Minutes of Thurleigh Road Patient Participation Group Meeting, 28 March 2019

Present: Sue Stern (Chair), Sara Jayne Stanes (Treasurer) Harvey Heath, Suzy Pawlak, Janice Price, Ivor Rawlinson (Vice-chair), Gwen Rosen, Dr Richard Stern, Viv Taylor-Gee (Secretary). For the practice: Sandra Reeves, Shushma Leidig and Dr Nikki Salt.

1. **Welcome and introductions**. Apologies from Patty Hemmingway, Kate Swinburn, Sue Marshall.
2. **Minutes of the last meeting and matters arising**

The cards are still selling, and £35 raised.

Website. The work on the website is ongoing; the section on private patients will be moved and it was pointed out that although the new "8 to 8" service was being promoted on the site, it was not clear where it was available.

Walk-in. Concern was expressed at the proposed change that the Clapham walk-in centre will stop being walk-in on the grounds that some patients come from outside Wandsworth. Sandra said this was under consultation. The Chair said that the Group could make its views known, if consultation was still open at the next meeting. A dedicated sub group could be set up to respond to the many consultations in the NHS. Sandra Reeves would find out what the timeframe is for this consultation.

Communication with patients – Sandra reported that Ameer, Medical Assistant, is looking at ways to improve communication particularly over prescription reviews and lab results. They are piloting some new software to contact patients by text.

Parking. So far all efforts to find parking spaces for doctors and other staff have met with point blank refusal by Wandsworth, even though when the practice was being redeveloped, the borough insisted that there was no need to build parking spaces as staff could always park on the road. Now it will cost them a great deal to park there all day. One space for the on-call doctor has been requested. The Vicar of St Lukes has been contacted and a joint approach is being discussed.

Drug and alcohol worker. The practice is one of only two practices in the borough without a drug and alcohol worker. There is a need for it but we are still being told there is no money for it. The practice will continue to make representations about it.

3. **Education event.**

Dr Matthew Edwards, a specialist in emergency paediatric medicine from St Thomas's Accident and Emergency Department outlined some of the current issues and developments in emergency medicine and took questions from the Group. He has worked in a variety of settings including air ambulances, and as a flying doctor in Africa.

Emergency medicine is a medical specialty concerned with caring for undifferentiated, unscheduled patients with illnesses or injuries requiring immediate medical attention. Emergency doctors and nurses need to have expertise in diagnosis for every other specialism.

Ten years ago, the field underwent major changes as the special nature of emergency medicine was recognised. Globally, senior positions were created, and investment increased. In the UK, the four-hour target of waiting times came in, accompanied by more staff and resources. Major improvements were made. However, the funds have stagnated, and NHS England now proposes to

review its clinical targets including the requirement that 95% of all patients attending A&E are treated, admitted or discharged within four hours - considered the benchmark for hospitals for a decade. They will now trial new targets that prioritise time-crucial cases involving sepsis, heart attacks, strokes etc. Less urgent cases could be seen "within the day". (This was, however, already the case). The NHS is consulting on this with many professional bodies, but extraordinarily, with the exception of the Royal College of Emergency Medicine.

Pressure on A and E is nothing new. Typically the blame is laid at the feet of three categories of patients - "inappropriate" patients (actually people who walk in seeking reassurance); old people; and immigrants. None of these are the main problem and the first category is normally straightforward – they are diagnosed, reassured or treated and discharged, a success story. The main problem is beds. Beds are decreasing. But demand is rising: the department was designed to handle 350 people in A and E per day, but now gets 500. People can't be unloaded from ambulances, so the whole system backs up. Then they can wait up to 18 hours to go on a ward. Meanwhile the nurses in A and E, normally one to every four patients, have to continue nursing those people waiting for a bed as well as attend the emergencies coming in. Without beds, surgery cannot take place, and people waiting for elective surgery, all of whom do need it, have their operations cancelled. Those who need to leave after treatment often block beds as they cannot be discharged safely as the link to social care is vital and it is not there.

Diagnosis and treatment these days involves a lot more than formerly. For example a heart attack now has a much more nuanced diagnosis and there are many more treatment options. Each speciality has sub-specialities and patients can present with many different conditions, all needing expertise from different departments. Emergency doctors have more time to assess patients than GPs, and tend to "overcall" ie check for every worst-case scenario. Probably 50% of patients over 65 brought to A and E get admitted. They are the least likely to seek help, and campaigns to put people off coming to A and E only put them off further and would not work for other age groups who would still come anyway. More analysis of this is needed.

It is much cheaper for GPs to treat patients, but there is little funding for projects to handle asthma management or minor injuries (Dr Salt explained that Thurleigh Road practice had had a very successful pilot on this, but was then told that it couldn't continue because other practices were not doing it!).

One of Dr Edwards' specialities is sepsis, a serious complication of an infection. Without quick treatment, sepsis can lead to an inflammatory cascade, multiple organ failure and death. Awareness of it is growing but it is difficult to diagnose. Antibiotic use is going through the roof in the attempt to prevent sepsis. There are centres of excellence that specialise in stroke, heart attacks, paediatrics and trauma. There are 4 centres for trauma for example – Kings, St Marys, Royal London and St Georges. These add to the pressures on A and E in those hospitals.

People arriving at A and E by ambulance are seen quicker as their medical history is taken en route, whereas the triage can be very slow and the wait much longer for those who are brought to A and E by friends or families. However the wait for ambulances can be long, the ambulance service has massive recruitment and retention problems and the paramedics work flat out. Patient records are not altogether integrated, so that can also present challenges.

The Group thanked Dr Edwards for his excellent and engaging talk.

4. **Feedback reports**
    b) GP networks

Sandra Reeves reported that there is a new GP contract coming out next week. Sandra provided a page of information covering the main points of interest for patients regarding IT developments and Primary Care Networks. From July 2019 all GP practices have to belong to a network, joining with another practice to cover 30-50,000 patients. There will probably be nine in Wandsworth. Thurleigh Rd Practice is in discussion to join forces with Balham Park surgery, with whom we have a lot in common, although Wandsworth CCG will have the final say in whether this proposal can go ahead. We have 14,000 patients, they have 19,000 so we meet the criteria in terms of numbers. Their patient group has expressed interest in contacting ours to work together in the future. There will be 70% funding for the network to engage a clinical pharmacist and a social prescribing link worker. A Clinical Director has to be appointed - Dr Salt has been put forward for Thurleigh Road to job share with a partner from Balham Park. How Primary Care Networks will run is not yet clearly developed, although it is hoped that it will mean greater and better liaison with integrated services including say health visitors, but it may mean a diminution of GP time. There are also some directions about IT infrastructure. **The Chair asked members to read Sandra's information sheet and discuss at the next meeting.**

a) Reception

Shushma and Sandra reported that a lot of work is underway to improve the performance of reception. Salaries and new performance banding has been undertaken, and identification of competence levels expected – a more formal structure. But we are two part-time posts down and numerous no-shows for interviews. A bell on the front desk is back to be used when a receptionist is not there! The signs saying that patients can talk to a receptionist in private will also be reinstated. The reception staff are full of goodwill and new ideas abound.

b) Phlebotomy

The practice will run a pilot scheme whereby certain patients will be given blood tests at the practice e.g. those who are frail , not mobile, very ill, etc. Due to limited resources, it cannot be offered to all patients. The practice receives only £2.50 for each appointment so the full cost of providing the service is not met. Balham Park has a good service so there may be room there for collaboration.

5. Keeping Well Group - Tai Chi

Although the Keeping Well Group has completed its course, the group members had expressed interest in regular Tai chi sessions, every other Thursday at 10.30. The first six will be subsidised by the Patient Group (£240) and Gwen Rosen will talk to the tutor to see how much he would charge people after that. It would be open to all comers but also the GPs would refer people to it. They would need to be members of the practice unless special exemption is made.

6. Communication and publicity

Sandra Reeves had come across some useful booklets produced by Age UK Wandsworth. Sue will try and obtain some copies.

Sue Stern wants to produce a newsletter for patients and requested that Patient Group members send her suggestions for items both for that and our planned page on the Practice website. She and Viv Taylor-Gee would put it together.

The next meeting is on May 30th 2019.

VTG (Secretary)