School Lane Surgery

Patient Reference Group (PRG) Minutes

(Condensed)

Meeting: Thursday 25th October 2016

1. Dr Martin Hadley-Brown

We began the meeting by discussing **general surgery matters**:

The surgery has 6 or 7 doctors on duty every working day, plus a number of nurses and junior doctors in training to be become GPs: the term 'junior doctor' is a bit of a misnomer as these people are at least 4 years out of medical school, and have some 10 years' experience altogether.

The busiest of the doctors are the 2 on-call GPs, who can be faced with a hundred or more patients wishing to see someone on the same day. All other doctors at the surgery are for pre-booked appointments only.

The surgery would dearly love to be able to employ more GPs but there is no funding for it, and a general shortage of doctors means it would be difficult to attract them. The on-call workload is considerable, and not all GPs are able to tolerate it: some have left the surgery as a direct result of the pressure.

Our Clinical Commissioning Group is not yet in charge of the surgery but this may change, with the introduction of Primary Care Home and the local surgeries having formed an alliance. This step has been taken to try to improve local services and save money, and though each surgery will be batting for its own side, so to speak, both School Lane and Grove Lane are getting on well: bringing in Watton surgery will also help to improve community services.

The future will see more collaboration with the other surgeries, as we all face challenges and opportunities: the louder our collective voice the more clout we will have in the decision-making process.

The Clinical Commissioning Group has to agree all spending with the surgery, and as good as Primary Care Home sounds, it will not get off the ground properly if the funding isn't there.

District Nurses are employed by different trusts, they are not officially attached to the surgery, but it is hoped the advent of Primary Care Home will provide an opportunity to change this situation. Many moons ago the District Nurses occupied a room at School Lane and the GPs had easy access, but now they have to fill out 3 page forms just to request a home visit.

The surgery has secured some funding to trial new services at the Healthy Living Centre, some of which have been put off in the past by the high rental charges. The building is owned by a Private Finance Initiative scheme, which means that it was built with private money and is leased back to the NHS, at what some consider to be an exorbitant rate.

There is currently a drive to try and identify 'ghost' patients, where surgeries are being paid for registered patients that are no longer in the area, or even the country. A significant proportion of the School Lane patient list is made up of foreigners, and though the effort is made to try and keep up to date, it is quite difficult when people decide to go back to their country of origin but neglect to inform the surgery.

At this point we turned to the discussion of **diabetes**:

The number of patients with diabetes in Britain is over 4 million, an increase of 65% in the last 10 years, 89% of whom have been diagnosed with type 2. The disease is estimated to cost the NHS 10 billion pounds per year - when all treatment, including amputations and hospital stays for hypoglycaemic attacks are taken into account - and the cost of prescribing drugs for the condition is not far short of one billion pounds: this equates to 10.6% of all prescriptions issued by the NHS. More money is spent on diabetes than for any other medical condition (type 1 + 2 combined), and current projections are that if numbers continue to increase at the same rate it will take up 16.9% of the NHS budget by 2035; an unsustainable burden?

Type 2 diabetes is to a large extent a disease of developing nations, and it reflects the way in which people are less fit than they once were as 'hunter gatherers.' The heavier the patient the more resistance they will have to insulin.

Causes of the disease are not just a lack physical exercise, though that is an important element, but also smoking, excess alcohol consumption, high blood pressure, cholesterol levels and general diet. Statins have proved to be effective at controlling lipids (cholesterol), and the negative publicity these drugs have received in some quarters is not justified: any drawbacks are far outweighed by the benefit of taking this medication.

What many people do not realise is that there is a significant element of luck involved when it comes to developing the disease, and no two patients are the same: individual genetic makeup can make all the difference.

Diabetes can affect the nervous system, and a type 2 patient is quite likely to have some deadening of the nerves. This can lead to a situation where the patient might feel some mild discomfort in their chest, when in fact the deadening of the nerves has helped to disguise the fact they may have suffered a heart attack!

Podiatry is also important in the context of deadened nerves, and diabetics feet should be checked regularly to make there is no damage from stones etc. in their shoes.

Diagnosing the disease early means it can be treated more successfully, and an intense course of treatment early on will be effective in the long-term, if not actually provide a cure.

Type 1 diabetes is a very different matter, mostly developed in adolescence it can be very difficult to treat. The majority of youngsters with this type will be cared for by the hospital and not their GP, unless they express a strong desire to do otherwise.

Maintaining a healthy diet is important in both types of the disease, and both sets of patients need to reduce their calorie intake. Fat consumption makes little difference in day to day management of symptoms, but sugar must be controlled: this includes those contained in pieces of fresh as well as preserved fruit.

Some aspects of type 1 diabetes are not yet understood e.g. some females will develop the disease while pregnant, but once their child is born it will disappear: it has been known to return later in life.

Genes play a part in the individual susceptibility to developing diabetes, and there is currently some important research going on into the bacteria of the gut. The next 20 years is likely to see some exciting advances made in treatment, which may involve the transplanting of bacteria from one person to another.

UK regions can vary quite markedly in the number of cases of diabetes, and while Thetford is currently 6% of all patients, Bradford is 15%. Patient ethnicity is an important factor too, with Pacific islanders, Asians, Afro-Caribbean and even the Portuguese being particularly susceptible to the disease. Eastern European numbers are average; but they have a worryingly high incidence of thyroid disease, which may be down to the Chernobyl effect?

The symptoms for type 1 are obvious, and without treatment a patient is not likely to live beyond a week. Type 2 is very different, and a patient may go for years without being diagnosed, which may cause them irreparable damage: diabetes damages the blood vessels, and can lead to amputation. If caught in the early stages then type 2 can be reversed, though there is no guaranteed cure.

Screening for diabetes is vital, and the surgery is desperately trying to gain more funding for it.

2. Significant Events (1-7), Complaints (8-10) & Compliments (11-15)

1. One patient was logged into the triage clinic under the wrong name, in a mix-up by reception, and the GP also failed to notice the error. Medication was issued to the incorrect name, but fortunately the patient had the good sense to query the matter with a nurse and the records were amended: protocol was not followed by reception when booking the appointment - a near miss.
2. The ‘children with safeguarding’ icon which appears on the repeat prescription screen was not properly understood by a new member of the reception team, and inhalers were issued without GP authority: the item appeared as repeat medication though it had not previously been issued - a near miss.

3. A Polish child's health record was brought in for translation, but when the father returned to pick it up it had seemingly disappeared. Despite a thorough search it was not found until some weeks later when it turned up in a work tray: British health records are kept in a bright red book, while the Polish is white with a picture on the front. This lead to some confusion as people were looking for a red book, and it was no surprise to learn that it was found by Dominique, a Polish lady! - another near miss.
4. 3 boxes of paediatric immunisations were left on top of a filing cupboard in reception, and following investigation it was found that a receptionist had been unsure as to where to put them. Unfortunately they failed to notice the 'keep refrigerated' notice on the packaging and they were placed on top of the cupboard where other items are left for a nurse to store appropriately: this medication was destroyed as the 'cold chain' had been broken - incident considered a significant event.
5. Sharps boxes, for the storing of used needles, have been returned to the surgery without first being properly sealed. This is dangerous practice because it puts staff at risk of 'needle stick' injury, and all relevant patients have been contacted to request that this is done before the boxes are handed over: staff have now been trained to accept sealed boxes only, and to ask that patients check they are closed upon arrival at the surgery - a near miss.
6. A black bin bag full of 'black top' sharps boxes, for blood-borne diseases, had apparently been lobbed over the boundary wall at School Lane by a member of the public. The bag was found by Claire, and subsequently taken to Boots for destruction: SLS does not have a contract for disposal of such items, and the patient should have taken the items to the pharmacy or a collection point - a near miss.
7. Upon arriving at the surgery one morning it was discovered that there was no internet access, and it turned out that a cleaner had switched off the server while doing their cleaning the previous evening: the problem was soon resolved and internet access was restored by 7.30, enabling the surgery to be fully operational by official opening time - a near miss.
8. A patient complained that they had to wait too long for their appointment after arriving at the surgery: the surgery apologised, sometimes these things can't be helped, but the patient couldn't wait so left.
9. One patient should have received a prophylactic treatment for their puncture wound, following a dog bite, but this was not given: this was a mistake, and training has been given.
10. Another patient was not 'arrived' by reception when they turned up for their appointment, and having been there some time already they were not prepared to wait: the surgery apologised.
11. Dr Tomlinson received thanks for her care and compassion from patients having a difficult time.
12. The flu clinic came in for praise from patients.
13. Muriel Hadley-Brown was thanked for her support and guidance at Well-being Day.
14. Nurse Debbie and Dr. Aminu were thanked for their quick response to an abnormal heart rate.
15. The surgery was thanked by parents for its response to their child who was suffering a peanut allergy.

3. Other Business

a) Dr. John Scott will retire at the end of the year. John is now 60, something which PRG members find hard to believe, and he is looking forward to slowing down a bit. He will continue to work as a locum from time to time, but it will be nearer to his home which is some miles from Thetford.
b) DNA - There were no less than 636 patients who failed to show for their booked appointment in September, a truly shocking number. The total for last year exceeded 6,500!
c) Our own chair missed a b12 clinic, which he attends every 3 months, and it is only down to an eagle-eyed nurse, Louise, that it was picked up. Patients are not able to book 3 months in advance, and these things are likely to happen because of it.

NEXT MEETING: Thursday 8th December, 7.00 pm at School Lane Surgery