

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

**Thursday 25<sup>th</sup> February 2016**

**Present:**     **Patients x 5**             Hazel B, Ian N, Gillian H, Beryl W, Bernard P & Sarah C

**Surgery staff**             Rob Paton – Practice Manager,

**Apologies**                     Steve W, & Pam M

<b><u>Agenda Items</u></b>	<b><u>Action</u></b>
<p><b>Opening Words from the Chair</b></p> <ul style="list-style-type: none"> <li>• HB opened the meeting and welcomed everyone</li> <li>• Pam H has resigned as they have moved out of the practice area and Gemma has had to step down due to family &amp; work pressures</li> <li>• The minutes of the last meeting were approved</li> <li>• As GA was secretary there was a need to appoint a replacement before the meeting proceeded. Hazel proposed SC and this was carried unanimously</li> </ul>	
<p><b>Aims of the Group – What does the practice want? What do the group want?</b></p> <ul style="list-style-type: none"> <li>• BP raised we need to recruit new members and retain those we have HB felt that those that new members haven't really got involved recently as we haven't been achieving anything. Hopefully if the group has more purpose people will be interested in joining.</li> <li>• BP is on the Council of Governors at Queen's Hospital. They are looking for ways to improve feedback from the community. The Council of Governors is made up of Council Elected members, public elected members and representatives of charities. They meet monthly and their role is to hold the Non-executive directors to account and to share ideas and feedback from the community. The GPs feedback through the CCG. BP asked if the PPG would be open to him having a 10 minute slot from time to time to share information and ask for feedback for him to take to his next meeting. This was welcomed by the group.</li> <li>• IN sits on the patient board of Queen's Hospital and is also on the District PPG. While representing the voluntary sector not Wetmore Rd at the District PPG there are items that he could share with us for discussion and feedback and similarly with the patient board. He felt we need to use what is learned from these other groups to influence practice at the surgery. This was also welcomed. IN will share minutes of these meetings with the PPG</li> <li>• GH has, in a personal capacity, been part of some discussions with Virgin Care in preparation for them taking over some services locally. While there has not been anything to share she will bring to our</li> </ul>	<p style="text-align: center;"><b>BP to ask for time on the agenda when appropriate</b></p> <p style="text-align: center;"><b>IN to ask for time on the agenda when appropriate IN to send minutes to SC for forwarding</b></p>



developments are complete.

- Appointments are going to be bookable 6 weeks in advance rather than the current 4 weeks.
- There is currently a 2-3 week wait for pre-bookable appointments which is disappointing. BW asked if it was possible to have any system of triage for urgent appointments. The receptionists do ask why an urgent appointment is needed but as they aren't clinical staff they can't make medical judgements and if a patient feels it is urgent they respect that and make an appointment. It does stop some appointments for repeat prescriptions and things that can be dealt with in a better way. 50-75% of urgent appointments are probably unnecessary but GPs are under too much time pressure to engage in long discussions about this with the patient & challenging them. The emphasis needs to be on education to help patients know what is an emergency; if they are worried it is important to them and that needs to be respected.
- IN suggested the Jayex TV screen could be used to show some videos of inappropriate appointments and to ask the question "Do you need to be here?"
- Virgin Care are taking over district nursing services and community matrons from April. They aim to be more proactive with long term conditions and take over long term care plans. There will be a gradual transition as these are rolled out. There will also be a greater social care element and they will link up with organisations such as AGE UK.
- The practice is looking at employing another GP. At an early stage; how many sessions, salaried or partner etc. There is a shortage of doctors looking for GP posts and may take time to recruit when decisions are made. It will mean clinical staff having to hot desk as there are not enough rooms to accommodate all the staff. SC asked if employing a locum was a possibility in the short term. RP explained locums are expensive and not committed to the practice and follow up of patients in the same way as a permanent member of staff and so not an option they want to take.

**RP to investigate**

**AOB**

- BP informed the group there is a diabetes evening for the trust at Robert Peel Hospital, Tamworth on 12<sup>th</sup> April at 6pm. 2 diabetic consultants and other medical staff will be there. It is open to everyone; diabetes patients and importantly their carers as well as anyone else with an interest. Everyone was asked to promote this among friends and family.

### **Date of next meeting**

- After some discussion about frequency of meetings most convenient days it was decided to continue on Thursdays but avoid the 4<sup>th</sup> week of the month. The next meeting **is Thursday 14<sup>th</sup> April at 6pm**. In the short term we will just book 1 meeting at a time to enable flexibility on frequency.
- The AGM will be planned at the next meeting. Any agenda items should be emailed to Sarah 2 weeks before a meeting so for the next meeting they should be sent by 31<sup>st</sup> March.

Meeting was closed at 19.15pm.