

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

**Wednesday 11<sup>th</sup> September 2019**

**Present: Patients x 9** Ian N, Pam M, Beryl W, Mike P, Bernard P, Jennifer E, Joy J, Jane K & Sarah C

**Surgery staff** Amy Carter – Assistant Practice Manager

**Apologies** Rob Paton, Jennifer E, Gill R, Gill H, Rob M, Ann M,

<b><u>Agenda Items</u></b>	<b><u>Action</u></b>
<p>IN was in the chair. He welcomed everyone, apologies were accepted and the minutes of the previous meeting approved. It was noted that one member hadn't received the minutes. This seemed more likely to be due to a tech issue, possibly being perceived as spam but SC outlined the timeframe in which to expect them (10 days - 2 weeks after a meeting – 5 days for her to type them up, time for RP to check them and then opportunity to distribute) so members know when to chase up anything that hasn't been received.</p>	
<p><b>Review of Progress</b> It had been noted that as a group we have not been very proactive at reviewing actions suggested at previous meetings. This is something the group should improve on and suggestions were made as to how this could happen which SC will consider. As a starting point SC had reviewed the minutes of meetings this year and put together a list of actions talk through. Also, it was agreed at this meeting to suggest a timeframe of when to come back to an action and discuss progress.</p> <p><u>St Giles Hospice Visit</u> Ian Leach had made a presentation to the PPG about the work of St Giles Hospice and had promoted both training materials and the opportunity for Primary Care staff among others to visit the hospice to see the work in action. At the time RP and AC had said they would make the partners aware of this and discuss accepting the invitation to follow up. AC reported that time constraints had prevented a visit to date and although the training materials looked helpful there had been too many staff changes among the receptionists to be able to take the time to use them. They would like to use one of the Thursday afternoon half day closure training opportunities but it has had to be put on the back burner due to the quantity of mandatory training they need to prioritise. The invitation to visit remains open.</p> <p><u>Park Run</u> The practice is now registered as a Park Run practice and the noticeboard promoting this has been finished. Thanks were recorded to those who had worked on the display. AC reported that last weekend one of the doctors had taken part in the Park Run at Conkers and was encouraging other staff to follow suit.</p> <p><u>Walking Group</u> JE had previously raised the matter of those who would like to be active but aren't fit or mobile enough to run and had promoted some walking groups as</p>	<p><b>SC</b></p>

an alternative. She brought information about some local walks, and specifically some that avoided the riverside area of the Washlands where there are a lot of biting insects. The pack on walking groups appeared to have been “borrowed” from the support group displays but has now been returned and the practice has a master copy should they need to make a duplicate. JE mentioned some pleasant local linear walks such as those along the canal and also some fully accessible walks which can be viewed online “Miles without Stiles”. The booklet 10 Walks around Winshill has been updated and JE has some available to buy for £1. Also as part of St Mark’s Church’s 150<sup>th</sup> Anniversary celebrations the church are organising some local walks.

### Section 106

The CCG are aware they have not been as proactive as they should be. The issue was raised at the last Patient Board meeting and IN reported there was surprise as how little has been done. The question was asked as to who had funded Trent Meadows new surgery in Branston? AC said it is more complicated than just funding the building. There have been issues in the north of the county where new build practices have been constructed but the funds aren’t in place to cover the additional ongoing costs of the extra services they now have space to provide.

BP reported that decisions regarding the restructuring of the CCG are causing further delays in gaining clarity on who is responsible for applying for what and who will be responsible for services going forward. There will be no movement on this until a decision has been made regarding the merger of the 6 CCGs across Staffordshire. There have also been changes in how section 106 money is allocated but no one has been claiming it locally for health provision. While there are ongoing concerns about the level of housing development and the impact on health provision AC said the situation was clear about housing around Winshill that falls over the border into Derbyshire – these residents cannot register with a Staffordshire GP.

### Communication regarding delays to appointments

AC said she had got as far as buying the board as had been agreed at PPG but when discussing with reception how it would work and in conversation with other practices that had used a similar system some issues had been raised which had resulted in a decision not to pursue the idea. There was disappointment within the PPG that agreement had been made and then discounted. A specific area of concern was the backlash frontline staff received when their message isn’t well received.

However AC reported that there has been some specific positive feedback through the Friends & Family test on improvements that have been made to keep patients informed about delays. The electronic signing in screen notifies a patient as they check in if the clinician they have an appointment with is running late and if so how long. It is recognised that this is accurate at the point of check in but the situation changes constantly. The receptionists have been actively encouraged to be bolder in making announcements about delays and this is noted but some are more confident than others and some naturally project their voice better. While some members of the PPG reported clear communication others said they were unable to hear what was being said (not that it wasn’t happening but it wasn’t clear).

AC said that during the recent technical difficulties which are NHS wide and have been causing significant delays she has personally been coming down to apologise and communicate the situation. This wasn’t always well received but whereas some practices cut appointments because patients’ notes

couldn't be accessed Wetmore Road determined to honour every appointment, however great the delay and however much additional work it will generate as all handwritten notes will need to be typed up. As an aside from the delay conversation AC explained more about the technical issues had shared that the CCG had taken responsibility for notifying patients of the problems. However their chosen method of communication was Twitter. When AC checked how many people connected with the CCG via Twitter there were not many followers of their page. The practice took the decision to notify all patients via text. Even trying to forewarn patients about an issue that was outside the control of Wetmore Road caused upset and AC had received about 10 complaints on the back of the message.

Going back to the conversation about communication in the waiting room, AC was asked whether the suggestion of having a microphone had been investigated and she said not. Then it was suggested that maybe the receptionists could have a bell or buzzer or similar and prior to making an announcement sound it to draw attention to the fact they were going to speak. This would alert patients and they could look up or stop a conversation to hear better. The PPG liked this idea and asked AC to take it further. It will be put on the agenda for January to review again.

#### Noticeboard

It's looking good! There was no one at the meeting to give any further updates.

#### Support Group Packs

These are continuing to work well. The practice are endeavouring to keep a master copy should one go missing. It was noted what a good job GR does with this and members were encouraged to keep making suggestions of how to extend them.

#### Car Park

At the last meeting it had been mentioned that parents of Holy Trinity School have been using the surgery car park while doing the school run. AC had spoken to the head teacher who agreed put a paragraph in the school letter discouraging this.

#### Phlebotomy

Following the discussion at the last meeting RP had spoken to Peak Pharmacy regarding renting a space there for blood tests. This had proved cost prohibitive. RP also looked at all the in house rotas to consider the feasibility of finding a space but there are already so many pressures on rooms that didn't prove possible either. [RP has since clarified that this conversation took place while it was still Manor Pharmacy, not with the current Peak Pharmacy although he believes the situation to be the same – they would charge rent and the CCG would not be willing to cover these costs.]

IN had been looking at Peak Pharmacy's website and their state their commitment to supporting local community health initiatives. Phlebotomy could be considered as this and so IN agreed to contact them to raise the question in a different way.

RP and AC were thanked for investigating this as far as they could.

It was requested that when anyone is in an appropriate forum they would keep up the pressure to request further phlebotomy services for the town. It isn't an issue specific to Wetmore Road but does need addressing.

**AC  
Review Jan**

**IN**

**IN/BP/RP/AC**



put their support behind this but aren't really sure of the appropriate wording. AC was asked to draft a letter as guidance which we could then take ownership of.

AC

The Primary Care Network are looking at different options to provide community service when the Virgin Care contract terminates. On 3<sup>rd</sup> October there is a meeting regarding this and the practice will be sending 4 representatives. The hospital is picking up Community Diabetes, Desmond diabetes education training and Community heart failure.

The evening and weekend appointments offered through Extended Access across the local practices are continuing to work well and there is nothing new to report.

A new, additional texting service has been introduced to allow doctors to communicate directly with specific patients. This could be with information about test results, a request to collect an updated prescription, a prompt that a sick note is ready to collect or a link to some helpful information eg exercises for a back problem. This is working well. If a patient has previously opted out of text messages they will not be able to access this service. It is reducing the number of phone calls doctors are having to make which has the benefit of reducing time wasted on unanswered calls, lengthy conversations and means the phone lines are engaged less often when patients are making incoming calls. It also reduces calls from patients asking if paperwork is ready. All text messages are written and signed by a clinician so the patient knows who has taken responsibility for the content and are clearly sent from Wetmore Road Surgery. If a text message is not delivered a "failed message" report is received so the practice knows these needs to be followed up.

Notification about Flu jabs will be communicated by text starting next week. Delivery of the vaccinations is due in early October and it is hoped clinics will start on 12<sup>th</sup> October. There will be some evening and Saturday morning clinics. Patients can also choose to have the flu jab at a pharmacy. These will be available sooner than at the practice (may even have started). A pharmacist has to go through a medical questionnaire with the patient before they have the flu jab to check their suitability.

### **District Group**

JK had not been able to attend the most recent District Group meeting but minutes had been circulated. SC asked about the CCG AGM that was referred to and whether this was an open meeting. As it was she questioned how we would know about similar meetings should we be interested in attending. The CCG are responsible for publicity and generally used Twitter as their means of communication. As reported earlier in the meeting they do not have many followers and so the information isn't widely known and attendance is poor.

The decision is imminent as to whether the 6 CCGs will be merging. For it to go ahead all 6 CCGs must vote in favour. It is uncertain as to what the outcome will be. Some CCGs are in financial difficulty and therefore in Special Measures. There does not appear to be a Plan B.

### **Patient Board**

IN reported that there are increasing concerns about GP recruitment and retention. This is not typically reflected at Wetmore Road and credit must be

given to the practice for creating an ethos where GPs are attracted to work there. A good, well run and happy practice attracts good staff. Once you are struggling people don't want to work there and problems spiral. If the building issues could be resolved this would be the icing on the cake.

**AOB**

Adverts had been seen on Facebook for Echo pharmacy services. The adverts seems reminiscent of Pharmacy2U. No-one had any further information.

The Patient Access App seems to be promoting patients accessing appointments with a pharmacist rather than the GP but also stating that these are private and therefore chargeable. There was confusion around the wording and who was promoting them. Is it an advert? Is it Patient Access just making patients aware of their options? AC said they have no control over the content of Patient Access. Concerns were raised that patients are seeing promotions of healthcare services that are chargeable on an App the practice promote them accessing that may cause confusion. AC reported that the Pharmacy First programme has been stopped by the government. This is unfortunate after the work done with Care Navigation to encourage patients to consult a pharmacist instead of a GP. It may be why Patient Access now say these appointments are payable. If a patient goes into a pharmacy there is not normally a charge to talk to the pharmacist so what is it the patients is being asked to pay for? AC was asked to find out more, she said she would ask the IT lead if she was aware of the changes to Patient Access.

**AC**

A question was asked about videos being played on the Jayex board without the sound. This had been overlooked in the review earlier. The group had previously expressed concerns about videos of health alerts being played silently as patients do not understand what message is being given. AC said she would talk to the IT lead to see if changes had been made.

**AC**

**Date of Next Meeting**

The next meeting will be on Wednesday 13<sup>th</sup> November at 6pm.