

Saville Medical Group



Patient Participation Group Meeting Tuesday 10th October 2017 - 5pm

Attendees:

Patients

Harry Frith – HF
Shenene Fontenelle-Struthers – SFS
Alan Gowers – AG
Jean Kyle – JK

SMG Staff

Dr Phil Lamballe - PLL - GP Partner
David Nicholson - DN - Practice Manager
Gabrielle Twist – GT – Personal Assistant

Apologies:

Alan Rule – AR
Linda Rule - LR
George Holmes – GH
Helen Holmes – HH
Norman Kime – NK
Janette Kime – JK

1. **Previous Minutes**

Agreed for accuracy.

2. **Saville Medical Group updates**

DN wanted to give the group an update regarding the staffing team within the practice.

- Dr Tara Penfold and Dr Hannah Griffiths will be commencing maternity leave in December / January

- Dr Clare Creswell is returning to the practice in November following her maternity leave
- Dr Louisa Elkins will be returning to the practice in January following her maternity leave
- The practice have interviewed 6 possible GPs over the past couple of weeks and we hope to have some of them join the team as either salaried GPs or long term locum GPs.

DN informed the group that we have had a successful student intake for new patients.

DN discussed the successful flu vaccine uptake so far this season; we vaccinated over 1000 patients in the first week following the weekend flu clinic. Also a Nurse Practitioner went out to visit the care homes to ensure all of these patients were vaccinated. As always the Practice is willing to improve the service so DN asked the group to think of suggestions and to let him know.

3. Did Not Attend project update

DN explained to the group that the Practice has been working hard on the DNA project since the previous meeting. We are now proactively proceeding with the policy, and ensuring eligible patients who are hitting the trigger points are receiving the warning letters. DN distributed to the team an example of the warning letter so the group was aware of the content.

HF did ask if there was a way a Practice can 'vet' patients before they join so we can check we are not inheriting patients who are going to miss appointments. PLL confirmed this is not a possible task to do, as we have to fulfil the full warning process to deduct any patients.

AG asked if there is a way we can include on the letter the costings of what they have wasted for missing an appointment. DN confirmed unfortunately there is no further accurate way to measure the costings of an individual appointment being missed.

4. Prescribing and referral update

PLL explained to the group that all practices are measured and paid with a 'Practice Engagement Plan'. One of the areas we are being measured on is how many patients are referred, advice and guidance given, or seen by a consultant. We also now have to have in house discussions regarding patient cases to ensure the best action is taken for the patient. PLL circulated a paper documents which explained this further.

Another area we are measured on is the prescribing within the practice. PLL circulated examples on how we have saved money in the past year. An explanation was given as to how we lower prescribing costs, and this could be by reviewing patient need / usage of medication and then taking appropriate action while involving the patient. We also do switches for cheaper prescribing brands, this is by running internal reports to see who could be switched but also via prescribing software called 'scriptswitch' which will pop up when a doctor is prescribing something that has a cheap alternative but still the same ingredients. SF asked if there was ways we could increase the savings any further. PLL responded that some areas we do work on a lot

but just can be difficult to save money on as patients need them, i.e. nicotine patches and laxatives.

5. Any other business – Patients issues

DN asked the group if there was anything they would like to discuss.

HF wanted to thank the pharmacy team for such a fantastic service he has recently received.

Date and time of next meeting – to be confirmed