgoilhead £100k, Kilmun would not lose too much and there was no information on Tighnabruaich. The lead in time to change the whole set up is 3 years.

On finance at the IJB, as at the December period there is a projected year- end overspend of £2.9m.

The financial progress with the delivery of the Quality and Finance Plan and the overall forecast shortfall in delivery of savings is below target and progress slow on making service redesigns and savings.

### **10. Out of Hours Review:**

Heather advised that a further two meetings had taken place. The review group was looking at if and where advanced nurse practitioners (ANP) and advanced paramedics (APP) could be brought into a model. Julie Anne Wallace was asked to get information on upscaling to an APP grade. Both are used in mixed models in NHS Highland.

Dr McBeth said that for complex conditions these would normally need GP input.

Dr Tittmar had also comment at the meeting on the 23<sup>rd</sup> Jan 2018 re triaging and that this point had been questioned by NHS24.

Dr Reed, the OOH lead at NHS Highland had given a presentation on the Skye model and the manning of Dunoon hospital. The group had agreed that the doctor should not leave the hospital as is the current situation for home visits in Dunoon.

Heather had requested the group look beyond NHS Highland to see how other areas operate their OOH service.

### **11. Bloods:**

It was reported that the majority were going to Paisley then to the QE11. There was an issue in Paisley but that appeared to have been resolved by middle of January. There was a query with the centrifuge. We also are still in the 19<sup>th</sup> century sending bloods by mail.

### **12. (a) Locality Planning Groups (LPG)**

Heather had previously expressed a view that locality planning groups were struggling with the new responsibilities and ways of working and re-confirmed that with the example of the ICF money. Heather felt that the set up of LPG's needed a review.

**(b) SDS:** Nothing to report.

### **13. Garelochhead:**

Dr Coull advised he had bid but had failed to secure. He reported the scores for SMP were very low. Seeking to go through a FOI to look at the recruitment process.

### **14. Scottish Ambulance Service (SAS)**

Dr Coull updated the group. Essentially a difference in view between the SAS and Basics.

There is an issue re:  
Use of blue lights

So far there have been two critical incidents – one where it took 14 mins to respond but Dr Coull only 4 minutes away.

Dr Coull to meet Dr Ward from the SAS particularly relating to incidents resulting in deaths.

Computer despatch system does not have basics doctor mapped.

The Grampian 'pilot', it was discussed. The outcome of the 'pilot' was a decision to call the nearest responder first with these gps mapped on the system and this should be rolled out.

Currently not all our rural GPs are shown on the system as a fixed resource with the SAS.

Dr Coull suggested monitoring to see if he is called out as the nearest responder for future incidents.

### **15. Outpatient Appointment Failures and Waiting Times**

A concern was raised about patients being informed that they had missed outpatient appointments. On investigation it was discovered that the patients had never received any letters in the first place. This meant that these patients were back to the bottom of the list.

There are also a number of issues with waiting times for Psychology for adults and children at IRH. There was been a considerable increase in volumes in November and December, a 25% increase. Some patients are rescheduled due to emergencies. There seems a lack of resources.

We should do another questionnaire on waiting times – on a specific issue of waiting times rather than many.

Heather/lan

**16. Any Other Business:**

- (a) It was agreed to nominate Kate Paton for a Health and Social Care Partnership award in two categories - Outstanding Individual and the Patient Nominated award.
- (b) It was agreed to split the Hub and the PPG as it is more likely the Hub could generate funding under its own banner and get charitable status.

PPG members: Still willing to assist practice staff with admin matters.

**Date, Time & Venue of the Next Meeting in the Surgery- to be advised.**