

**Notes from the Roundwood Patients' Group Meeting Thursday 15th November 2022
6-8pm at Roundwood Surgery Wood St.**

Present: Arthur Lacey (Chair); Dr Milind Tadpatrikar, Mrs Ros Reville (Practice Manager)
6 members with 6 apologies.

It was agreed that the **notes of the previous meeting** were accurate and there were no matters arising from them.

The practice had run a training session on **NHSApp** which had been well received. Patients can request to register for further meetings if they wish. The practice continues to be the top group of practice with high numbers of patients registered. This has had benefit to both patients and the practice.

It is hoped that **appointments** may be booked through **NHSApp** from next year.

The **email address** for the practice is:

nnicb-nn.roundwoodsurgery@nhs.net

Messages sent to this address will be answered but not necessarily immediately.

Requests for appointments cannot be made by email.

Group activities since last meeting.

Flu Clinics

The chairman thanked all those from the group who had attended to help at the Towers. This was much appreciated by the practice.

He apologised that he had left early & at short notice. Some lessons had been learned by running the session which can be applied in the future.

About **600 patients** were vaccinated on the day & the Saturday session had also been very successful.

There are still about **900 patients** eligible for vaccination who have yet to make appointments.

Mansfield Radio 103.2

This radio station has been running a series of weekly talks and interviews on the **NHS** which are accessible on the Internet. One of these focused on **General Practice** and they came to **Roundwood Surgery**, interviewing Milind, Ros and Arthur as well as staff members about their roles.

This had come across very positively. The staff members were congratulated and thanked for their interviews.

The **treasurer** has reported that funds are healthy following a generous donation from the practice.

Practice matters

- There is a new **black board** in the waiting room to show information for patients. This will be regularly updated and hopefully readable from all areas of the waiting room.
- This shows that the practice has offered **1604** appointments this week of which **74** have failed to attend.
- **Dr Nadi** and **Kylie Ward** our new ANP have settled in well at Roundwood (Dr Nadi after being sponsored by the practice at some cost). She is working 3 days per week at Roundwood.

- **Space.** Work is starting on conversion work to provide **2 extra consulting rooms at Wood Street and 2 at Forest Town.** The practice now has 8 registrars, and with all the other clinicians more space is required. At Forest Town these will be **upstairs**, and staff will ensure that patients can negotiate the stairs when making appointments.
- The practice will be less tolerant of **abuse** in future. (A patient became angry and threw a sample bottle at a receptionist). If this type of behavior is repeated, patients will be asked to leave the practice.
- There are problems with **staff sickness** at present, often short term but there are 3 staff members on long term sick and their specialist skills cannot be replaced easily by agency staff. Staff have been doing overtime but there are limits to what they can do.
- **Appointments** continue to be under pressure. '*One problem*' clinics have been tried at Roundwood and elsewhere, but this has not been successful. Booking nurse appointments online is difficult due to the differing lengths required for different treatments.

Rosewood Primary Care Network (P.C.N.).

- Milind repeated information about how the 5 practices are working together to provide extra services, pooling resources, and how he is involved as the medical director 2 days per week. (Much of this is explained in the document previously circulated and on the website).
- **Concern** was expressed about the pressure on Milind with all this extra work which he appeared to be doing with little support. He gave assurances that although he provided the ideas and was heavily involved, he was well supported by a P.A. and the various practice managers of the P.C.N. There is also administrative support. He complimented Ros on her support particularly.
- How would we know if the P.C.N. was getting **results** and how were these to be measured? The problems of measuring the NHS were discussed as was the number of staff doing this work in the hospitals.
- A particular problem was raised about how help could be obtained in an emergency. A patient could not be fitted into the surgery, 111 was engaged and an ambulance could not be provided, requiring the patient to be taken to A&E by friends. No solution was obvious.

Nottingham and Nottinghamshire Integrated Care System (I.C.S.) – successor to the C.C.G.

Several members had logged into the briefings recently or have downloaded information about this.

Comments were:

- Good intentions but how were they to be achieved?
- Heard it all before, why was it not done when we had the money and not now when we don't?
- Nothing new.
- Highly paid staff but little common sense of knowledge of people or primary care needs.
- Little common sense (i.e., the poorly resourced plan for diabetic care in the community expecting nurses to upskill without enhanced payments)
- Lack of proper patient representation (previous experience was that this was focused on particular health groups and voluntary services who also held contracts for providing care).

Future meetings Concern was raised about distraction with patients during the meeting and low numbers on such a wet and dark night. We have been meeting in this manner for several years and there was little support for change. There are positives in being seen by patients. Arthur agreed to seek views on changes to venue and time especially during the winter.

The **date of the next meeting** will be in January, but date time and venue will be decided after this consultation.