

Auchterarder and District Community Health Group Meeting

Minutes

20th June 2017

Minutes of the meeting of the 14th March 2017 were accepted.

2 issues that came up from the meeting were discussed. Dr McLeay had had an email from the clinical lead of the radiology department at PRI who explained that weekend MRI scanning has been arranged on occasions to reduce NHS waiting times but that this has nothing to do with private practice. It is a cheaper and better way of getting more scans done than employing external private contractors. She was not aware of any private scanning out of normal working hours in the NHS Tayside and if they were occurring at any site, they would definitely not be performed to the detriment of any NHS patient. That has been the private practice rule in radiology for a number of years.

The other issue that was brought up was the waiting room roof and although there is a stain on the roof, there is no ongoing leak.

St Margaret's Health Centre

- Changes in GPs – Dr McLeay explained that Dr Ben Price will be leaving the practice at the end of July. His decision to move is a personal one and relates to the fact that he would rather work in a more rural setting in a smaller practice. Interviews will be held for a replacement in July. This led on to a general discussion about the lack of candidates for GP positions across Scotland and in particular for rural positions. There is a general shortage of doctors in training going into general practice and when GPs finish their training, there is a shortage of GPs wishing to take on the commitment of a partnership. Many more GPs are wishing to work less than full time and a significant number of GPs who are approaching retirement are deciding to retire early.
- *Medicines in Scotland; what is the right treatment for me?* Dr McLeay had circulated a booklet produced by healthcare improvement Scotland. This is a 20 page document to help patients decide about whether medication is the right medication for them and to help them ask the right questions about their medication. Some members of the group felt that it was of no help to them as they would simply ask the doctor about their medication and would trust their GP to give them the correct medication. Others felt that there was some helpful information in the booklet but that it was very long. A suggestion was made that having a few copies of this in the waiting room with information on the front saying that people could take it away and read it might be helpful and also putting some copies in the patient information room. This led on to a discussion about the information leaflets that are in the boxes that come with medication. Those present felt that these leaflets were often very negative because of

the number of side effects that they list although there was an acceptance that this is probably the drug company covering themselves in the event that someone would have a side effect. There is also an acceptance that many people simply go to the internet now to find out about medication and side effects.

- Information on breathing problems – Dr McLeay had circulated some information on self help sessions on chronic obstructive pulmonary disease (COPD), sleep apnoea and asthma. It was thought it might be helpful to have some of this information on the TV screens and leaflets available in the patient information room.
- Waiting room TVs – Dr McLeay fed back that the practice manager is looking at getting larger televisions because of the feedback that it has been difficult to see some of the text. Members of the group also reported that they would find it easier if the televisions were lower down on the wall and Dr McLeay said that he would feed this back.
- Did not attend (DNA) policy – Dr McLeay had circulated the practice's new "Did Not Attend Policy" for discussion. This policy has been drawn up to try and help patients to remember their appointments but also to emphasise the waste of clinical time when appointments are missed. The policy plans to identify patients who have not attended 2 appointments in a single calendar month and contact the patient advising them that they have missed a couple of appointments and that a booking alert will be added to their record so that when they phone to make a further appointment, the receptionist will be able to identify that they have missed appointments and will remind them of this fact and ask them to confirm their intention to attend their next appointment. They will also be added to the text reminder service. If a 3rd DNA has occurred then the practice will review this on individual case by case basis and a decision will be made as to whether that patient will be allowed to pre-book routine appointments. There was some discussion about the text reminder service and the patient group felt that the practice were being rather hesitant in adding people to the text reminder service which seemed to be quite routine for other services such as dentists and hairdressers. The patient group were very supportive of routinely adding people to the text reminder service and only removing them if patients wanted to opt out. Dr McLeay said that he would bring this information back to the practice and that information would be put on the website and at the front desk to this effect. In terms of the loss of appointments, members of the group wondered if it might be worth highlighting the cost to the NHS for the month of these lost appointments or the equivalent GP time loss per week. The question was raised as to the types of patients who miss appointments and Dr McLeay said that it was very variable.
- Anticipatory care planning – Dr McLeay highlighted 2 resources for anticipatory care planning. The first of these was a youtube video (<https://www.youtube.com/watch?v=i2k6U6inIjQ&t=3s>) and the new Scottish government anticipatory care planning toolkit (<http://ihub.scot/anticipatory-care->

[planning-toolkit/](#)). He had a copy of the anticipatory care plan booklet which is 36 pages long and asks questions about what is important for the individual person and how they want their care to be planned for the future. There is a 3 page summary at the end which can be used to be added to a patients notes.

St Margaret's Hospital

- Refurbished minor injuries treatment room – Dr McLeay informed the group that the previous minor injuries room has been refurbished following a short period where it was closed, one of the side rooms having been used temporarily as the minor injuries room.
- Change in staff – Jackie Cutler, Senior Charge Nurse, has been seconded for 6 months and Claire Nisbett has taken over the position as Senior Charge Nurse for the next 6 months.

Any other business

- One member of the group pointed out that the RVS run a visiting service for patients who are recently discharged from hospital. Dr McLeay advised that the contact person should contact CD about this service.
- OOH phone message – There was a suggestion that the times on the OOH phone message were incorrect and perhaps this should be checked. Dr McLeay said he would look into this.
- Front desk at reception – A member of the group said that while they were standing in the queue for reception they were aware that they could hear almost everything that was being said to the patient in front. They wondered if it would be helpful to have a bigger sign perhaps just above reception to remind people to step further back and give the person in front a bit more space. It was also pointed out that the hand wash which is recommended is not accessible in its current position. Another member of the group pointed out a problem with the booking in system in that sometimes if there is a queue, it can appear that they have arrived late. Sometimes, a patient cannot log in to the booking system for some reason and they are then unable to speak to a member of the reception staff because there is a queue and it then appears to the GP that they have not arrived or are late.
- Dr Crawford Reid, who was attending his first meeting, was recently elected as a local counsellor, and spoke about some of the issues around NHS Tayside and some of the possible future changes. He raised the possibility that PRI may stop being an emergency unit because of the duplication between PRI and Ninewells and that it may become an elective unit only. He also raised the possibility as to whether the A&E at PRI would continue in its present form and also raised concerns about whether Ninewells Hospital could manage with the increased workload that changes at PRI would lead to.

Date for the meetings for the remainder of the year were noted as follows:-

Tuesday 1st August 2017

Tuesday 19th September 2017

Tuesday 14th November 2017

Tuesday 16th January 2018