

FOXHILL MEDICAL CENTRE

HEALTHY LIVING GROUP

MINUTES OF A MEETING HELD ON TUESDAY 3 NOVEMBER 2015

Present: C T
W S
B P
G E
B H
S R
R F
A H
U G
S B
A G

In Attendance: R (Care Quality Commission)

APOLOGIES: Received from J F

CARE QUALITY COMMISSION (CQC)/OBSERVER

Prior to the normal business agenda, CT introduced R to the group saying that she would be both observing the meeting and asking questions.

R explained that she was a Practice Manager from a Doncaster Practice and was assisting the CQC visit at Foxhill Medical Centre. She asked about the age range of the Group, frequency of meetings etc. The Group responded that the youngest was around 40 years old and that all were retired. Meetings are approximately every six to eight weeks, which all found acceptable, and the attendance average is twelve.

What do the Group Discuss: R asked if community issues were raised and if the group had set priorities? All agreed that one issue, a current priority, was the recent change of bus routes and provision of adequate transport links to this Practice. Parking on surrounding roads had been discussed in the past etc. The Group has had set priorities in the past but currently deal with issues as and when they arise.
Improvements which have occurred as a result of the Group: include the provision of rapid access appointments and one recent success was the changed format of the 'flu' jabs. In the past a session was arranged for the jabs but this resulted in long queues extending outside the door.

The Group had suggested timed appointments with particular emphasis on special clinics for certain patient groups. The recommendations were put into practice for this years' jabs; short, set appointments worked exceptionally well with no queues at all.

The Group do feel involved in Practice decisions: GE noted that this even included a discussion of the car park being closed during snowy weather.

What Does the Practice do Well: all felt that, as a whole, the Practice performs very well although telephone lines do get exceptionally busy and BP? in particular, felt this was a real issue. The older population often do not have access to the internet therefore booking on line is not an option. The Practice is in the process of trying to educate the younger patients, especially, to use the internet when possible thus freeing up the telephone lines. Foxhill Forum has assisted by being in the waiting room helping interested patients. However, email is not practical for rapid access appointments. CT informed that patients can call in person and book a rapid access appointment slot. They can then either wait or return at the appointed time. Any child under five years is always given an appointment.

How long do you have to wait to get an appointment: The Group explained that this varies a great deal but, at the longest, can be between four to six weeks if asking to see a specific Doctor.

How long do you have to wait to see the Doctor: Again, this was felt to vary considerably. Some suggested a wait of between 10 and 20 minutes but all understood that sometimes this may be longer dependent on patient need or even if a trainee Doctor was accompanying the usual Doctor.

R thanked the Group for answering questions and said she would now like to observe a little longer.

MINUTES OF THE PREVIOUS MEETING

Minutes of the meeting held on Thursday 10 September were agreed as a true record and duly accepted.

NEW ITEMS

Woodthorpe Trust

C T informed that the above have exercise sessions on a Wednesday morning; they also have sessions at Chaucer Gym two evenings a week. Short walks are also arranged. They would like to get more people interested and would welcome any further suggestions for group activities. CT has some ideas and asked how the Group felt about someone being in the waiting room promoting this. All agreed this was a good idea. CT further informed that they have a fully qualified level 3 Instructor and they do lots of exercise to promote weight loss and toning up once weight has been lost. Some ladies that attended had lost a significant amount of weight. UG added that there are some chair-based exercise classes at Foxhill forum. AG also mentioned the Yoga sessions for respiratory illness.

MATTERS ARISING/ACTIONS FROM THE PREVIOUS MEETING

Shingles Vaccination

CT handed out leaflets about the Shingles vaccine which is offered to patients aged 70,71,72 and 78 and 79. CT explained that shingles is a virus related to chicken pox; once a person has been infected with chicken pox the virus can lie dormant and then appear years later as shingles.

The nerve pain associated with shingles can be very painful.

The cost of the vaccine is around £100.00 and supply is also an issue.

It is a Live vaccine therefore cannot be given to anyone already suffering from an attack of Shingles or who is generally unwell or the immunosuppressed.

Fund Raising – Art Group

CT informed that she had already put in a bid to Sainsbury's and also consulted VAS – who suggested forming a constituted Group. CT will discuss this with MN.

Community Support Worker

CT informed that a lady called K will undertake the above role. She is hopeful that K can help people become more involved in relevant Groups who can generally help them with day to day life.

BH Said she had already been in touch with this lady some time ago, on behalf of her husband, and was waiting for her to call back. BH said K had suggested lunch clubs and an exercise session at St Thomas Mores may be appropriate activities for her husband to join.

CT had emailed K's boss who had explained that K is currently covering four Practices at the moment as another colleague is off sick.

Bus Routes

MN had attended the meeting about the Bus Routes. BH also attended and said that it had not been useful and the turn out was poor. All agreed that the current state of affairs was confusing, information was sparse and conflicting and no definitive time tables were available. UG had waited 35 minutes for a bus and then two came together. AG had noted that the double Decker buses were not readily accessible for those with impaired mobility. (She had to go to the back of the bus and had difficulty negotiating a big step to access the seats.) Likewise, people with poor mobility will not be able to utilise the top deck.

After much discussion, it was agreed that currently the bus numbers 35, 32 and 86 would service the Medical Centre. However, it would seem that all three only run on an hourly basis. No timetables are available so it is not possible to schedule the wait times. All expressed concern about the provision of an adequate service.

CT reminded about the Community Bus Service but this did come at a cost of £2.00 each way and could be prohibitive for those on a low income. CT used this point to say that more should be done to ensure that people eligible for benefits should claim them e.g. attendance allowance is for travel costs such as the Community Bus Service.

A member informed that the drivers had told him that they were given no leeway for meeting the timetable i.e. road works, heavy commuter traffic etc. Additionally, some redundancies had taken place so staff shortages may impact on the service. CT was aware from a telephone conversation with STE that funding had been cut.

BP added that the constant change was not helpful; timetables would help but none appeared to be available.

SR had taken in a map and this demonstrated that some parts of Parson Cross and Southey Green would only have an hourly service. All agreed that a letter should be drawn up from the Group, as a whole, about the lack of bus services. This could be sent to MP's and any other relevant bodies. SR offered to draft a letter.

Pain Management Clinic

CT informed that AP was to start running assessments for a pain management clinic. AP was looking to get at least 15 people to show interest in attending so that she has a minimum of ten actually turn up (this is to account for the drop-out rate). AP is a very experienced worker with groups and has experience working with Medecins Sans Frontiers; the initial assessment will take around an hour. She is very interested in developing this group and will start the group in November.

ANY OTHER BUSINESS

Express Prescriptions

BH highlighted an issue where a relative had experienced difficulty with their prescription; it appeared as if some items had been taken off repeat prescribing. CT advised that the relative should contact the surgery and/or the chemist to sort this in person. The Practice does have a Computer Lead, AA, who can help with technical issues. CT explained that prescribing regular, repeat medications is for a limited time i.e. six months then the doctor or nurse would see the patient for any necessary tests which may need undertaking e.g. blood tests. This is good clinical practice as patients on long term medication still require monitoring.

Warning about Scam Telephone Calls/Callers

SR wished to alert everyone to an issue where a neighbour of hers had called a firm advertising on television about fitting gas boilers under the government scheme. She was expecting a call from the company but someone else called her claiming to be from that company and they proceeded to undertake the work - badly. She was given no paperwork as everything was arranged by telephone or paperless signing of electronic carriers. The work was done to a shoddy standard and there appears to be no comeback as no paper trail exists.

Christmas Party

This will take place at 7.00 pm on Wednesday 16 December 2015.

ACTIONS/ITEMS FOR NEXT AGENDA

- 1) CQC Visit
- 2) Newsletter
- 3) Letter to MP/other bodies about bus routes

DATE AND TIME OF NEXT MEETING

This will be held on Thursday 4 February 2016 at 11.30 am.