

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

Wednesday 19th April 2017

Present: **Patients x 6** Ian N, Gillian H, Beryl W, Pam M, Jennifer E & Sarah C

Surgery staff Rob Paton – Practice Manager

Apologies Gill R, Steve W

The meeting started with an informal time and refreshments to which all practice staff were invited.

Agenda Items

Action

IN chaired the meeting and welcomed everyone. He reiterated the new timing, with fewer but longer meetings was for a trial period (3 meetings) and feedback was welcome regarding this. RP reported that today had been a particularly busy & stressful day in the surgery and staff were still seeing patients and making phone calls so weren't available to attend.

Apologies were given from 2 members. The minutes of the last meeting were agreed.

The next meeting is the AGM and will be discussed later in the meeting.

A letter had been received from HB resigning her position as a member and as chair of the PPG. RP read this out. It was agreed the changes had been made on the basis of the consensus of opinion and should continue as agreed. If HB is in a position to re-join in the future she would be welcome back. IN has no desire to be chair but will act in that role until the AGM. GH asked if we could ensure we stuck to the new times as agreed and not overrun. Everyone agreed this was important and it was hoped the new structure would enable this to happen. It was agreed to go ahead with varying the days of the meetings to ensure no one missed too many meetings due to other commitments. The minutes will be as comprehensive as possible to ensure anyone not attending is fully informed.

A card will be sent to HB to thank her for her work with the PPG

SC

Practice Update

- Dr Anita Clarke has moved on to another practice nearer her home. Dr Karen Slack has joined the practice. She started on 3/4/17, has settled in well and initial feedback is good. KS is interesting in working with the PPG but does not work Wednesdays so could not attend tonight, hopefully she will be at the next meeting.
- The practice are close to getting another new doctor. Preliminary discussions are positive. It is a newly qualified GP (completed all training), to work 2 days a week (Wed/Thur), initially as a salaried GP but may become a partner further down the line. The earliest she could start would be July/August. The practice currently have 6 partners and 1 salaried GP. Space is an ongoing issue and the new GP would have to hot desk.
- IN asked if it would be possible for the additional appointments this would facilitate could be offered in the evenings rather than daytime. RP said not at this time as the additional costings of providing reception and nursing support as well as having the building open longer make it prohibitive. RP explained talks are taking place at CCG level to provide an evening and weekend service locally by next year. It has not been

decided how it would happen but Wetmore Rd had expressed an interest in being part of this if it happened as a cooperative.

- Nursing capacity has increased to be able to provide 1 additional clinic a week.
- Patients numbers are still increasing. Since the last meeting they have gone from 10730 to 10810. This is primarily due to Carlton St tightening their boundaries and removing patients. The knock on effect has been Wetmore Rd has taken on more additional patients than all the other surgeries combined. RP explained how practices have an inner boundary where new patients can join the practice and an outer boundary where existing patients can continue you with practice. Some elderly patients are outside these but it is not felt appropriate to remove elderly patients at a vulnerable time of life. Each are should be served by a minimum of 2 practices to allow for patient choice. Some central areas are covered by 3 or 4 practices. NHS England hold the boundary contracts and where other practices locally are changing their boundaries NHS England have been made aware of the additional pressure this is placing on Wetmore Rd. There are historical issues where practices have moved premises leading to boundary changes. Many of the new housing developments are over the Derbyshire border and while geographically nearer to Burton should be catered for by the Derbyshire CCGs, a real example of the postcode lottery. Inevitable there will be some cross over but it creates complications for referrals and whether these are done on the basis of the location of the GP or the residential address of the patient. Changes are happening to say this should be GP based.

Feedback from District Group

GR had sent a report and IN was able to explain some of the items in more detail based on his knowledge from other meetings he had attended.

- A&E at Queen's Hospital is not closing despite much scaremongering in the media. The hospital "merger" looks likely to go ahead and talks are at an advanced stage. It is sounding positive that the new partnership will enhance services. It may also lead to funding from the NHS for building work.
- The Patient Board have raised concerns about Virgin Care and these have not been dealt with to their satisfaction. There has been a lot of talk but limited/no accountability. Virgin Care are now not going to the IMEX but will move to Anglesey House. Once they move out of the hospital they will look at re-starting what they are trying to achieve. There have been issues with IT with Virgin and the CCG each blaming the other for mismatch problems. The patient board are holding them to account for this. GH reported that Virgin has not fulfilled their promises on diabetes, especially Type 1, it is hoped that now a new person is in post this will change.
- "Pharmacy for You" is a group promoting a home delivery service for prescriptions but they are being delivered by Royal Mail rather than a courier and as a signed for service it is causing problems. PM had had letters through the post asking her to sign up for this service, as the first 2 had her name wrong is had raised her suspicions even though the NHS England logo on them made it look very official and convincing. GH said there was a notice up in Wetmore Rd pharmacy alerting people to this potential scam. John Bridges is looking into it. RP said the practice hadn't heard anything about it. If a patient has requested a change to their Electronic Prescription destination and regrets it is very easy to change it back, it is the practice they need to notify and they can do it at a click of the button. While the practice can't stop free choice they will try and be

more aware of changes made by vulnerable patients but really need to know more following JB's investigation. RP will talk to JB and/or Amelia (pharmacist at Manor Pharmacy) if the opportunity arises.

- Health Watch are working at promoting their work and that of PPGs over the next few months. It was hoped that this might help recruitment to our PPG which is much needed. When Health Watch contact the surgery regarding this then the issue of space to do this will be addressed.
- The Carers Hub, along with many other local authority commissioned services are being decommissioned and recommissioned with changes/cuts. "Together for Health" which is a Staffordshire CC commissioned service for weight management, smoking cessation and similar has been decommissioned and replaced with a phone line and website. Practices now have to refer to private companies such as slimming world. With £15million cut from CCG/SCC there are other implications – there is no face to face Citizen's Advice service in Burton, drug rehabilitation has been cut. As patients have to travel further afield for these services the number of DNA appointments increases, there is greater need for GP interventions, crime increases etc. The full impact won't be seen for 5 years and then the NHS will be left to pick up the pieces placing further demand on their services. This has been seen with Health Visitor changes. It went from 2 HV based at the practice to a ward based structure with the practice having to liaise with 10 HV, this service was then cut again. The early intervention and support that the HV provided has been stripped away leaving patients turning to the GP instead, causing additional pressures on their overstretched time.
- Golden Balls is a walking football activity for the over 50s at Burton Albion. GR has requested information about this. Burton Albion are also raising awareness of prostate issues. 2 events are being hosted a Pirelli, 1 raising awareness of Mental Health issues and support services and one focussing on Diabetes. The PPG would like more information about this as soon as it is available. The Mental Health event is an Awareness day and in the evening will be open to the public. It was welcomed that evening opening will make it accessible to those who work.

GR was thanked for sending in the update.

Noticeboards

The work that was started has not been completed as GR has been called away but she is still working on it and it will be back on track. JE went through the report on progress.

- The boards have started to be backed – the practice have organised backing paper, staple gun etc.
- The front noticeboard is going to focus on pointers to help patients Take more responsibility for their own health. This is high on the agenda of the SSSTP. GR is designing a header with a "Did you know?" approach to it and will signpost patients to different places they can access help and advice eg website, what does the local pharmacy offer in addition to dispensing prescriptions, support groups etc
- GR would like to make a folder available with further information about support groups. JE pointed out that there is a lot of information displayed in the entrance to the surgery which is very practical but overlooked. If attention can be drawn to this it is actually in a place where patients can have relative privacy to take time to read it.
- The healthy lifestyle board will have information about health and wellbeing.
- A new publicity campaign is starting soon regarding medicines management and wastage. This is something the PPG have looked at

<p>previously but are asked to be part of again.</p> <ul style="list-style-type: none"> • RP said the practice will do whatever they can to help with the work on the noticeboards. Laminating can be done at the surgery and Tayla (apprentice receptionist) can be made available to help out. • JE will contact GR to plan the work going forward. • IN asked why the waiting room seating faced the direction it did and whether this was restrictive in making best use of the noticeboards. While this may be true with greater changes regarding the building in the pipeline there was no inclination to make adjustments at this stage. 	<p>JE/GR</p>
<p>Following on from the new promotion about Medicines Management there was a discussion about talk in the media regarding cuts to the list of drugs that can be prescribed.</p> <p>BP had emailed RP to ask whether testing strips for diabetics were to be cut. RP had spoken to the diabetic lead nurse at the practice and been able to assure him that was not the case at Wetmore Rd.</p> <p>RP explained the list of prescription drugs that GPs can prescribe is drawn up by the CCG and put together in what is called the “Staffordshire Formula”.</p> <p>GH raised the issue of simple and cheap drugs such as paracetamol are often prescribed in quantities far exceeding the number that can be bought over the counter and while it isn’t an aversion to paying the OTC price for these it is impractical to self purchase when you can only get 4 days’ supply at a time. The group questioned whether there should be a way that the GP can issue guidance for a pharmacist to dispense/sell a greater quantity in specific circumstances such as this but the patient pay the OTC price rather the expense of prescriptions. The minimum cost per prescription (approx. £10) has to be weighed up against the issue of access to necessary medication. It would be detrimental to some individuals’ health if these changes prohibited them for taking some necessary medications.</p> <p>Similarly GH talked about the difficulties of purchasing Gluten Free products on the high street when you have other health conditions, such as diabetes, restricting what you can eat. It is not commercially viable for high street stores to stock the variety of these products.</p> <p>IN said the CCG have local meetings where people can feedback on these issues. It would be helpful if the PPG could be made aware of these.</p>	
<p>Better use of appointments</p> <p>BW asked if you could still simply ring up and make an appointment. RP assured her you can but there is currently a wait of approx. 2 weeks.</p> <p>IN asked how to get an appointment to see a specific GP, especially if time is prohibitive eg going on holiday and need a specific medication and seeing a GP who is aware of you history would be beneficial. RP said issues such as this could often be dealt with with a telephone consultation – ring the surgery during the morning and the GP will call you back. Wetmore Rd is very good at providing telephone access. Whereas some surgeries will limit time or number of telephone calls here they will always endeavour to ring back on the same day.</p> <p>There was discussion regarding access to appointments when a GP has asked for you to make a follow up appointment in a specific time period. There were reports of incidences when the receptionists had not been willing or able to do this. In theory the GP should give the patients a slip to inform the receptionist this was a clinical decision and the appointment be made before the patient left the building, not expecting them to ring back on the appropriate day to check availability or the appointment be made outside the time scale. While sometimes the instruction is “2 weeks after a blood test” and until the blood test is done this time scale cannot be determined RP reiterated if the GP says a follow up appointment is appropriate this should</p>	

<p>circumstances. They recognise it isn't the patients' fault.</p>	
<p>Next meeting Following the agreed pattern the next meeting will be on a Thursday – 29th June. Again 6pm for refreshments, 6.30pm start. This will double as the AGM. We need to appoint a chair, vice-chair and secretary. If anyone is willing to stand please volunteer by contacting Sarah (wetmoreppg@outlook.com). Please do not presume others will do it or that you need any specific length of service or experience. Should more than 1 person volunteer for any position then RP will organise a paper vote on the night. Any suggestions in addition to the Health Watch promotion to recruit new members will be welcomed – so far there has been no response to the article in the practice newsletter.</p>	<p>ALL</p>
<p>The meeting closed at 8.15pm</p>	