**WATLINGTON MEDICAL CENTRE**

**Patient Participation Group**

**Minutes of Meeting held on Tuesday 3rd October 2023 at 2 p.m. at Watlington Medical Centre (Revised)**

**Present:** Dr Nichol, Amy Rossiter (Clinical Care Coordinator)), Judith Leigh (Chair), Margaret Blackburn (Secretary, Minutes), Sue Calver (Treasurer), Carol Nicholls,

**Absent**: Joy Stevens, Annette Smith, Gordon Jeffries, Kevin Morgan

Brenda Redfern (Resigned)

The meeting was Chaired by Judith Leigh.

**2.** **Minutes of the previous meeting 16 May 2023.**

The minutes were agreed.

**3.** **Matters arising:**

**Buzzers in the Pharmacy**: the teething problems had been resolved. One of the buzzers was found not to work at distance, and had been removed. It would be helpful if a clear notice about the availability of the buzzers could be displayed in the Pharmacy.

**PPG minutes on the website:** Judith had not been able to open them. Amy would investigate.

**The Upwell PPG** had not made contact with Judith, although her contact details had been passed to them. The PPG would like to make contact with other PPGs in the PCN.

**First Aid Day***:* there had been little uptake, only one of the 2 proposed sessions had been held, but half the cost of the 2nd session had to be paid.

It would be good to offer the first aid course to older children or to other groups.

Defibrillator training would also be useful to give more confidence to potential users.

***Action point****: Amy to check access to PPG minutes on the website. Dr Nichol/Amy to ask for notice about buzzers in the Pharmacy.*

**4.** **Surgery Update**

Dr Nichol reported that the new nurse Lauren Cox was in place and forging ahead.

Dr Wagge would be back from maternity leave in the new year.

Plans were in train, but not yet finalised, to have increased clinician time over the winter.

Someone was being taken on to make a strategic assessment of the Pharmacy, and to take an overview of the Pharmacy processes.

The practice had a new receptionist, Esme, and new counter staff in the Pharmacy.

**5.** **PPG Update.**

**a**. A new Secretary and Treasurer had offered their services and would be co-opted.

**b**. A dedicated email address for the PPG committee had been set up to receive any communications from patients of the practice, accessible for monitoring to the Committee and Amy, which would protect use of their personal emails.

**c.** The terms of reference for the PPG needed to be signed by the new Chair and the Practice representative, and this would need to be done. Amy would arrange this.

**d.** The PPG needed to encourage new members and raise awareness of the PPG, perhaps having a table by the Pharmacy and going to different local clubs for brief information slots at meetings. It would also be useful to have leaflets to distribute to publicise the existence of the PPG, and an introduction ‘pack’ ready for potential new PPG members to explain more about the purpose and activity of the PPG.

A more diverse group of PPG members would be desirable. Perhaps notices could be circulated to parents via the school.

A box for suggestions in the surgery might be useful, but it would have to be carefully structured to ask for constructive comment and desired outcomes, making it clear it was not a route for complaints.

The PPG committee would police the box and filter comments to protect the clinical staff.

**e.** It would be useful for the PPG to have a noticeboard in the surgery, towards the front of the waiting room. Amy and Dr Nichol would look into provision of a suggestion box and a noticeboard.

**f.** Questions the committee raised with the practice:

The PPG is responsible to the practice

There is no funding available for the PPG

The surgery had tried group consultations on specific medical conditions, as in proposed education sessions with special nurses on hand, but there had been no interest.

Social prescribing: as part of the PCN there is access to 3 dedicated staff, remote bookings are made as needed.

PPG organisation information had been located from different sources, the most useful being the Rockwell version, which might offer suggestions for re-drafting the terms of reference, and other administrative possibilities.

***Action points****: Amy to investigate provision of a ‘suggestion’ box and a noticeboard for the PPG, and to provide a copy of the Terms of Reference for official signatures.*

*PPG [Judith?] to consider creation of a general information leaflet.*

*Margaret to start preparing induction notes for anyone interested in joining the PPG.*

6. **Committee**

Chair: Judith Leigh was co-opted as Chair

Proposed by: Carol Nicholls; Seconded by: Margaret Blackburn

Secretary: Margaret Blackburn was co-opted as Secretary

Proposed by: Judith Leigh : Seconded by: Carol Nicholls.

Treasurer: Sue Calver was co-opted as Treasurer

Proposed by: Judith Leigh : Seconded by: Carol Nicholls

Bank account: the original PPG bank account had been closed. We needed to open a new account, with 3 signatories from members of the PPG, not from the Practice.

It was **AGREED** that the PPG should open a new bank account

***Action point****: Sue Calver to investigate opening a new bank account for the PPG.*

7. **Pharmacy**

**a**. The practice was aware of the current issues. An ideal solution would be the purchase of a self-service machine which would deal with the bulk of straightforward repeat medications, but this would cost in the region of £25,000. In the meantime, new staff are being trained and are doing their best to keep up with demand.

*The fact that so many regular and much-used medications are frequently unavailable is a constant headache, as apart from the difficulties caused to patients it means that staff are in effect having to deal twice with each request.*

*Part of the annoyance for patients is the historic good access to the pharmacy and speedy response to medication requests. The current situation is therefore even worse by comparison.*

There is a Prescribing Technician in the Pharmacy, who can be asked to tidy up patients’ scripts to bring the dates for repeat medication into line, to save multiple trips to the Pharmacy for different medications. It might be possible to ask her to tackle this as a project.

Notifications that medication is ready for collection: Would it be possible for there to be an interim notification on the lines of ‘Most of your medication is ready for collection, but some items are currently not available’? At the moment the notification is only sent out when all the requested medication is ready, so patients have to calculate when to call in to check what medication may be awaiting collection.

**b**. & **c**. Waiting area: Would it be possible to open up the area in the Pharmacy currently closed off for private consultation with the Pharmacist on an occasional basis in case of bad weather in the coming winter, and long Pharmacy queues?

Would there be any chance of installing retractable cover outside the Pharmacy to help protect the queue?

If buzzers are used for patients waiting for their medications there ideally needs to be a separate ‘buzzer queue’ to avoid them having to queue twice.

The screens in the Pharmacy will be taken down which should make access to and communication with the staff easier.

***Action points:***

*Dr Nicho/Amy to look into the Prescribing Technician adjusting scripts; the possibility of an extra medication notification message; the suggestions for occasional extra space in the waiting area and some kind of external protection for Pharmacy queues; and the feasibility of the separate ‘buzzer queue’.*

**8. Patient survey**

Dr Nichol reported that the last survey was a National one, run externally, with a random selection of patients surveyed. The practice came just below average on most results.

The PPG would be ready to help if there were areas where they could be of assistance.

**9. AGM arrangements**

This item to be treated as pending. The PPG would look to arranging an AGM to fit in with a standard PPG meeting, possibly in the Spring.

**10. PPG feedback**

MB raised the situation of eye care outsourcing.

*This was not a practice decision.The ICB had commissioned the pathway, and therefore there was no finance for the Practice to deal with eye care. Any problems with the a course of treatment should be taken up with Primary Eye Care, and/or the ICB, as it was completely out of the surgery’s hands.*

**11. AOB**

Sue asked if at the next meeting the PPG could have some clear information from the Practice if there was anything would like the PPG to do, or any areas where the PPG could give support.

**12. Date of next meeting**

The next meeting would be held in January/February.