

**Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Wednesday 20th September 2017**

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

Surgery staff Rob Paton – Practice Manager, Dr Slack

Apologies Ian N, Steve W

Non attendee Bernard P

<p>The meeting started with an informal time and refreshments . Thank you to RP for organising this. It is proving worthwhile to get to know each other better.</p>	
<p><u>Agenda Items</u></p>	<p><u>Action</u></p>
<p>The closure of St Peter’s Bridge had not deterred attendance and the meeting started ahead of schedule. BW chaired the meeting and welcomed Dr Slack. Introductions were made.</p> <p>Apologies were given from 2 members. The minutes of the last meeting were agreed. RP will arrange for these to be put on the website.</p> <p>The next meeting date was set for Thursday 23rd November, continuing to alternate days to give as many as possible the opportunity to attend.</p>	<p>RP</p>
<p>Introduction to Dr Slack</p> <p>RP introduced Dr Slack who joined the practice in the Spring. She is proving to be a popular doctor and will be supporting the PPG. She had come to the meeting on her day off which was appreciated.</p> <p>Dr Slack shared some background about herself and how she came into medicine and general practice. She has lived and trained locally which she thinks is beneficial and means she is familiar with consultants at the hospital for example which gives her confidence in referrals. She has taken the role as safeguarding lead for the practice which involves protection of children and vulnerable adults. Having been involved with the PPG at her previous practice it is hoped she will bring the benefit of that experience to our group.</p>	
<p>Derby/Burton Hospital Merger</p> <p>A quick discussion was had on the latest situation.</p> <p>It is recognised there are pros and cons to the merger but it will go ahead.</p> <p>One of the benefits will be the additional expertise it will bring. The travelling can be inconvenient but sometimes it is quicker to get to Derby than across Burton (especially with the bridge closures, a recurring theme to conversation). There is uncertainty about how far patients might end up travelling as some doctors are linked with hospitals further away for specialist treatment but you don’t know in advance if that may mean going to Leicester or Stoke. Also follow up appointments don’t always feel logical eg where should physio be done. Patients are not aware of what pathway options there are and if they have any say over them. It was pointed out how fortunate we are to have so many services available locally. In more rural areas the</p>	

travelling distance for treatment is much greater and there are no reasonable alternatives.

Questions were asked about Choose & Book. It is now known as eReferrals. Not all appointments are showing up for GPs to book. The admin team will pick these up and follow them through guided by the GP. The GP will always try to get the best option for the patient but it isn't something the patient can take home and do like they could with Choose & Book. Dr Kaye is leading a pilot at the practice to see what can be done better.

There has been talk in the media about CCGs saving money by getting referrals checked to make sure GP is making them appropriately. This is going to be rolled out over time. PPG were unhappy about this as it takes the final decision away from the GP who has seen the patient, built a relationship and knows all about the patient and relies on what is written down. Unfortunately there won't be a choice about it.

Practice Update

- Dr Rhodes started in mid July working 4 sessions a week (Wed/Thur). She has to hot desk as there is no capacity for her to have her own room.
- Dr Slack is working 1 additional session a week so there are 5 additional sessions. This is easing the workload and helping with the appointment availability.
- Dr Aduragbemi Efuwape (Dr Adura) is doing his 2nd year of GP training and at the practice for 6 months. Again hot desking. He is now seeing patients faster and this again is a help with additional capacity.
- Patient numbers have increased again. There has been a net increase of 264 so far this year. Other practices are removing patients on the fringe of their areas and housing continues to be built within the Wetmore area with the developers advertising Wetmore Rd as the practice for the area. The practice are having to be very strict about their boundaries.
- Space continues to be an issue; there are no short term options but investigations continuing about a longer term solution. It was raised again that services such as phlebotomy would be welcomed locally. The wait at the hospital is getting longer and it is taken longer to get an appointment at Hill St. Combined with the traffic issues recently a service Wetmore side of town would benefit patients.
- Section 106 money from housing developers has to be claimed by the CCG, not the individual practice. Sometimes the developers try to meet their obligations in ways that are not workable – eg suggesting building a new surgery when there is no capacity to staff and run it. Money would be better spent improving existing services. The CCG are improving their expertise in addressing this area of need which will hopefully see benefit with future developments.
- Friends and Family results continue to be positive. Of 365 replied 86% were extremely likely to recommend the surgery and a further 8% likely to.
- Late appointments. The practice has taken on board the previous comments from the PPG about what time the latest appointment was. It had been 4.50/5pm. A few appointments will now be available 5.20/5.30pm. The PPG welcomed this but questioned whether it went far enough. RP and Dr Slack explained that the cost of additional opening hours is not just GP time but other staffing costs, heating, lighting etc. NHS England funding does not cover these additional

costs. Some Drs would be open to the idea of changing to work so later hours but it is not currently financially viable. Dr Slack had some experience of extended hours and reported that in her experience there were far more DNA appointments in the evenings. As these are doctors working altered hours not additional hours it led to more wasted appointments. There were questions about how 7 day contracts for new employees and the NHS wanting 8am-8pm services 7 days a week would influence this. More talks are happening about whether a local federation would be feasible for surgeries to work together to cover some evening opening without the certainty of seeing a dr from your own practice, as happened historically. This is something that may come about in 18 months time. The PPG understand all these issues and challenges while at the same time acknowledging that we are in a changing work environment all round that makes it ever harder for patients to access non urgent services within a 9 to 5 time frame. And it isn't just working patients who have the difficulties, the elderly or those who need help getting to appointments and rely on working relatives are similarly affected. It is acknowledged that GPs face the increasing challenge of patients living longer, having more complex health conditions that may previously have not been treatable, being discharged from hospital at a time where they need more follow up in the community and GPs being expected to manage more conditions that hospital consultants would previously have been following up.

- New chairs – following comments at the previous meeting the practice have promptly replaced the chairs in the waiting room. There are more chairs with arms to help those with mobility challenges and they are more easily cleaned and therefore hygienic. They were welcomed by the PPG and RP & the practice thanked for acting so swiftly.
- The annual flu and winter vaccination campaign has just been launched. The eye catching display in the waiting room was noted. There are 3392 adult flu vaccinations to be carried out, 322 under 18 nasal spray immunisations and when you add in conditions such as pneumococcal and shingles there are a total of over 4500 vaccinations to be administered in a timely manner.
- Leaflets were distributed about 'Toolbox', support for low level mental health concerns. This is an extra service the practice is looking to offer, utilising space made available by the health visiting service moving elsewhere (& sorely missed).
- The closure of St Peter's Bridge is causing many patients to arrive late for appointment. The practice have been as flexible as possible, seeing patients out of turn to keep waiting times to a minimum but now people have had time to become aware of the impact of the delays they have to get stricter about punctuality. Patients in the main have done their best to notify the practice if they are delayed which had helped the doctors.

Electronic Prescribing

- JE shared some bad experiences where the electronic prescriptions had not been received by the pharmacy due to minor address issues (eg whether the suburb was in the address or not). RP and Dr Slack acknowledged this is frustrating for patients but would be caused by different information being held at the practice and on the NHS 'Spine' (national database). If any alterations are made anywhere in the system, eg at a hospital appointment all records have to be amended to be identical or the system doesn't work.

<ul style="list-style-type: none"> • PM shared an experience of needing a paper prescription to collect medication immediately from a different pharmacy when she was unable to get to the pharmacy she is registered with electronically. This caused an issue at the time but Dr Slack explained the recall system for electronic prescriptions and said she would ensure all GPs were familiar with this. Many of the group agreed there were occasions when paper prescriptions would be a preferable option. • GH asked again why the messages box when ordering repeat prescriptions online had been removed. RP is going to ask the technical lead to investigate reinstating this option. 	<p style="text-align: center;">KS/RP</p> <p style="text-align: center;">RP</p>
<p>Feedback from District Group</p> <p>All the minutes that have been sent out from the district group have been distributed to the PPG. GR was not able to attend the last meeting but reported that the issue with bus passes had been resolved with Staffordshire County Council.</p>	
<p>Waiting Room Displays</p> <ul style="list-style-type: none"> • GR has been working on the display of information about local support groups. She has added Stroke as a health condition there was a local group for. The magazine rack looks good and needs to be displayed appropriately in the waiting room. • The PPG were reminded they all need to contribute ideas of health conditions to make up packs for and to draw GR's attention to local support groups they are aware of. • GR is still waiting for Burton Albion to send her the poster and information about their community wellbeing activities. • RP is going to put leaflets that are sent to the practice aside for GR to filter and add to the packs as appropriate. • GR and JE are finding it harder than anticipated to put the time into revamping the display boards in the waiting room. They are happy to come and help practice staff with this but cannot take the lead on it at this time. It was again noted that many posters have such small print they can't be read from even the front row of seats. Some of these posters have to be displayed but are not easy on the eye. • RP is trying to ensure important information is also on the Jayex board. • It was questioned why the Choose Well banner was no longer displayed. RP explained it took up a lot of space, and with groups such as Age UK coming in to do displays there isn't room. Also, it had been up a long time and wasn't necessarily having ongoing impact. It can be brought out again in the future if the issue needs highlighting again. 	<p style="text-align: center;">ALL</p> <p style="text-align: center;">RP/GR</p>
<p>Recruitment</p> <ul style="list-style-type: none"> • BW reminded the group when the PPG was first being formed there were slips at the front desk that could be filled in to register an interest in being involved, and asked if this could be done again? • The last text campaign had little impact; there were more enquiries about how to apply from those perceiving it to be a paid role than expressions of interest to volunteer. • RP was asked to check the website had the PPG email address in the promotion (he has since confirmed it does). • BW suggested if we have a new text campaign we highlight what time commitment it would involve. • SC asked if it is possible to have a response by text option if we decide to go down the texting route. Even if we target less people so 	<p style="text-align: center;">RP</p>

<p>responses can be followed up. RP will check this out.</p> <ul style="list-style-type: none"> • RP is happy to initiate sending a text out, he would like suggestions of wording please. • SC commented that we need to consider how to use technology to help us as that is how so many people communicate. This is not instead of traditional methods of communication but additional. She offered to come into the waiting room one morning to talk to patients. JE agreed to join her and a date was set for Tuesday 24th October, 9.30am. Others are welcome or it was suggested they could arrange times directly with RP when they were available. Always ensuring the receptionists were expecting them. This could be done to coincide with being at the surgery for a routine appointment. • It was suggested a very short questionnaire was put together to give a starting point for the conversation and to give feedback for the group to work on. 3 questions around the themes 1. Best thing about the practice, 2. If you could make one improvement what would it be, 3. Have you heard of the PPG? SC is to draft something and to send it out. These could also be left in the waiting room to be completed by anyone interested. • It was felt appropriate that name badges be made to identify PPG members if they are promoting the PPG in the waiting room. • It was decided to try and put the loud hailer PPG logo on the badges, the questionnaire, posters we create etc to try and identify work the PPG is doing and draw attention to what we are involved in. It will give the group some form of identity that over time might become recognisable. 	<p>RP</p> <p>ALL</p> <p>SC/JE</p> <p>ALL</p> <p>SC</p> <p>SC/RP</p>
<p>AOB</p> <ul style="list-style-type: none"> • There was a question about review dates for prescriptions. Sometimes a patient comes in for their review but the date on the prescription doesn't recognise this as having happened. There were reports of patients being called in for a review which had already taken place. RP and Dr Slack will follow this up, sometimes doctors are busy and a box might not get ticked. It is a concern to patients if their prescription says no more medication will be issued without a review if it has taken place. • There is an ongoing delay in getting x-ray results back. It should be 2 weeks but Dr Slack recommended ringing to check they were returned before making an appointment. 	
<p>The meeting closed at 8.15pm</p>	