

# PATIENT PARTICIPATION GROUP MEETING

Monday 13<sup>th</sup> November 2017  
7pm at Weobley Surgery

## MINUTES

### ACTION

#### In attendance

Anthony Barraclough, Alison Bolton, Maria Haines, Brenda Havard, Alan Jones, Raymond Jones, Andrew Kerfoot, Kristine Stevenson

#### 1. Apologies

Ruth Bright, Helen Cotterell

#### 2. Minutes of the Last Meeting

Agreed as a true record.

#### 4. Practice Update

- **Retirement of Oliver and Rachel Penney** – both will be retiring together in September 2018. Plans are progressing well into looking at modelling future services including looking at increasing GP sessions. Skill-mix of staff is being explored as part of the natural way forward but it is anticipated that there will be no changes to our current GP rotas when the Penney's retire.
- **Staffing** – Currently still do not have an FY2 or GP Registrar. Dr. Howells who was with us as an FY2 will be returning in August next year as she has joined the GP scheme and will be with us for 12 months. Dr. Vaughan has started her Maternity Leave and will return in November 2018. The Practice continues to host medical students and a student from Cardiff will be commencing with us at the end of November.
- **DNAs** – MP presented some disappointing figures for DNAs even with the use of voicemail reminders and text messages. These had improved from this time last year but were still very high. There seemed to be no correlation to age or frequency of attending and some DNAs were on the same day that the appointment was booked. MP currently provides monthly information on the numbers of DNAs and had previously provided information on the number of full sessions this equated to for both doctors and nurses. MH felt that this would have more of an impact if this was identified in financial cost to the practice and AB offered to support MP in trying to quantify this.
- **Practice Population** – This had increased by 660 from this time last year which had provided extra pressure on the services at the practice. All patients live in the practice area and further pressures were expected with additional residential developments being planned by Herefordshire Council. MP reported that at a recent Primary Care at Home meeting in Hereford, Herefordshire Council had been lobbied incredibly hard with regard to

discussing the implications of large residential build projects on local GP services eg. Bromyard & Kingstone before planning has been granted. Unfortunately there was a government drive to provide substantial additional housing in Herefordshire in years to come.

- **Automatic Repeat Dispensing** –MP reported that there had been comments from patients at the beginning that processes were slower in the Dispensary and that queues had been the norm however Gill Gane and her team had worked hard to iron out the problems that had arisen and each month became easier. Patients had also been reassured that if they still wanted to order their own medications each month then this was their choice.
- **Care Navigation** – Across the country care navigation is being implemented and training is currently being undertaken by all receptionists in Herefordshire. Sometimes the GP isn't really the best person to see. Patients could be seen and treated quicker by a nurse or a physiotherapist for example and in some cases, the GP practice might not be the right place at all for the query. That's where 'active signposting' or care navigation comes in. Care navigators are receptionists and admin staff but through specialist training, they also possess additional skills and provide a crucial practice role in improving access to primary care. All with the aim of helping patients to get to the right service faster.

## 5. CCG Accounts

Further to Diane Jones attending the last meeting the CCG Accounts were noted and copies available for all attendees.

## 6. Patient Survey Results

The Practice staff are most grateful for the mainly positive comments that came out of our patient survey again this year. The Practice is always looking to improve services and provisions for patients and really do welcome constructive criticism and feedback to make things even better, where possible, however small.

Following feedback, the Practice intends to review:

- Providing more information on test results and providing these online as part of the Patient Access data
- Access to Staunton on Wye Surgery via a heavy door that patients find hard to use
- Confidentiality within the Reception/Waiting Area
- Self-Help in relation to health and exercise linking with care navigation

## 7. Waiting Rooms

A suggestion had been made to MH and had been raised within the patient survey that patients would like to have music within the waiting room. Licences would need to be purchased and for both sites this would equate to approximately £650 which was felt by those in attendance to be too expensive.

MP explained that information screens were being provided for practices by the CCG in the near future and these would be used to promote health and wellbeing as well as providing a conduit for practice messages and information. These would also be an opportunity to enable patients to be informed with regard to DNAs etc.

## **5. Any Other Business**

- **Pharmacy 2U** – AB reported that this company had been targeting elderly patients with clever marketing using the NHS logo to gain signups to online prescriptions. MP agreed to make the practice team aware and to raise this with the CCG, Head of Primary Care.
- **Hospital Waiting Times** – Still increasing at present in some specialties. OP reassured that when waiting times are very high, patients are given the option of returning for re-referral to another specialist if symptoms/condition worsened. Unfortunately high waiting times continued to be a trend across the country at present.

## **6. Date of Next Meeting**

Monday 19<sup>th</sup> February 2017, 7.00 pm at Staunton.