

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

Wednesday 25th May 2016

Present: **Patients x 5** Hazel B, Gillian H, Pam M, Steve W & Sarah C

Surgery staff Rob Paton – Practice Manager, Dr S Law

Apologies Ian N & Beryl W

Observers Amanda & John

<u>Agenda Items</u>	<u>Action</u>
<p>Opening Words from the Chair</p> <ul style="list-style-type: none"> • HB opened the meeting, welcomed everyone & thanked them for coming • HB particularly welcome AP & JG, 2 patients who had responded to the text message recruiting new members of the PPG. She went over the ground rules of the group and urged caution with regard to the confidentiality of discussion. As PM pointed out we represent the patients and need to share some content to gather feedback but sometimes there is discussion that needs to remain within the 4 walls of the surgery. • The minutes of the last meeting were approved subject to a minor amendment. 	
<p>Recruitment</p> <ul style="list-style-type: none"> • RP had sent out a text message publicising the PPG and the need to recruit new members. There had been an encouraging response; some contacting RP at the surgery and some emailing SC. We were expecting 8-10 observers as potential new members tonight and a further 6 or so at the next meeting. Disappointingly only 2 turned up. The constitution says there is a maximum of 15 members and after that a waiting list is kept. RP will chase up those who contacted him and likewise SC. If they are still interested they will be invited to the next meeting but if still do not attend they will be disregarded. RP will ask permission to pass their details onto SC so she can become the main point of contact. Of those interested a short demographic survey will be done to strive to have a wide representation of patients. Current members are also in the process of completing the demographic survey to clarify the make up of the group. Any not yet returned to SC are requested to do so by email asap. • GH had been to a meeting with Virgin where it was explained that it is now a legal requirement that all surgeries have a PPG. It is more important than ever that we become an effective group to support, work alongside and act as critical friends to the surgery. The surgery needs our input and feedback. The ongoing challenge regarding 	<p style="text-align: center;">RP/SC</p> <p style="text-align: center;">All members</p>

accessibility of appointments is being picked up in the monitoring of how GP appointment availability impacts on the use of A&E. It has been noted there is a correlation between the proximity of a surgery/demographic to the hospital and usage of A&E. Those living nearest are most likely to make unnecessary visits. There was brief discussion on whether the practice should be communicating with patients when an unnecessary visit to A&E is made as this is costly to the practice.

AGM Business

- No-one had come forward to volunteer or nominate anyone as Chair, Vice-Chair or Secretary. All those currently filling those positions were willing to stand for re-election. RP stepped in to oversee the vote for these and all 3 were carried unanimously.
HB to continue as Chair
IN to continue as Vice-Chair
SC to continue as Secretary
These are for 1 year.
A card was signed for GA to thank her for her work as secretary until the end of 2015.

Pressure of General Practice

- Dr Law was welcomed to the meeting and thanked for giving up his time to be with us. He talked through his day – while there is no such thing as a “typical” day, his workload today was a fair reflection of day to day work in the practice. The day before had been his day off but he had still had to spend 5 hours doing paperwork. Today he would be at work for 12+ hours, starting at 7.30am with paperwork from hospital outpatients to review before his minor surgery clinic. During the morning he saw 6 patients for minor surgery, 4 extra on the day appointments, dealt with a “walk in” patient who was particularly poorly and needed urgent care. Lunch was eaten on the go as he made 2 visits – one to deal with the paperwork following the death of a patient and one to a recently discharged patient. This required significant follow up to ensure an appropriate care package was in place. During the afternoon he saw 16 patients in surgery, made 5 telephone consultations and debriefed a GP registrar before coming to join the PPG. After his time with us there were 48 letters, 24 blood reports and 3 reports to write/review before he finished for the day.
- There have been many changes in the 20 years Dr Law has been at the practice with changing goal posts, targets and funding systems from successive governments and higher expectations from patients. Many new initiatives start off well but become time consuming and expensive as changes are made eg Chronic disease funding and extended hours services.
- Housing developments in the town are projected to bring an extra

<p>10000 patients to the town and Section 106 funding is not feeding through to the practices to cater for these needs.</p> <ul style="list-style-type: none"> • Many patients see a GP with a minor illness they could self manage but GPs are mindful that a patient sees them because they are worried and those worries cannot be dismissed lightly. It is estimated 5-10% create 95% of the work; much of this is chronically ill patients with complex needs who need time and attention. • HB asked how the surgery would like us to support them? Dr Law suggested we could look at the work of other PPGs and learn from them. Some education for patients would be helpful. Patients have high demands because they are worried about their health. It was mentioned that if there was more education they would be more knowledgeable about when to be worried and what was “normal”. The GPs would like to learn what patients’ priorities were eg access or being able to pre-book with a named GP. There was brief discussion on whether the PPG could organise some short snap shot surveys – maybe 1 question a month people could vote on in the waiting room. This was something to reflect on and discuss further at a future meeting. SW commented that sometimes in the desire to make improvements some new ideas aren’t given time to bed in and achieve their full potential before the next one is brought it and we shouldn’t try to do too much too quickly. • The N.A.P.P. website has ideas as to what PPGs can do. SC will send out the new log in details and everyone was asked to browse the site and see what caught their attention for future projects • Dr Law thanked the PPG for giving up their time to support the practice and stressed that the practice want to utilise it well. The group re-iterated their desire to support the practice and to make a difference. 	<p>All to reflect on this for future discussion</p> <p>SC to send out log in All members to look at website</p>
<p>Patient Feedback</p> <ul style="list-style-type: none"> • There had been 2 messages and an email from patients. 1 patient was concerned that his appointment had been over an hour late. The PPG are well aware that sometimes emergencies crop up or patients need more time from the GP that leads to unavoidable delays. It was discussed how to communicate this to the patients in the waiting room. The receptionists are generally good at making announcements but sometimes patients can’t hear clearly enough what is being said. RP will mention this to the receptionists. The possibility of a white board or similar was discussed, as they have at the hospital, where delays can be displayed. RP will consider this with the team and other ideas are welcomed. • The email was praise for the practice for the ease of getting an appointment on the first Monday of the new on the day appointment trial. RP welcomed the feedback ; it is too soon to tell how accurate a reflection of the new system it is. • The other message was thanking the practice for communicating well 	<p>RP</p>

<p>over a telephone appointment. RP felt this was a reflection of the effort the practice goes to to train the receptionists well.</p> <ul style="list-style-type: none"> • RP was asked to pass the positive feedback on to encourage the staff. • It was agreed to put some speech bubble on the PPG noticeboard responding to these messages so patients can see we take the comments on board and are proactive at raising the issues mentioned. 	<p>RP</p> <p>SC</p>
<p>Future Meetings</p> <ul style="list-style-type: none"> • Dr Law had spent longer with us than anticipated and this was useful so the remainder of the agenda items were carried over to be discussed at the next meeting. • It was decided that Wednesday may be a better day for some people to meet and so the next meeting was arranged for <u>Wednesday 6th July</u> • Any items for the agenda of the next meeting need to be submitted to SC or HB by Monday 27th June. 	<p>ALL</p>
<p>The meeting closed at 7.30pm</p>	