

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

Wednesday 12th October 2016

Present: **Patients x 5** Gillian H, Gill R, Beryl W, Pam M & Sarah C

Surgery staff Rob Paton – Practice Manager

Apologies Hazel B, Steve W, Bernard P, Laurie F Jan C

Non-attenders Ian N, Margaret B

<u>Agenda Items</u>	<u>Action</u>
<p>IN had been expected to attend and chair the meeting. In his absence RP led the meeting and it was of more informal discussion format. AP has resigned from the group due to additional work commitments.</p> <p>The minutes of the previous meeting we agreed and RP will arrange for them to go on the website.</p>	<p>RP</p>
<p>Updates since last meeting</p> <ul style="list-style-type: none"> • RP had received the minutes from the last meeting of the East Staffordshire Patient Engagement Group. This is a meeting for the PPGs (amongst other local groups with interest) of the area covered by our CCG. Those present were generally unaware of this group and our PPG has not been engaging with the group as we have been out of the loop of communication and where unaware of the meetings. RP offered to follow it up and ask for the dates of future meetings and will forward the minutes to SC to share with our PPG. It is important that our PPG engage with this to be part of the wider context, particularly with so many changes happening locally in the NHS. It was also agreed the RP would ask John Bridges, the vice chair of ESPEG to come to one of our meetings to share what other things are happening locally that we could be involved in and to inspire us as a PPG with ways to increase engagement with our patients and practice. • Virgin Care & Out of Hours Service GH and GR attended the meeting at Branston Golf Course. The lack of prior notice was flagged up. RP had shared the information as soon as he received it, 5 days before the meeting. While Virgin need to engage with the wider community people can only attend if they know about it and at the moment it is only publicised in the practices, and at short notice which severely limits the number and type of people who get to hear about it. When Virgin take over oversight of the OOH, currently run by Staffordshire Doctors Urgent Care, it will move from Cross St to the hospital. They will be using to what were previously known as wards 3&4, currently unused, behind A&E. It will NOT be a walk in centre. They will only see those who have had appointments made through the 111 service. Accessibility and parking were both raised as issues; a drop off area 	<p>RP</p> <p>Volunteers to attend needed</p>

can be used by the entrance but it is strictly drop off only. Currently when you ring 111 you speak to a non medic who has a computer system to guide them through the symptoms to signpost patients to the most appropriate service. The plan is for this to be staffed by nurses who will have the medical expertise to triage patients. If it is decided that you need to see a medical professional face to face you will have an appointment made at the hospital and on arrival further triaged to see whether you should be seen by a nurse, doctor or directed to A&E. The hope is that there will be better use of resources and with all levels of expertise in one place a smoother transition between specialities. As part of "Improving Lives" Virgin will be overseeing triage in the hospital beyond OOH services. To try and reduce bed blocking any patient discharged overnight should be under the care of a named nurse who will be responsible for ensuring everything is in place for their discharge and they go home with all that they need (including things like milk in the fridge) and that the care package is in place. The suggestion is that if this is happening more promptly patients will be back home before their existing care packages have time to be cancelled. There is also work being done to see whether with more nursing support (eg for cannulas and assistant with hydration) patients can stay in their care homes without the need to be admitted to hospital.

- Within the PPG there were questions as to whether there were enough nurses available and seeking employment to staff all these services? Many of them sound good in principle but will they deliver? Virgin is a business and therefore will expect to make a profit; how does this sit with the NHS who are struggling for money. If the NHS had the same money given them would they be able to provide an as good, if not better, service.
- There was a brief discussion on the recognition that there are so many draws on NHS finance that doctors are restricted by Procedures of Limited Clinical Value which rules out a range of procedures which could be carried out but the cost cannot be justified. There is a system to appeal to the CCG based on individual circumstances. There is a finite amount of money and difficult choices have to be made, which don't always match patient expectation. Consultant to Consultant referrals are being reintroduced to avoid the need to keep going back to the GP to be referred for something a consultant has recommended. In Derby consultants are being asked to protect GPs and not increase their workload unnecessarily.
- It was stressed how important it is that we continue to have representatives at all the meetings that are happening so we keep up with all the developments. No-one has time to attend all of them and so everyone within the PPG needs to play their part in this. If possible please let SC know if you are or have been to a meeting so we can keep a log of attendees and schedule time for feedback.

Everyone

<p>Patient Surveys</p> <ul style="list-style-type: none"> • IN was not present to share what he had priced up for voting systems for single question surveys so this item was postponed until he was present. <p>Patient Education Events</p> <ul style="list-style-type: none"> • Time was short and with the previous discussion about inviting John Bridges to a future meeting it was decided to put this item aside until the new year. • SC shared that Specsavers had emailed advertising their hearing loss service and approaching PPGs to publicise their service. It was decided this was too much of a commercial activity to pursue it further. 	
<p>Practice Update</p> <ul style="list-style-type: none"> • There are currently almost 10600 patients on the practice list; an increase since the last meeting. • They has been another change to the appointments system to try and address the knock on effect on Mondays being book on the day only. Monday morning will continue to be book on the day only and all partners will be consulting. There will be some book pre-bookable appointments on afternoons but Tuesday mornings will become book on the day only. 5 doctors will be consulting on Tuesday mornings. • RP is putting together a practice newsletter and would like suggestions as to what to put in it from the PPG. 111 changes were suggested; other ideas can be sent in via SC but need to be done ASAP • Texts have been sent out inviting patients for their flu jabs. BW had been made aware there was some duplication of texting. She was asked to find out more and to pass the info on to RP to see if it was a misunderstanding or a glitch in the system. 	Everyone
<p>AOB</p> <ul style="list-style-type: none"> • RP had received a notification of a question and answer session with Virgin Care and as GH had attended the previous meeting at Bridge St we were invited to be represented again. Tuesday 1st November at 6pm. GR and SC offered to try and attend, others are welcome. Please notify SC so we can make Bridge St aware of how many to expect. 	Everyone
<p>Date of next meeting</p> <ul style="list-style-type: none"> • It was felt that with some much happening leaving it until the new year for another meeting would be too long and so to avoid the busyness of December it was agreed on Wednesday 23rd November at 6pm. 	
<p>RP thanked everyone for coming and for their commitment. The meeting closed at 7.30pm</p>	