

**Minutes of Wetmore Road Surgery  
Patient Participation Group Meeting  
Thursday 29<sup>th</sup> June 2017**

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

**Surgery staff**              Rob Paton – Practice Manager

**Apologies**                      Bernard P, Jennifer E, Steve W

The meeting started with an informal time and refreshments to which all practice staff were invited. Dr Baldock-Grimes popped by and the chance for a quick chat was welcomed by all.

**Agenda Items**

**Action**

IN chaired the meeting and welcomed everyone. The group fed back it was nice to have seen a Dr, albeit it briefly as it makes the group feel less anonymous and will help build relationships. RP reported some staff were still seeing patients and others were making phone calls and dealing with paperwork. RP was asked to continue to encourage any staff (not just the doctors) to pop in when they can, even if the meeting has already started. It would be a worthwhile interruption. RP was thanked for making the drinks and providing cakes.

RP

Apologies were given from 2 members. (The 3<sup>rd</sup> one had emailed late in the day and has been added). The minutes of the last meeting were agreed. RP asked for the amended version that had been emailed out to be resent.

The next meeting date was set for Wednesday 20<sup>th</sup> September, continuing to alternate days to give as many as possible the opportunity to attend.

**AGM Business - Election of officers**

There was one volunteer to stand as Chair – IN

No-one wanted to change the secretary so SC agreed to continue but asked that as part of our recruitment drive we look for people with skills to take this on further down the line.

BW offered to act as vice-chair.

These appointments were agreed unanimously.

**Practice Update**

- A second new doctor (the first being Dr Slack who started in April) has been appointed. Dr Rhodes will start in mid July working 4 sessions as week (Wed/Thur). She will have to hot desk as there is no capacity for her to have her own room.
- Dr Beth Mackay has completed all her exams so although officially still a trainee she is very experienced and able to work to almost full capacity.
- A second trainee will start in August for 6 months. Dr Aduragbemi Efuwape (Dr Adura) is doing is 2<sup>nd</sup> year of GP training so is also near to completing his training and will help with additional capacity.
- Patient numbers have increased again to 10854. They are expecting to exceed 11000 by the end of the year.
- The practice is looking at the “Workflow optimisation project” to help

with GP workload. This is a national project that the practice has come on board with early. It involves admin staff being trained to filter letters and code them to be dealt with more efficiently and consistently by the GPs. Approx 250 letters come in a day and all have to be reviewed. There will be a safety net of double checking. The practice is looking for additional admin hours to support this and an advert has been placed. Everyone will take on extra responsibility to ensure experienced staff are taking on the more responsible work and junior staff being trained up.

- The district nurses (who are employed by Virgin not the practice) have moved out of the surgery to centralised offices at Anglesey House. They will call in to the practice to collect messages but the close working relationship will be lost. It will release space for the new admin work from the Workflow project and storage for files.
- Age UK have been coming into the practice and making themselves known in the waiting room for informal conversation and support to make patients aware of their services. The practice is happy for other relevant groups to run similar sessions.
- The practice are working with the CCG pharmacists who are undertaking in depth medication reviews with a number of patients to give them a better understanding of the medication and to suggest amendments where appropriate.
- Friends and Family feedback is still positive despite the issues with appointments and waiting. 91% this year would recommend the practice. The receptionists have received particularly good feedback which the PPG feel is a true reflection of them and they should be commended for.
- RP has fed back to the GPs the previous issues the PPG raised regarding appointment slips for return appointments.
- The issue of later appointments has been discussed by the partners and is an ongoing topic of conversation to which they are discussing possible solutions. The PPG again stressed that this is a very real issue for patients and while recognising the challenges it presents to the practice if the PPG are to be a voice for the patients it will come up time and time again.

#### **STP – Derby/Burton Merger/Virgin Care and other local issues**

- Patients are reporting issues of double booking across the 2 hospitals where patients are being sent for duplicate tests. It was reported that this was happening as often as 200 times in a single month. Not every patient is aware enough to question it and so it is increasing wasted resources and appointments.
- Other patients are reporting that patients are asking to transfer to Derby as they perceive there are wider treatment options there.

These may be teething problems but there was a perception that there are problems brewing that need to be recognised and addressed.

- The GPs are under increasing pressure from referrals being made back to primary care where doctors have less experience of the conditions they are being asked to manage. This is creating a vicious circle of problems.
- Appointments for X-rays are being made very quickly which is positive but there are significant delays getting the results back as the resources seem to have been invested in reducing the initial wait time without the admin support to process the outcomes.
- There is a “Map of Medicine” which is supposed to inform GPs as to

when to make referrals and what treatment options to try before referring to a specialist. These are widely available and should increase consistency and reduce wastage.

- There is still a wide level of dissatisfaction with Virgin Care. The patient board are trying to hold them to account but are limited by not being able to do more than ask challenging questions. There is a sense of everyone blaming someone/something else. Ultimately the CCG manage the contract but so much infrastructure has been dismantled that you can't go back to where you were.
- The question of boundaries has been clarified – A patient should be taken on by Virgin care if they are registered with a GP in their area, regardless of the address of the patient.

### **GP Online**

IN had asked RP to explain more about GP online. There is currently a target for 10% patients in each practice to be signed up for online services and this will increase in the future to 20%. Registering online gives access to making appointments online, ordering repeat prescriptions and being able to view your own personal medical record. Those members of the PPG who are registered all commented they could not see anything in their medical record section although all made use of the appointments and prescription services. Another member said they had signed up but never been able to get online. RP talked through the registration process, which has changed since the early days.

A form needs to be completed and the patient chooses which services they want to be able to access (initially medical history wasn't part of the service and so those who enrolled originally can't see it as they haven't asked for it). They have to take the form into the surgery and then go back a few days later with id to collect their log in. You then have to log in within 7 days to activate the account, otherwise the account is deleted and you have to start again. IN said he had seen leaflets for a big publicity drive to promote enrolment; RP wasn't aware of this campaign.

There is a lot of work involved in the setting up of the medical history section as a GP has to review what information is appropriate for a patient to access independently. They are reluctant to promote this because of lack of resources even though it should be beneficial in the long term (eg if you can check online when test results are in follow up appointments would be made in a more timely manner)

IN offered to be used as a dummy run to enable RP to track through every stage of the enrolment process. This would enable IN to give informed feedback to the meeting he was part of and RP an understanding of every stage the practice go through in reality.

RP recommended anyone who had enrolled but struggled to activate their account should contact Amanda Watson directly. She is IT lead at the practice.

Those using the service all reported they missed the message box from the prescription section – it had been helpful to flag up changes or queries that hadn't been updated following hospital appointments or the need for a change of quantity in situations such as a holiday.

The PPG asked how patients could/should be made aware that if they had been part of the initial roll out and were missing the medical record section that this could be requested later.

SC questioned whether there was another way to simplify enrolment to avoid having to make 2 visits to the surgery with paperwork which could be prohibitive to working/infirm patients. While recognising confidentiality a patient should have the option of someone taking paperwork on their behalf

**IN/RP**

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| <p>or dealing with it online/post rather than the practice starting from the premise that no one wanted a carer/spouse/parent to be aware and saying it had to be done in person.</p>   |   |
| <p><b>Feedback from District Group</b><br/> GR has continued to represent the PPG on the district group. If anyone else would like to go as well or instead please speak up.</p> <ul style="list-style-type: none"> <li>• Healthwatch are wanting to visit surgeries with a stand to promote their work. John Bridges as the district group is keen to promote this. RP said the request needs to be made directly by Healthwatch to the surgery to facilitate this.</li> <li>• Bus passes to get to hospital appointments in Derby are not going to be scrapped</li> <li>• GP online was discussed – see our discussion above</li> <li>• Pharmacy2U is an ongoing and significant concern. They are not getting patient details from GPs and contact is not initiated by GPs. It is cold calling. Wetmore Rd have put some information for patients on the home page of their website. If anyone has signed up inadvertently or not realising how it works needs to contact their GP surgery who can reset which pharmacy their prescriptions are sent to. John Bridges is continuing to investigate. There has been a recent TV advert on prime time tv that makes it look like this is an NHS service which it is not!</li> <li>• From 1/4/17 practices have been asked to check the ID of patients registering. Wetmore Rd have always had a policy of not wanting ID to be a barrier to accessing medical care. There are very mixed feelings about this. We live in a day and age where ID checks are made constantly to avoid fraud, money laundering, mistaken identity, accuracy of records. Is checking ID the same as checking entitlement? What constitutes acceptable ID?</li> <li>• Virgin Care had made a presentation on frailty.</li> <li>• Concerns, challenges and feedback on Virgin care need to continue to be shared.</li> </ul> |   |
| <p><b>Noticeboards</b><br/> Work is continuing, not as fast as GR had hoped because of personal circumstances. She brought some sample posters for feedback which were well received. The group liked the clear message and clear font in which they were displayed.<br/> GR has made some sample back of information on support groups for specific illnesses eg Parkinsons, Dementia. The idea is that there would be condition specific wallets of information, available in magazine files in the waiting room. Each wallet has a pad and pen so a patient can make notes for themselves. It is a means by which to help patients help themselves.<br/> GR asked for suggestions of other conditions which could be covered.<br/> There is money in the budget to buy the plastic wallets and magazine files as well as covering the costs of printing. GR was asked to buy what she needed, and enough for the future to ensure we had a matching style and to pass the receipts to RP or SC.<br/> IN shared that John Bridges has done a lot of work in compiling a directory of support groups. He is going to access this to pass on the GR. He also has many leaflets for support groups come into work and will pass copies of these on.<br/> GR and JE will try and arrange a time to come down to the surgery to continue the noticeboards.</p>   | <p><b>ALL</b><br/><br/><b>GR</b><br/><br/><b>IN</b><br/><br/><b>GR/JE</b></p> |

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| <p>GR had been to the mental health event at Pirelli and that had been a good source of information as she went round the stands.</p> <p>Deborah Gibson from the Carers Hub is willing to come and talk to the PPG – this is to be decided at a future meeting. The Carers Hub covers the whole of Staffordshire but seems to be centred more on the west and more needs to be done local to Burton.</p>   | <p><b>JE/GR</b></p> |
| <p><b>Recruitment</b></p> <p>There wasn't time for a full discussion on this but some points were raised that will be revisited more fully at the next meeting.</p> <ul style="list-style-type: none"> <li>• To "sell" the PPG to others we need to have a clear understanding of what the group is for.</li> <li>• People need to see we make a difference.</li> <li>• We all want to involve patients in the development of services</li> <li>• We need to be a voice for the patients and continue to speak up about the issues they raise even if they are uncomfortable eg later appointments</li> </ul> <p>It was shared that there has been a patient group for many years – even before the current style PPG one member had recollections of some sort of forum. Previously there had been slips in the waiting room to register interest and patients had been contacted on the back of this to invite them to a meeting which had a relatively large turnout. Historically there had been greater involvement of the GPs.</p> <p>Everyone was asked to come to the next meeting with ideas on how to expand the group and to broaden the demographic. We have been here before but need to revisit it because the group needs to be larger to be sustainable.</p> | <p><b>ALL</b></p>   |
| <p><b>AOB</b></p> <p>GH asked if a no smoking sign could be put up outside. She has had experiences of people smoking in the porch and smoke drifting in through the window from those smoking outside. When you are experiencing respiratory problems this is particularly unhelpful.</p> <p>RP said there are constant issues of anti social behaviour outside with smoking, drinking and fights that he has had to break up. He will look at putting up a polite notice to try to discourage smoking in the vicinity of the building.</p>   | <p><b>RP</b></p>    |
| <p>The meeting closed at 8.15pm</p>  |                     |