

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

**Thursday 23<sup>rd</sup> February 2017**

**Present:**      **Patients x 5**            Ian N, Bernard P, Jennifer E, Gill R & Sarah C

**Surgery staff**            Rob Paton – Practice Manager

**Visitor**                        Rachael Brown

**Apologies**                 Hazel B, Gillian H, Steve W, Beryl W

<b><u>Agenda Items</u></b>	<b><u>Action</u></b>
<p>IN chaired the meeting and welcomed RB, Practice Manager from Tutbury</p> <p>Apologies were given from 4 members</p>	
<p><b>Visiting Speaker – Rachael Brown</b></p> <ul style="list-style-type: none"> <li>• At the last meeting John Bridges shared about how the patient forum has been developed at Tutbury and his wider work as a patient representative. This evening RB came to share from the practice’s perspective about how their practice works with the patient forum for the mutual benefit of the practice. They have an open and honest working relationship.</li> <li>• RB was interested to hear how long our group had been running and how we currently work with the practice. She shared that they have meetings bi-monthly during the day and 2 representatives from the practice endeavour to attend. Their demographic representation is limited by the timing but they have still found this to be their best option. The forum is seen as the eyes and ears of the practice and the practice benefit from listening to their feedback and comments as they are there to serve the patients. Even though they don’t always agree with the comments they take them on board and see it as valuable feedback. Their premises are larger which gives more scope for a day to day visible presence eg they can have a room for a drop in session when patients and stop off for a coffee and chat and talk through ideas and raise queries.</li> <li>• They run a patient survey every year which is very much driven by the forum. While the practice may suggest amendments to wording or request additional questions pertinent to areas they are prioritising they see it as a patient led survey and would not veto any questions the forum felt needed to be aired. Following on from this GPs are willing to try out suggestions short term to see if improvements can be made – sometimes they have to revert back but at least they have taken it on board and tried it.</li> <li>• Tutbury is a village and environment does play a part in the success of their group. It is very much driven by John, who gives an enormous amount of time and energy to the group and is well known in the village. This makes it much easier for people to contact him and raise</li> </ul>	<b>Everyone</b>

queries. It was recognised this is a rare situation and one we do not have the benefit of.

- After each of their meetings coffee and biscuits are served and staff mingle with the patients on the forum. More individual queries are raised in this informal time and also helps create a sense of value and purpose to being part of the forum.

Rachael then stayed for the rest of the meeting to learn from our discussions and contribute ideas to help us move forward.

IN chaired a brief, open discussion following on from the 2 visiting speakers as to where we wanted to go next. It was recognised that as a small PPG, without one person with the drive to be part of everything, we have to be realistic about what we hope to achieve and what our priorities are. It is very interesting to know about the wider NHS issues affecting the town and good that we have members, who “wear other hats” and are on many groups and we can benefit from their knowledge but it was agreed that our primary focus should be on Wetmore Road Surgery and to not get distracted by attending every other meeting and then our PPG time getting taken up with reporting back. We want to continue to be represented at the district group and GR is willing to continue attending. We will share dates of other meetings if people choose to attend and welcome relevant information sharing but to keep this succinct. RB suggested it might be helpful to ask a representative of another PPG to feedback to us if there are things we can’t be part of. It was felt that at present we don’t have that type of relationship with other PPGs but it is something to consider further down the line.

### **Bug bears**

The practice had been asked if they could give the PPG a list of issues they would like our support in addressing. RP brought 4 items for us to consider.

- Appointments – how can we better educate patients to avoid time wasting?

IN asked if we could consider how we can measure impact of the PPG so we can test whether what we are doing is of value – this is something that RP will consider.

The media are giving out confusing messages – eg don’t go to A&E go to the GP; if you are worried go to the GP; Choose well etc. NHS 111 is also sending patients to a doctor “to be on the safe side” when it is unnecessary. Patient expectations are changing. It is a complicated bigger picture but resources are scarce and how can we as patients influence other patients to make wise choices.

A couple of members commented the “yellow card” scheme currently being used for some emergency appointments at the practice wasn’t working well; it didn’t seem to be used in the way it was designed and there was little or no communication to explain the purpose and appropriateness. RP will feed this back.

It was asked if we could have some more background information on

**RP**

**RP**

whether there is a particular demographic who are prone to requesting unnecessary appointment and/or whether there are certain illnesses (eg colds, sore throats, stomach bugs) where that causes time wasting so we can consider how to target any ideas we have. This doesn't need to be an onerous exercise for the practice, anecdotal feedback would be a helpful starting point. RP will talk to the doctors about this. Some immediate suggestions were more signposting to pharmacies – Dean & Smedley in Horninglow are doing throat swaps to see if antibiotics are needed for sore throats – is this a one off or a more widespread service? How can we use the receptionists wisely without them becoming a triage service? Currently when there are no appointments available they ask how urgent the need it but is this too far down the line and the appointments have already been taken by potentially less urgent needs? The practice are very keen to stress that the receptionists are not clinicians and should never be put in the place of making a clinical decision. However it was discussed whether some more general conversation starters could glean useful information eg a repeat prescription is needed that doesn't necessarily warrant a face to face appointment, without compromising them or alienating the patient. RB shared that their receptionists have a phrase along the lines of "do you need to see a doctor or could we help with anything?" RP shared there is going to be some telephoning training in April and he would take these comments on board. It was suggested that maybe the PPG could be guinea pigs for dummy phone calls to try out some of the ideas.

- When GPs are running late how should this be communicated to the patients and what explanations are necessary? Sometimes a patient presents with complex needs and an ambulance has to be called. The doctor cannot leave the patient until they have been transferred to the care of the paramedics and this obviously takes far longer than the 10 minute scheduled appointment. Everyone agreed it is important for patients to know there is a delay and a rough idea of how long or how many other patients are still to go before them. There are times eg if a parent needs to do the school run when it becomes a real issue and they may need to be offered the option of rebooking. How do receptionists communicate, can the screen be used more, does the self check in have any mechanism for saying how many patients are waiting before you??? More work to be done on this.
- Noticeboards – the practice is bombarded with posters. They are currently filtered so many local initiatives are discarded in favour of giving the limited display space to national organisations. The PPG weren't happy with this – they feel the community/Third sector have so much to offer that this should be prioritised. It may go some way to help the wasted appointments problem if people have better support networks locally eg loneliness or support groups for specific conditions where other sufferers share experiences together and answer each

**RP**

**PPG to see if they  
can discover  
anything in  
pharmacies they  
use**

others' concerns. It was decided this is something the PPG can prioritise and at the next meeting we will put time aside to do – maybe even actually change the boards during the meeting (see later comments on future meetings). It was questioned whether the friends and family test responses need to be displayed in the practice or whether putting it on the website would be sufficient? Would it be more useful to highlight how many DNAs there had been? Would those responsible see the info? RP can save all the poster requests for us to filter at the next meeting – it would help us see what information is coming in and the size of the problem as well as the range of information available to use. The practice are happy for us to completely revamp how they are done, although they would like space available when promotions are needed such as the flu campaign. Requested that if we are planning to change things the surgery could supply backing paper, drawing pins, staple gun, blu tac (tell us what their preference is) or let us know what we need to source from our petty cash.

RP

RP/GR

- Patient Update details – there are still too many instances where the practice has out of date contact details for patients and they would like our help in promoting the need to keep these up to date. Currently update sheets are available if you ask at reception. It was commented that this is not visible enough and requires people (who may have anxieties or there maybe a queue) to initiate the conversation. Update sheets need to be accessible without the need to request them. RB is going to send RP their update sheet and the issue will be discussed further next meeting.
- BP raised the issue of car parking. With the ever increasing numbers of patients (& staff) the car park is becoming grid locked. It was asked whether there were any spaces at local businesses that could be made available. RP said they had approached Npower previously about staff parking but had been quoted £10000! No immediate solution, it's another part of the buildings and space issue that is an ongoing discussion.

RP

### Future meetings

- Following on from the 2 visiting speakers it was discussed how often we should meet and how long the meetings should last. IN felt that he would rather have fewer but longer meetings so a substantial amount of discussion could be had and if you are coming out you give the time to achieve more. Noone disagreed with this. SC has a new job and can't guarantee being here earlier than 6.30 so either a new secretary was needed or the meetings start later. Others commented that later may be more convenient anyway and no one else was willing to take on the role of secretary so it was agreed for an unspecified trial period meetings would be 6.30 – 8.30pm. Wednesdays and Thursdays

continue to be the best days but as different people have different commitments it was decided to alternate between the two in the hope people could make it more often. The next meeting was set for Wednesday 19<sup>th</sup> April. Taking on board some of RB's feedback it was suggested as a one off people arrive from 6pm and drinks were served. If practice staff have time maybe they could pop in for 5 – 10 mins of this informal time to try and build a stronger working relationship between them and the PPG.

**RP/ALL**

- GR suggested that if we were meeting less often maybe there could be subgroups for specific projects. This was welcomed and she and JE volunteered to lead one on noticeboards. They will try and come in to the practice and make a start. There was a brief discussion about the best time to do this. It was initially suggested when the practice was closed, 6pm or Thursday lunchtime. RB then helpfully commented that if it was done while the practice was open but at a quieter time – maybe towards the end of surgery hours - it would give an opportunity to engage with a few patients about what was happening, who the PPG are etc. GR and JE will talk together and feedback. RP asked to be given advance notice so the receptionists were expecting them if they choose to make a start.

**GR please update SC about progress before next agenda is set**

### **Practice Update**

- Sister Gill Boast is retiring next week. Liz Griffin will be stepping up to be the lead nurse. A new nurse, Sister Marcela Git has been recruited who was previously a student at the practice.
- A new GP Partner, Dr Karen Slack, will be starting on 1<sup>st</sup> April, providing 1 additional session a week to the current number available. She is wanting to get involved with the PPG and this was welcomed. There will be 6 partners, 1 salaried Gp (4 sessions) and 1 Part time trainee, who is now experienced enough to be having 10 minute appointments, and will be with the practice until January 2018.
- A new apprentice receptionist has started and is doing very well. There will be another new receptionist soon (hopefully April) as there have been a few changes due to family and childcare commitments.
- Patient numbers have further increased, from 10664 to 10730. There will be further increases due to boundary tightening at Carlton St and further housing developments. Section 106 money is being requested in association with this.
- A new newsletter will be published mid-March. Suggestions for content would be appreciated. Please pass ideas to SC by the end of Feb so they can be included.
- Nurse appointment timings have been changed, this will be reviewed at the end of the month – some benefits, some issues.
- Doctors' appointments – the practice are looking at possible changes to the way the duty doctor works.
- See also confidential item sent only to PPG members

**ALL**

**AOB**

- GR will attend next district group meeting on 16<sup>th</sup> March in Uttoxeter. She is willing to give a lift if someone else would like to go with her. Contact SC if you are interested.

**Preparation for next meeting**

- Give thought to the bug bears raised so we can start developing some proposals to address them.
- If any materials are needed for the displays or expenses incurred printing signage etc please make SC aware as she holds the petty cash.

**The meeting closed at 7.30pm**

Rachael was thanked for her time and cards to show our appreciation sent to her and John Bridges

--	--