



Minutes of the Meeting held on Thursday 24th November 2022

In attendance: Dr Colin Machin (Chair) (CM)
Ingrid Cunningham (IC)
Les Bailey (LB)
Paula Edwardes (WMC) (PE)
Dr Dawn Moore-Elphick (WMC) (DM)
Anil Ghelani (AG)
Anne Jones (WMC) (AJ)
Tracey Wright (WMC) (TW)

Apologies: Karen Burton (KB)

1. Welcome and Brief Introductions

CM opened the meeting by welcoming everyone after such a long break and inviting those present to briefly introduce themselves. He pointed out that, as this was the first meeting for some time, we would probably have time for only a relatively cursory visit to each Agenda item.

2. Published Reviews summary

DM sought clarification on what patient members were expecting to learn from this item, saying that reviews are an unreliable measure of an organisation's performance. CM assured the group that patient members fully understood the poor reputational standing of reviews, but sought some kind of standardised measure that we could monitor for signs of problems or improvements. It was **agreed** that such a measure was required, and the group was advised of steps being taken to create a more reliable and reproducible basis for feedback. AJ said that the PPG could help with surveying patients as they arrive at Reception in order to establish various demands and trends; AJ said she would **undertake** asking for volunteers.

AJ revealed the unsurprising news that car parking was still a challenge. It was revealed that WMC is considering removing patient parking. IC reminded the group that discussions around negotiating space for staff in the "Johnson's" car park had taken place in the group.

As of a few days ago, the telephone system is able to reveal some of the statistics that it collects (see also Item 5, below).

It was **agreed** that summarised feedback would be **provided** for future meetings.

3. PPG Locality and Network Meetings update

CM reminded members that LB has volunteered to be our representative at the various fora that meet to discuss current matters and future initiatives at Federation and CCG levels. He has been doing this since before Covid and has kept patient members abreast of developments by sending out Agendas and Papers, along with summaries of presentations, for which the group is grateful. He was keen to provide a lengthy presentation, but in view of the length of the Agenda and the nature of the meeting (Item 1), his presentation was curtailed.

It was **agreed** that LB would take on the **action** of including TW in his mailing list when sending out these items in order that WMC will have the opportunity to discover what is being said and comment where appropriate. We could then have meaningful discussions about the response from WMC, their having first considered the material.

4. Staffing

In introducing this item, CM made reference to the perceived high turnover in staff. DM responded by saying that in the GP and Nursing Teams, the level of stability was good. There are moves to increase the list of Partners by one to get it back to the desired five.

The problem seems to be at the Management and Reception level. AJ, supported by DM, gave an account of what had been happening in the last year or so. The group was assured that the steps that were being taken were beginning to alleviate some of the problems of retaining suitable levels and numbers of staff.

DM and PE talked about the unacceptable behaviour of some patients and the group was assured that steps were being taken to both train Reception staff in handling such cases and their physical protection.

5. Telephone System

Like most of its patients, WMC is aware that the telephone system is not functioning for the patients or the practice. Upon being made aware of some of the deficiencies, the group was told that changes to the software along with changes to the way in which the system is used means that, before being placed in the queue, patients will be informed if there are no more appointments available. CM expressed the view that it was good to hear that the telephone system provider is at last listening to feedback.

CM also pointed out that some of the existing messages are misleading or erroneous, for example asking callers to try again after 2.30 when it is already 4pm.

It was **agreed** that the group would monitor the effect of these changes and **report back** from a patient perspective.

6. Chronic Diseased Review process (appendix 1)

The Chair was asked before the meeting if he would temporarily withdraw this item, instead discussing it as a personal item with AM. CM explained that his situation was not uncommon and so must be experienced by others, some perhaps less able to cope with its complexity. CM reminded WMC that everyone there “knows the system” but many/most patients will not, especially as it seems to change from year to year.

Although some discussion inevitably took place, it was **agreed** that CM should **meet** AM, after which the matter could be brought back to the group.

DM added that for all patients who are prescribed long-term medication, a “medication review” takes place annually. Normally the patient is not involved in this process, the exception being if any matters need to be raised with the patient, such as evidence of under- or over-use of any of the items.

7. Repeat prescriptions

CM asked about the changes that led to the repeat prescription processing time, which is adopted as a “please only order ... not earlier than this time scale” [source: SMS sent to patients September 2021]. He pointed out that some pharmacies take longer than 4 days to process scripts and some do not pull scripts down from the “spine” in a timely fashion; the favourite response at Boots is “it only arrived yesterday”.

Discussion moved on to the whether patients can be helped with the matter of dates on which items can be re-ordered going out of synchronisation due to pack sizes being different across different drugs. DM said that dates are often adjusted at the aforementioned medication reviews (item 6) and that patients can use the “Medication request notes” box to ask for dates to be aligned by overriding the permission to order a certain item.

LB asked why the option of requesting Repeat Prescriptions by email had disappeared. AJ replied that it was a feature that had been initiated during Covid to reduce footfall in the building. It required a process at the Practice that was both time consuming and error prone, so has been withdrawn. LB was advised to use either the SystmOne [sic] Online Website, the NHS Website or the “Airmid” smartphone app from SystmOne. CM provided LB with details. Prospective users of SystmOne Online and Airmid need to register with the practice for a user name and password.

(Please see the notes on the post-meeting discussions at the end of these Minutes.)

8. Practice update

CM explained that away from matters of staffing, this item gave WMC a chance to talk about plans and actions that are under way, such as the refurbishment and future occupation of some of the space freed by tenants leaving. DM said that the plans were still active, although progress is slow because tenants are still in place, and some have left the space in a barely habitable condition. There is still a plan.

9. AOB

- (a) AG told the group that a Social Prescribing post had been established at filled at the LLR level and that WMC should be able to take advantage of the existence of the post. AJ said that she knows about the post, although there was some confusion over the name of the person.
- (b) AG produces ten boxes of a sample of a device for safely opening vials. Whilst their purpose remained a mystery to patient members, the samples were gratefully received by WMC, particularly TW, who knew what to do with them.
- (c) CM asked if the same people would be attending future meetings, as the email listing those representing WMC was a little difficult to “parse”. TW said that the only WMC representative who would not routinely attend meetings is AJ. DM concurred and pointed out that if any particular item in a future Agenda would benefit from input AJ, she would be invited to attend or, at least, respond by means of a written paper. This was **agreed** as an effective way forward.

10. Date of next meeting

It was **agreed** that the group should aim to meet at two-monthly intervals, so the next meeting is to be held on Thursday 19 January 2023. In deciding upon a time, it was concluded that, although the current choice of 2.30pm might disenfranchise anyone who works, that we would “cross that bridge” if and when we recruit further such people. We do, of course, already have a working-age member, namely Karen Burton, who sent her apologies to this meeting.

(After the meeting formally closed, there was some useful discussion on whether the group would find it helpful to re-establish a connection with one of the pharmacists in the area. The patient members who were part of the group when Pamila Khalia, the Pharmacist from Boots, was a member, thought that the cooperation was fruitful. Given that there a quite a few members of new staff interacting with the Electronic Prescribing System (EPS), WMC might like to consider such cooperation. Item 7, above, would certainly have benefitted from Pharmacist input. CM.)

Notes on the format of these Minutes

In these minutes, words in bold are intended to draw the group’s attention to matters that have either been **agreed** or require some **action** to be **undertaken**. Those in the latter category will be used as the basis for the Standing Item “*Matters Arising (not appearing elsewhere on the Agenda)*” on the Agenda for the next meeting. Other words may apply.

Some specific terms are now defined. “WMC” is intended to refer to the practice. The meaning of “patients” or “patient members” is exactly as would be expected. Reference to the “group” implies both of the above categories.