Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Wednesday 27th February 2019

Present:	**Patients x 12**	Ian N, Pam M, Gill H, Beryl W, Gill R, Mike P, Iris E, Rob M, Joy J, Ann M, Pat B & Sarah C
	Surgery staff	Rob Paton – Practice Manager & Amy Carter – Assistant Practice Manager
	Apologies	Steve W, Bernard P, Jennifer E, Simon H, Jane K, Chris T, Catherine L

Agenda Items	Action
There were significant travel problems and the meeting started with RP in the chair. He thanked everyone for attending and the minutes of the previous meeting were approved. As the speaker was delayed due to the traffic some amendments were made to the agenda.	
Practice Update Patient numbers are up by net figure of 36 to 11078. There are early signs of movement from other practices due to geographical issues. Wetmore Road is monitoring these closely and will report to the CCG, LMC and NHS England if the impact is significant. Dr Mackay has now completed her GP training and therefore no longer at Wetmore Road although she has been back to do some locum work. Dr Dunning will finish his placement at the beginning of April; the feedback on his work is excellent. From April-July there won't be any trainees. Dr Turner will return to the practice in July and from late Autumn there will be 2 trainees, 1 full time, 1 part time. As ST3's they will be experienced and nearing the end of their training so they will offer extra capacity on the appointments front but will be restricted by room capacity. IN arrived and took the chair The practice is continuing to talk to the CCG and NHS England about the need to larger premises. The CCG are supporting the request but there is no outcome yet. Land availability and increased rental costs are prohibitive factors. The PPG commented that the NHS cannot drive forward an initiative to create bigger medical centres, offering a wide range of services and then complain about the additional rental costs. It would appear to be more cost effective to have fewer larger premises. Extended access has now been rolled out. The first Saturday clinic was full. This Saturday was the next one with 12 nurse and 12 GP appointments. There are 18 practices in the cluster offering extended access. The number of sessions each practice operates is calculated in line with the ratios of numbers of patients registered at each practice. While it covers quite a wide area of East Staffordshire there is one in Burton at least every other night. In addition to the extended access scheme the GPs at Wetmore Road are offering additional appointments within their working hours.	

There have been some issues with Virgin Care. The flu vaccinations that should have been done as part of the Care in the Community package were not fully completed. As a result the practice nurses have had to step in and undertake some as Wetmore Road is committed to patient safety. However it was very difficult to get accurate lists from Virgin Care as to which patients needed the flu vaccine. There will be no reimbursement for the additional costs or workload. The matter was raised at the CCG Steering Group this week and the PPG fully supported IN raising this at the next Patient Board meeting. Virgin Care cited staffing and capacity as the cause of the problem but the PPG perceive it as a breach of contract that puts patient safety at risk. Virgin Care have also pulled out of some dressings clinics stating it was not clear in the contract that they needed to offer this service. Members of the PPG anecdotally reported deterioration in other services they offered such as chiropody.	**BP**
CQC Inspection PPG members had been sent the inspection report when it was released. The outcome was good with outstanding elements and no issues of concern. The strength of the PPG was noted and work such as the support packs in the waiting room noted. There was a discussion as to how to celebrate the outcome. The practice want to not get distracted by celebrating the success but just keep moving forward to maintain and further improve. IN suggested that the PPG sent a letter of congratulations to the practice in recognition of their hard work. This suggestion was welcomed and IN nominated SC to do this on behalf of the group.	**SC**
Presentation by Ian Leech, Community Engagement & Supportive Care Manager at St Giles Hospice • St Giles hospice is based in Whittington, near Lichfield and covers the area from Sutton Coldfield – Walsall – Cannock – Rugeley – Uttoxeter – Ashby – Tamworth so it has a wide area and diverse demographic. It is an adult hospice but they also support children through the grief process. While the building is the hub of their work 80% of their work is done out in the community. Their care for patients with cancer and other serious, life limiting illnesses and support their families. St Giles' really believe that it is the little extras that are the important things – the reassurance that someone's pets are being looked after can mean far more than a discussion on "Do not resuscitate" decisions. • St Giles opened in 1983 and that year cared for 167 patients. In 2018 they cared for over 7000 patients. 80% of that care was carried out in the community. While their focus is on end of life complex conditions what was considered complex in 1983 is no longer complex enough. • There are 25 beds and last year they had 470 in patients. 69% of these were admitted within 3 days of referral and the maximum stay is 14 days. • Of those patients who opted for the "hospice at home" care 100% were able to die at home as they had chosen. It is very important people are free to talk about death and choice but be the norm. • The hospice is reliant on volunteers and fundraising to do the work it does. The annual running costs are £9million, one-third of this comes from the NHS, the other £6 has to be raised themselves – it takes community to make a hospice. Each year volunteers bring about £2million worth of unpaid skills. • One of St Giles' mottos is "It's about life, not about death". They work to raise awareness and to understand what people want or need to	

help them. • Many people fear the hospice is just about death and so they run many community activities to allow people to come into the building and introduce them to their facilities. Being part of a computer club or book club or visiting on an open garden day allows people to come in and it takes away their fear. These visitors become valuable contributors to their focus groups. • St Giles' firmly believe in building compassionate communities and are working with partners to share their skills. For example - they work with GP surgeries on well–being programmes to reduce social isolation. They also run bereavement help points – where people with no connection with St Giles can spend time with a trained volunteer to work through their grief – be it recent or not. Each month they support 400 people through this service, all for free. In Burton they hold a 2 hour session at BAFC every month, but some people choose to travel out of town where they feel more anonymous and free to talk. • St Giles' work to promote the importance of care plans and sharing funeral wishes – have you made a will? Have you got a care plan? Have you talked with your family about your funeral wishes? Doing it early makes bereavement easier for the family. • St Giles' offer a variety of Understanding Bereavement workshops – staff training in schools, coping with loss lessons, bereavement peer mentor training to name a few. Ian was thanked for a really informative presentation and his work and raising awareness of all the services they offer. RP and AC are going to talk about what staff training would be beneficial, particularly in regard to bereavement and potentially take some staff to look around the hospice and see the work first aid. (SC has sent a message of thanks to Ian on behalf of the PPG to thank him for coming).	**RP/AC**
Appointment Audit Following previous discussions about timekeeping AC had run an audit of appointments over a 2 week period. While recognising is was only a snap shot it will provide a bench mark as a comparison tool moving forward. The GPs were not aware that the audit was being undertaken at the time. There were no significant patterns to note but an interesting point to note was that the average appointment time was 10-11 minutes. This is the time spent with the patient and does not factor in the time "lost" between patients or the time taken to write up the notes for each appointment. It makes it very easy to see how over the course of a complete surgery session timekeeping slips. RM commented that even when doctor is running behind time it is important (& our doctors are good at this) to not make the next patient feel rushed when their turn come. GH pointed out that continuity of care is more time efficient as time is not spent going over medical history than a regular doctor would be familiar with. The GPs will be encouraged to reflect on the findings of the audit to see if they would like to make any changes to the way they work. For example one GP has already said they would like to build in a catch up pause in their session to allow them to get back on time during the course of the session and relieve the pressure of feeling rushed. AC will make further audits in months to come eg of recall appointments but urged caution in the use of the data because they are small snap shot samples. It was suggested that each year the PPG could include in an annual report	

what has been audited that year so keep a record of our work – it may be useful for future CQC inspections for example. It was also noted again that the timekeeping audit was only looking at timekeeping in relation to face to face appointments – the GPs spend many additional hours working behind the scenes on paperwork and telephone appointments.	
Delay Board At the last meeting there had been a discussion about how to communicate with patients whether appointments were running to time and if there were delays how significant these were. RP and AC have done some research into the different options and looked at what other practices do. The preferred option is a magnetic white board to go under the Jayex screen. Pricing options are being investigated.	
District Group Report JJ reported that they have been told the local CCGs were merging – 6 into 1. East Staffs is currently the only one in budget; the other 5 are in deficit so not a good decision locally. Podiatry has been moved out of the hospital. Retinopathy is now only available at Cross St and Balance St. There were reports of other local CQC inspections and updates from PPGs at other local practices.	
AGM The next PPG meeting will incorporate our AGM. This has been postponed to allow the influx of new members to settle in and be ready to take up some roles. One of the key events must be the appointment of a Chair, Vice-Chair and secretary. It was also suggested that we formalise some of the other roles that people are already functioning in – eg our representative on the district group. Those present were asked for suggestions are to other roles we could create to spread the workload. The only suggestions made were responsibility for upkeep of the information folders and the noticeboard and possibly a lead on Section 106 funding enquiries. If anyone has any other suggestions please contact SC with these by 15th March. SC will then send out a list of the roles and ask for volunteers and/or nominations. These will need to be returned by 5th April to allow the list to be shared with the agenda for the meeting and decisions to be made as to whether there needs to be a vote for any position. It was stressed that no one currently in post in precious about their role and there is no offence in volunteering or nominating someone different for a position – in fact it would be very welcome. When those currently serving (IN is Chair, BW vice-chair and SC secretary) we had a very small PPG and people stepped up to take responsibility to allow the group to function. IN was asked to produce a Chair report for the AGM	**ALL** **SC** **IN**
A.O.B. • SC had emailed details of the next NAPP conference which will be held in Cheltenham on 15th June. JK had represented us last year. If anyone is interested in attending the practice will pay for the ticket, travel and, if there are any, other reasonable costs. Please contact SC to express your interest. If possible before Easter to allow us to take advantage of the Early Bird discount. • Smoking text – a number of the group reported receiving a text as part of an update of records of those with specific chronic illnesses. They felt the wording of the question regarding their smoking history was insensitive at best. RP and AC were apologetic if it could have been phrased better and will look into this.	**ALL** **RP/AC**

• The point was raised again about videos being shown on the Jayex board without the audio. The consensus is that they need subtitles or not to be shown as it is very frustrating. RP said this was being addresses and is a work in progress and apologised for the delay. He will follow it up again. • A question was raised as to how a patient can access their personal medical record as this is referred to online. RP explained that you need to apply to the surgery but this can be done by simply talking to a receptionist who can initiate it being added to your online access. • Clarity was requested over the starting time of PPG meetings – was it 6 or 6.30pm? The start time had reverted to 6pm in the autumn to try and finish earlier but when, such as tonight, the traffic was particularly bad we delay the start slightly to allow people to arrive.	**RP**
Date of next meeting • The next meeting, incorporating the AGM will be on WEDNESDAY 1st MAY at 6pm.	