

**Minutes of Wetmore Road Surgery  
Patient Participation Group Meeting**

Wednesday 13<sup>th</sup> June 2018

<b><u>Present:</u></b>	<b>Patients x 10</b>	Ian N, Gillian H, Beryl W, Pam M, Steve W, Bernard P, Gill R, Jennifer E, Jane K , Sarah C
	<b>Surgery staff</b>	Rob Paton – Practice Manager,
	<b>Apologies</b>	Dr Slack
	<b>Observers x7</b>	Susan B, Ifor J, Rob W, Catherine L, Susan D, Joy J, Mike P

<u>Agenda Items</u>	<u>Action</u>
<p><b>Opening Words from the Chair</b></p> <p>IN chaired the meeting, he welcomed everyone, noting how encouraging it was to have 18 people present for a PPG meeting. It is impressive &amp; an unprecedented number and he thanked SC for her work in promoting and facilitating this. We have had a problem with recruitment for a long time and it interesting how the survey has led to such a level of response. SC commented that there are many more expressions of interest and hopefully those who couldn't make this meeting will be able to come to the next one.</p> <p>Introductions were made of both existing members and those attending for the first time with a view to joining the PPG.</p> <p>Dr Slack at sent her apologies as she is on annual leave.</p> <p>The minutes of the last meeting were approved.</p>	
<p><b>Outline of the work &amp; purpose of the PPG</b></p> <p>IN shared about the PPG</p> <p>The purpose of the PPG is to engage patients with the practice; to drive services, act as a sounding board and to be a patient voice. Being part of the PPG is not a quick route to get an appointment or gain favour as a patient with the practice. The group offers a collective view to help Rob and the practice. The rules for meetings are clearly stated on the agenda. Everyone was encouraged to speak up and share their views and experiences – they are all equally valid and the range of ideas and experiences make us stronger as a corporate group. There are 18 local PPGs within the CCG area and these feed into the District Group. Each PPG operates in a different way and the size and make up of them varies considerably.</p> <p>RP thanked everyone for giving their time to be part of the PPG and expressed the practice's appreciation of their support. The practice really value the input of the PPG but made it clear that sometimes there are limits on the responses they can make.</p>	

IN went on to express how hard RP works to take on board the feedback from the PPG but don't shoot him as the representative of the practice when it doesn't feel like it is acted on. Everyone was encouraged to keep feedback constructive rather than sound like negative criticism.

### **Survey Responses**

It is a positive reflection on the practice that such open and transparent questions were asked and the responses welcomed. Those present were asked to highlight which issues had caught their attention as they had read through the comments.

#### 1. Phone lines

This morning one patient has been number 1 in the queue for 40 minutes! RP explained that previously there were 4 phone lines. As a result of previous feedback there are now 8 lines, 6 incoming & outgoing and 2 exclusively outgoing. This means there is always a phone available if a doctor needs to make a call back or 999 call. However, limited staff & office space means they still only have capacity to answer 3 or 4 lines. Previously if you couldn't get through you got the engaged tone and had to keep redialling. Now you are in a queue. The building was designed for a patient population of 7000 – 8000, now there are 11000 patients it is not fit for purpose. This is an issue that arises time and time again throughout discussions.

#### 2. Music/Radio

There were various comments made as to the volume of the background music in the waiting room and the difficulty hearing the jayex board bleeping or receptionists making announcements. It was agreed this needed more discussion and would be put on the agenda for the next meeting. RP acknowledged that there was a day recently when the jayex board was not working; this has been resolved and is a separate issue from the radio. Ideas to be considered include whether the radio is preferable to music and whether a microphone or similar should be used by receptionists. There is a particular issue for those with hearing impairments.

#### 3. Online access

Some patients had responded expressing the desire to be able to make appointments and request repeat prescriptions online. This service has been available for a few years but if patients are commenting on it that means we need to work on promoting this service. It is on the practice's agenda anyway as there is a target to increase the percentage of patients signed up for online access. There have also been changes to the patient access recently. The practice are working on improving their familiarity with the system over the summer so it was agreed this would also go on the PPG agenda for the autumn to help the practice promote online access.

GDPR meant the practice asked all patients to respond to confirm they wanted to continue to receive text messages from the practice. Only 3000

**Next meeting**

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patients responded which is a significant reduction. Helping push this service is something the PPG could take on board alongside promoting online access. The PPG had asked for text message reminders to be brought in as part of work to reduce DNA appointments and was introduced in 2014.

#### 4. Appointments

SB had done a very brief audit of the responses linked to difficulties make an appointment and counted 160 (approx. one third of all responses). It is an ongoing issue that has been discussed at length. RP acknowledges they have not got it right despite many trials but equally there are limits on what can be done to improve it further. It was questioned whether some of these are being taken up by non emergencies due to lack of access longer term. There are 60 'on the day' appointments available every day. The rest are pre-bookable. The total number of appointments available each day varies according to how many GPs have sessions on any given day. There are most appointments on a Monday when demand is greatest after the weekend, on average 150 appointments are available on Mondays. Pre-bookable appointments can be made 4-5 weeks in advance. Sometimes demand does necessitate using up some of the 'on the day' appointments. Currently the wait for a pre-bookable appointment is 2-3 weeks; supply cannot keep up with demand. The receptionists need to get out of the habit of asking patients to try again in the morning and work needs to be done to encourage patients not to clog up the system. It comes back to patient numbers as all patients in the area are entitled to register and the boundary cannot be changed.

Care Navigation will be coming in July. The initiative is being rolled out across the whole of Burton and the receptionists have been undergoing training in preparation. (More in practice news)

Recruitment issues limit the potential to respond by offering more appointments. Over the last 14 months there has been an increase of 5 clinics per week making more appointments available.

Building space is another challenge limiting options. The PPG feel strongly that the CCG need to be more proactive working with the council to secure section 106 money and being more vocal about the impact of so many significant housing developments on local health services. Funding need to be made available for new premises and land found to build on. One of the CCGs solutions is to amalgamate practices into fewer, larger practices where a wider range of services can be offered. Practices are wary of combining with others.

It was questioned as to whether the practice is in denial about the size of the problem. The local school is having 2 extra classrooms due to the influx of new pupils and presumably the practice is being impacted in the same way. RP said he would like PPG support to lobby for a new building. While we are not the worse in the area we are struggling. It is all very well saying the practice is coping, it isn't a crisis.... yet but surely we need to act now before it develops.

<p>The PPG will support in anyway they can but would like the practice to tell them how to help. It was suggested that maybe a sub committee could be formed to write some targeted letters. It was agreed that this also would be on the agenda for the next meeting and the feedback from the survey could be used as supporting evidence.</p> <p>SB was asked, as she had done some initial statistical analysis of the responses if she was willing to compile some more data to bring to the next meeting. She agreed to this and SC will resend the responses in a format to facilitate this.</p> <p>RP would welcome any suggestions as to how to improve the appointments system.</p> <p>It was asked what happens when patients do not attend (DNA). This is something the PPG worked with the practice on a few years ago to tighten up the policy. If a patient DNAs twice (in a 12 month period) the practice write to them, after a third missed appointment a final warning is sent. If a patient misses 4 appointments in a 12 month period they may be removed from the roll but this is a last resort. While publicising the number of DNAs is helpful there are other priorities for the surgery. If a patient cancels an appointment the appointment is reallocated from the waiting list for that day</p> <p>One patient shared he had felt uncomfortable about the response they had received when arriving late for an appointment due to traffic problems. RP stressed that receptionists are encouraged to be cautious in how they respond when patients arrive late, especially in light of all the bridge works but there have been some new receptionists recently and they are still being trained. Complex issues (especially mental health issues) can mean the GP is running late so need to be mindful of this.</p> <p>The forthcoming bridge works are going to pose challenges for timekeeping. 40% of home visits are over the river and so will take more time. Visits will be re-allocated to try and limit how many doctors need to cross the bridge to utilise their time wisely but they will be running late as a consequence.</p> <p>IN asked that at the next meeting we could come up with half a dozen targets and an action plan.</p>	<p><b>Next meeting</b></p> <p><b>SB/SC</b></p>
<p><b>Feedback from NAPP conference</b></p> <p>NAPP is the National Association of Patient Participation. JK attended their annual conference last weekend. The Keynote Speaker was President of the Royal College of General Practitioners. He spoke about GP pay being lower than in other areas of the NHS. Secondary care receives 92% of NHS funding, funding for Primary Care is currently at 8%, down from 11%.</p> <p>GPs are under considerable pressure, they have more and more work pushed into primary care but less money. One of the unintended consequences of this is that more patients present at A&amp;E and the vicious</p>	

circle continues.

Continuity of care was discussed. If a patient cannot see their GP of choice they are less likely to take the advice they are given. They are also more likely to make a return appointment to see the GP they originally chose, causing more wasted appointments.

The biggest issues are shortages, money, continuity of care and access. There is increased expectation and decreasing satisfaction.

PPGs can play a vital role in supporting with some non medical issues. Some innovative ideas have been taking pressure off surgeries by addressing needs such helping patients with form filling and reducing loneliness.

Our PPG has been putting together information packs about local support groups so patients can access specialist help and information locally. This is an ongoing project GR heads up and the PPG were reminded to keep passing information to her.

### **Feedback from District Group**

GR represents the PPG at the district group and JK has expressed an interest in being the second representative.

The patient board have conducted a Friends and Family Survey of Virgin Care Service users. The results showed 90+% satisfaction despite its reputation and public perception. Questions are being asked as to whether the targets are too soft and where the mismatch may be.

RP explained that Virgin Care have been given responsibility for district nursing and community services and end of life care.

An issue with the merger between Queens Hospital and Royal Derby has been over bus passes. Patients with Special Needs may have a bus pass entitling them to travel with a carer – however while the patient's bus pass entitles them to travel outside of Staffordshire the carers bus pass so not extend so far. The patient board are investigating this through the appropriate channels.

Healthwatch have had their budget cut by 60%. IN explained Healthwatch are a voice around health concerns and offer advocacy services but they are not statutory funded unlike PALS.

Mobility Link have had financial issues and training requirements have changed resulting in drivers leaving. This has primarily affected care homes.

The hospital merger is going ahead on 1<sup>st</sup> July.

The red bag scheme is being rolled out to improve accuracy of care home residents who have to be admitted to hospital and money is being raised to fund this.

There was a talk by the Macmillan Cancer Care Engagement Lead who

spoke about the role of Macmillan nurses supporting those affected by specific cancers in the community. In the future she would be willing to come to a PPG meeting if there is sufficient interest.

### **Practice News**

Wetmore Road is a training practice. Currently both trainee GPs are on maternity leave. There maybe a new trainee joining on 1<sup>st</sup> August. This would be a first year trainee whereas the others are 3<sup>rd</sup> years.

Patient numbers are stable at 11019.

Hearing aid batteries will now be available from the practice.

Care Navigation is being introduced to every practice in Burton. The receptionists have been fully trained. Patients will be asked the reason for the appointment but are not obliged to give an answer. Receptionists will signpost patients to the best source of help, be that the pharmacy (for minor ailments, pharmacists can prescribe some medications and there is no charge for this if the patient is entitled to free prescriptions), a nurse, a gp appointment or directly to A&E. The surgery will be promoting the changes and reasons for them. There is concern that the receptionists will be perceived as dragons. It is hoped that Dr Law will record the answerphone message to strengthen the message that the doctors are behind this change and it is not just nosey receptionists. The PPG have supported this initiative since first being made aware of it. RP asked for feedback at the next meeting. It was asked if a patient cooperated and shared the reason for the appointment whether this would be logged on the computer so the GP was prepared for the appointment. RP said this was a work in progress. PM shared that when she has experienced this it has be beneficial.

An Assistant Practice Manager has been appointed to assist RP with his workload. She is an experienced Practice Manager, will take up the new role on 2<sup>nd</sup> July and will take the lead on areas such as the carers package, online access and PPG liaison. It is hoped this will reduce the need for fire fighting. She will support RP with the PPG but not replace him on the group.

NHS Health checks for 40 year olds+ are funded by the local council. Changes mean they are now targeted at residents in certain wards. Only half the patients registered now qualify and as the surgery do not support the postcode lottery it has created they will be cutting the service. It is entitled "Everyone Health" but it isn't everyone! If a patient would like a health review the practice will signpost them. Medically they are not always useful. And the practice are already very proactive with preventative work. Patients will be able to self refer.

To comply with GDPR there is a new privacy notice. This is available in full

**ALL**

on the website and a slightly abbreviated version is displayed on the notice board.

**Date of Next meeting**

It was agreed to postpone the next meeting until the bridge works are complete and so will be on Thursday 13<sup>th</sup> September, arrive from 6pm.

The meeting closed at 8.30pm