

**Present:** Karen Calder (Chair); Christine Charlesworth; Alf & Helen Ford; Mary Hardy (Secretary); Dr Mehta (JM)

**Apologies:** Helen Charnock; Richard Holtom; Christine Poole

Though individuals had already expressed their condolences about Dr Raichura's death, KC reiterated these from the PPG as a whole.

### **Matters Outstanding**

**Primary Care Network:** acknowledging that PCNs are still in their infancy, KC asked how the Practice felt about this development. Ever since the initial discussions, JM had not thought that involvement in a PCN would greatly benefit HMC, although the Practice was meeting their required allocation of six out of hours appts. He questioned the reasoning behind the establishment of PCNs, speculating whether the resultant reduction in the number of contracts lessened the administrative workload for NHS England, or if it became easier to mask the fact that demand for services still exceeds provision. CC pointed out that workforce sharing was impractical in a rural area such as this.

It was agreed that morning open surgeries are a valued aspect of HMC's provision.

KC noted that funding streams for Community & Care Co-ordinators had been revised, and asked if this had made the Practice any more disposed to the idea. JM was still of the view that his primary commitment should continue to be the clinical work, and that there may still be hidden extra requirements on practices despite funding availability.

Discussion continued around the plethora of new ideas and changes imposed on local practices from above, when a longer period of time is necessary to establish whether or not any genuine health benefit has accrued from a particular innovation. JM preferred to take the long view, noting how new ideas come and go very quickly, e.g. the Help 2 Change service has now been withdrawn.

**Practice website:** this has now been updated with summaries of past meetings, though it was noted that other practices do not always keep their sites up to date. CC explained that it was not possible to edit Dr Raichura's name as the "Provider" - the CQC have to do this.

**Footpath Group materials:** JM was happy to have (and fit) a wall-mounted display rack for Footpath Group walking leaflets in the waiting room. Also a Walking for Health poster, though this would not be displayed continuously as posters are refreshed from time to time.

### **Co Co update**

MH said 4 clients were currently being visited, and feedback from a recent Severn Hospice questionnaire had indicated they were finding the visits beneficial. Two clients had died during 2019, leaving three volunteers currently available for deployment. She was continuing links with the Feed the Birds scheme co-ordinator, who is presently seeking more clients in this part of the county. Paul Cronin is about to produce a press release to mark the tenth anniversary of the set-up of the first Co Co project, and MH has co-ordinated some publicity for our local press with the Drayton Co Co project and FTB to coincide with this, with a view to raising awareness. JM wondered if there may be openings in the nursing homes served by the Practice (Beech House, Hatton Court and River Meadows), as some residents have few visitors. MH can look into this.

She also reported that the Northern Locality Patient Group, a subsidiary of the Shropshire Patient Group, which she had been attending at Whitchurch was currently in abeyance. CC noted there had been no patient representatives at recent CCG Locality Board meetings attended by HMC staff.



## **Practice Update**

**Recruitment:** JM began with general observations about the difficulty of recruiting doctors wishing to work a 5 day week. He clarified that doctors buy into *premises* (though few own their own now) rather than into *partnerships*.

He cited several reasons why fewer doctors now go into full time general practice. Some prefer to combine weekly Shropdoc/hospital sessions with a lesser amount of GP work. Female doctors (now 75% of medical school graduates) require their work to fit around family commitments, so wish to work fewer hours. It was evident from BMJ ads (back copies circulated) that posts comprising 10 sessions/week are no longer featured. Recruitment agencies too advertise 4 days/week jobs at the most. Fewer staff do 5 day weeks, and female staff members seek hours to accommodate their other commitments. Such patterns are reflected in most practices. Hence it is very unlikely that one person will be found to replace Dr R.

**Costs and availability:** JM addressed these issues next. His priority is to find "the best person for the job" (rather than specifically seeking a lady doctor per se), someone with a good attitude with whom he can work. He cited by way of example a current difficulty about finding cover for just 2 days in April (1 person had offered 1 day in response to mailing 68 Shropshire doctors.)

Using recruitment agency staff long-term is not a viable option. This would cost in the region of £800/day (£16,000/month to employ someone working similar hours to Dr R by this method) and JM would still have to handle attendant admin tasks himself.

A quarter page BMJ ad costs £5,000 for 3 issues. Discussion around whether younger doctors prefer city life, and perceive a rural location as a disincentive. KC wondered whether assistance with local accommodation might motivate people.

In answer to the question he is frequently asked, "Why is there no other permanent doctor yet?" JM explained that things have still to be settled with Dr R's estate. No-one would express interest in a partnership with outstanding uncertainties. He was hoping to be in a position to appoint someone somewhere between April and June.

**Nursing homes:** HMC's proportion of nursing home patients is very high. (6-7 per 1000 is the average, HMC has 35 per 1000.) A large slice of JM's time is taken up each week by care for the 150 nursing home patients on their books - important work, but very time-consuming.

Also, thirteen of the beds at Hatton Court have now been allocated to supported discharge or reablement patients, whose complex needs may demand several hours/week. Discussion around the effects of funding these beds, and pressures from social workers wanting patients to be discharged within 6 weeks. River Meadows also plan to extend their capacity.

**Dispensary:** two new reception staff have been appointed. They will be trained by JM for the dispensary aspects of the work, and mentored by a pharmacist. Medicines Management Team are loaning a pharmacist to HMC for 1 day/week. JM hopes he can review the nursing home patients' medications, thereby reducing time in administering superfluous ones, and also use computer software to locate any mismatches/risk factors between multiple medications.

He detailed plans to make better use of space in the pharmacy, extending the counter at the back and adding new shelving. The carousels are gone, with paper records now stored in a secure NHS facility, accessible as required. Necessary summaries are available on line.

## **Notes from last meeting and discussion paper**

JM spoke to various points here, noting first that dispensers and pharmacists are two different things.



Re the query about substituting another medication, he said this could not be safely authorised by anyone else except a doctor for safety reasons.

A 24hr turnaround of prescriptions would be nice in an ideal world but stock control, barcoding requirements and the small minority who “queue jump”, insisting on receiving their medications there and then all made this difficult. Three working days is more realistic.

He explained why various PPG suggestions were unworkable in view of time, cost or safety restraints. Emailing the practice means someone has to be allocated to replying. A Facebook page does not contribute directly to the day to day work of the Practice. Allowing patients access to their records means valuable appointment time is used explaining data to them. He felt the doctor's decision should be trustworthy, and did not want to sacrifice time to this.

Re possible future activities, he would have no objection to fund-raising for specific purposes – e.g. BP monitors with varying sizes of cuff. Stocks get depleted when people fail to return these. KC wondered whether payment of a deposit could motivate more returns.

He stressed that ideas from national PPG sources were not always applicable to HMC's particular situation, and cautioned against adopting such models without considering if they were a good fit. MH therefore queried the ongoing relevance of the monthly NAPP bulletins and whether the Practice wished to continue paying the annual subscription.

JM felt a previous PPG group from the 1990's had been more flexible and supportive to the Practice. He had found the publicity recruiting new members for the PPG unhelpful in that it conveyed a “come and have your say” or “come and lobby for change” message. MH apologised if this had been the take-home message, saying it was not intended.

JM would find it more helpful if the PPG could communicate to other patients the difficulties and constraints faced by the Practice, and work towards his aim of making sure the Practice keeps going and is the best it can possibly be, given human, financial and time constraints.

Motivating an increase in the proportion of on-line ordering would be a great help – by word of mouth, posters etc.

### **A.O.B.**

CC circulated print-outs of HMC's results in the 2019 GP Patient Survey. These showed high levels of patient satisfaction.

MH reported on an invitation for one PPG representative to attend a meeting on 24th Jan to “help shape the proposed new single strategic commissioning organisation for Shrops, Telford & Wrekin”, but there was no interest.

She also publicised a training session for using a defibrillator at Marchamley Club on 15th Jan.

HF had been trying to motivate others to join the group, and AF wondered whether it would be helpful to change the name of the PPG.

### **Next meeting**

A date early in July was suggested, and JM said he would keep the group informed of new developments in the meantime.

Patient members agreed to meet informally in February to reflect on all the above and consider the way forward.

JM was thanked for his time and helpful input to the discussions. He suggested to KC that the Practice might help with costs of hiring the Lyon Hall room.