

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

Wednesday 3<sup>rd</sup> July 2019

**Present:**      **Patients x 12**            Ian N, Pam M, Gill H, Beryl W, Mike P,  
Rob M, Jane K & Sarah C

**Surgery staff**            Rob Paton – Practice Manager & Amy Carter – Assistant  
Practice Manager

**Apologies**                 Steve W, Bernard P, Jennifer E, Gill R, Joy J, Ann M, Pat B,  
Catherine L & Iris E

<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.</p>	
<p><b>Extended Access</b></p> <p>The recently rolled out extended access scheme run as a cooperative between the 18 hub practices is working well. This offers additional appointments Mon –Fri evenings and Saturday mornings. The appointments are well used. Each host practice has 4 appointments for patients registered there and 2 appointments for patients registered at other practices within the hub.</p> <p>In addition to this Q doctor has been rolled out offering video consultations on a Sunday morning. There has been positive feedback on this although some patients have commented that while they think video consultations are a good idea Sunday morning isn't the time they would prefer to access this at an alternative time. There was some confusion over the text messages that had been sent out to make patients aware of this service as there was no identifier as to who had sent the message. It had caused concern at the time that maybe it wasn't something the practice had subscribed to but in fact it is all part of their service and the lack of identifier was a technical issue that was taken note of.</p> <p>When a patient accepts an appointment under these schemes they give permission for the doctor they are seeing, if the doctor is from a different surgery, one time access to their patient notes to allow the doctor access to the necessary patient history. The doctor adds the notes from this appointment to the patient's existing notes for continuity of care with their registered doctor. This ensures compliance with GDPR.</p> <p>As part of the conditions of membership of the Practice Network the practice are obliged to consult on how to add additional services to their Extended Access. These need to be a minimum of 5.5 hours of additional services a week. The practice are asking the PPG to be their consultative group for this. AC outlined 3 suggestions to be considered.</p> <ol style="list-style-type: none"> <li>1. A new community service for housebound patients. A suitable trained nurse would visit housebound patients in their homes to conduct annual review, to write dementia care plans etc. This would provide 4-5 hours of additional care, across 10 appointments per week.</li> <li>2. Provide additional dressing clinics eg at a lunchtime</li> </ol>	

3. Employ an additional GP (From September) to offer 2 lunchtime sessions per week, offering an additional 4 hours clinical time.

The home reviews and the dressings clinics would be carried out by offering additional hours to existing staff.

The PPG liked all 3 ideas. It was agreed that there are many benefits to seeing patients in their own home. Eg the nurse would get a more complete picture of their needs and care support. Housebound patients need to have appropriate care. There are currently 50-60 housebound patients registered with the surgery.

Questions were asked around the dressings clinic as this is a service that Virgin Care were providing but have pulled out of. Is this something the surgery should be offering without additional payment and would it absolve the CCG from responsibility of paying for this? If Virgin Care were being funded to provide this service and are not honouring it, while respecting the surgery's commitment to providing for their patients are they shooting themselves in the foot taking on the burden for something that is someone else's responsibility. Currently the hospital is providing additional dressings clinics to pick up the shortfall.

The idea of lunchtime GP appointments was well received. The practice have been talking to a GP who would like to return to work after taking time out to have a family and would like to work hours around school hours. PPG members felt that lunchtime is good for patients who may be able to make an appointment during their lunch break. Lunchtimes are a time when other GPs are not consulting and so consultation space is available. As an aside it was mentioned this maybe a way forward to fill GP vacancies by employing GPs during the school day who are wanting to return to work part time.

Whilst welcoming these proposals the PPG questioned what (other) services patients may appreciate the most. If the question was reversed and the PPG were asked what do we want, then the service that comes up time and time again in conversation is phlebotomy. Currently there is a 3 week wait for an appointment at Hill St and a wait of up to 3 hours if you sit and wait at the hospital. Neither is really acceptable to patients who are ill – they don't have the time to sit and wait and it is too long diagnostically to wait 3 weeks. RP said that the courier collection times for sampled is too early in the day for the practice of offer this service at lunchtime and there are no available rooms earlier in the day. Also phlebotomy is an expensive service to offer – many practices who have previously offered it to their patients are withdrawing it due to financial constraints – this in turn is increasing pressure on the hospital and Hill St.

The question was asked as to whether the space issue for it could be addressed in anyway by the pharmacy next door. Also how creative can the practice be in use of space – what compromises would patients accept (eg a smaller waiting room) if it meant more services could be offered? RP felt that so many blood tests are requested on any one day that it would require a full time phlebotomist on site to fulfil them.

There were obviously not going to be any quick answers to this but the PPG want to keep it high on the agenda that this is a priority service from the patients' perspective. It also links in to the ongoing conversations about the limitations of the building. The CCG is also due to review all these enhanced

services that are not cost effective.

The proposals for extended services that the practice are proposing offer double the number of hours required to access the additional funding. The question was asked whether going so far above the minimum requirement was wise. If, further down the line, there is a new demand for additional services and Wetmore Rd has already fulfilled this will this be accepted or will they have to find even more hours? Would it be more expedient to just comply with the minimum now and hold back on some of the ideas until they are required to expand further?

Questions were asked as to how the practice could afford to fund these additional services. RP explained that the network will pay £1.45 per patient if they fulfil the additional conditions. This would be around £16500 and would cover the additional salaries. If they do not offer the services they do not receive the additional payments and so it is cost neutral. It was also questioned whether it was sustainable.

The PPG agreed that this had been a really healthy discussion. They appreciated RP and AC being willing to be so open to critical questioning and wanted to put on record what a good relationship there is between the PPG and the practice management to allow this.

The conclusion was to continue with all 3 ideas as no one wanted to have to prioritise one category of patient over another when all 3 services would be so beneficial in their own way. But it was requested that we revisit this in November to review how it has been implemented, how it is working and whether it is sustainable.

**Review Nov**

### **Practice Update**

Patient numbers are up by a net figure of 32 to 11120

PR & AC have had a meeting with the practice manager at Stretton Surgery to get a better understanding on the pressure they are under from the housing developments in Branston, the impact that has on the Stretton branch surgery and the knock on effects this has on Wetmore Road.

Questions were raised about the housing development on Hawkins Lane, as rumours were circulating as to how many houses will be built on the site now Tesco will not be developing the site. Wetmore Road cannot sustain taking more patients onto the books without significant investment in the building or larger premises. Even though extra patients bring extra money the numbers don't add up but cannot close the books to patients within the catchment area and a few years ago the practice went through the challenging process of removing patients who live outside the area. The issue of Section 106 funding was discussed again and despite attempts to get clear answers from the CCG as to whether this has been claimed but not passed on or has never been claimed we are no nearer getting any answers. The group also feel that by the time we hear about the developments it's too late to push for applications to be made. We really need those members of the PPG who have a greater understanding and insight into the workings of the council, the planning applications and how to ask the right questions at the right time to take the lead on behalf of the PPG in pushing forward with this. SC stressed that this can't keep being passed back to the secretary to write letters without the right information. SC asked that IN took the lead in this and also asked to talk to BP and others at the council to get a fuller picture of possible of future developments. There have been too many in recent year for the practice to

**IN/BP**

<p>continue to absorb the impact.</p> <p>A new trainee, Dr Marta Turner, will be joining the practice later this month and will be working 3 days a week. As an ST3 she will be experienced doctor and this will further increase clinical capacity.</p> <p>The Virgin Care contract ends on 31/03/2020. CCG stakeholders discussions are taking place as to what the practices want. The consensus is that they want something different and more localised which is holistically orientated. The timescale of the decision making was questioned as time needs to be allowed to put plans in place to hit the ground running as soon as Virgin pull out. These decisions are made at CCG level.</p> <p>There are public consultations being held regarding the future of local NHS services, including the merger of the CCGs across Staffordshire (Better Together initiative). We need to go to these to contribute to the discussion. The PPG cannot complain afterwards if they didn't take the opportunity to speak out. The PPG are not currently aware of these meetings and asked if information could be shared with the PPG by anyone who is told about them. The last meeting was held during the local election campaign period and Purda rules meant it couldn't be publicised. It was felt this needed to be raised and a request made for a further meeting made. IN was asked to draft a letter to the CCG about the consultation which SC could send on behalf of the group. He was also asked to raise this at the Patient Board on behalf of the PPG. If it is rearranged we must make an effort to attend. It was felt some of the consultation is just a box ticking exercise. It will happen sooner rather than later. East Staffs CCG hasn't spent its budget the other CCGs are in deficit – we don't want our money going out the area but equally, should the CCG be looking to spend its budget rather than commissioning services to the money?</p> <p>A noticeboard had been purchased to allow receptionist to communicate the length of delays with appointments. However, further conversations with other practices who operate similar systems and with the receptionists have raised concerns about the viability of updating the board in a timely manner and whether the receptionists are likely to be subject to abuse if they are changing the board to highlight a lengthy wait. It was suggested that a notice could be displayed prompting patients to ask at reception if they had been waiting 20 minutes past their appointment time. The self check in screen now communicates about delays when you arrive. Also receptionists are being asked to shout out more to update those in the waiting room. The PPG made 2 suggestions – is it possible when a patient is called on the Jayex screen for it to display what time their appointment was so others waiting can use that as an indication of how near to time a doctor is running? Could the radio be turned off or a microphone installed so that the receptionists can be heard when they are making announcements. RP and AC will look into these.</p>	<p><b>ALL</b></p> <p><b>IN</b></p> <p><b>RP/AC</b></p>
<p><b>District Group</b></p> <p>Many of the topics already discussed have also been subjects for discussion at the District Group eg CCG consultations, dressing clinics. They have also talked about the costs of hospital visits and the building of a multi story car part at Queen's Hospital. JK reported that our PPG has a really good relationship with the practice managers and are in a much better position than many PPGs. RP was to be thanked for working so hard with this.</p>	

**NAPP Conference**

No one had been able to attend the NAPP conference this year. SC had been notified the key note speech was going to be live streamed but unfortunately the notification was only sent half an hour before it happened and it was too short notice. It was suggested that if something similar happens in the future it would be good for the PPG to watch it together and then to discuss the content.

**Noticeboards**

A start has been made on updating the health promoting noticeboard and publicising Park Run. It was felt it needed a large title to draw attention to it. AC will follow this up.

**AOB**

The STP plan said the merger of Burton and Derby hospital said all patients would be treated the same but there is talk that there are 2 waiting lists. Is this logistical or post code lottery? No one knew more. There are reported improvements in the heart and stroke services. It was asked whether and patients living in Derby get referred to Burton? Again, no one knew. There are promises that Burton will not be downgraded. There still seems to be confusion as to how working with Derby fits into the Staffordshire Better Together initiative.

One member reported that her appointments in Derby have been sent to her by email. She hadn't signed up for this change and doesn't really use email so is concerned she could potentially miss appointments and presumes there are others in the same situation.

Messages have been sent out to patients by Patient Access promoting Proxy Access. Wetmore Road are aware of this and fully informed if patients request to set this up.

**Date of Next Meeting**

The next meeting will be on Wednesday 11<sup>th</sup> September at 6pm.

**AC**