**WATLINGTON MEDICAL CENTRE**

**Patient Participation Group**

**Minutes of Meeting held on Tuesday 2nd July 2024**

**Present:** Dr Nichol, Amy Rossiter (Clinical Care Coordinator)), Margaret Blackburn (Secretary, Minutes), Sue Calver (Treasurer), Linda Cole, Jane Rose-Land, Annette Smith, Joy Stephens

**Apologies/Absent**: Judith Leigh, Carolyn Cast, Stephen Jones, Brian Long, Roger Lord, Joanne Quayle, Hilary Sangster

In the absence of Judith Leigh, who had covid, the meeting was Chaired by Sue Calver.

There was a request that a new list of committee members be circulated, as the last list was out of date

*Action point: Amy Rossiter*

**2.** **Minutes of the previous meeting 12th March 2024.**

With the amendment of the mis-spelling of Joy Stephens name, given as ‘Stevens’, the minutes were agreed.

**3.** **Matters arising/Action points not covered elsewhere in the agenda:**

**3. Action point:** **Brian Long to raise problems of unavailability of medication in other meetings**. Brian Long was not present, and no information had been received. Dr Nichol showed the committee the June 2024 long list of medications unstocked, and not immediately available to order. The majority were the common medicines, such as antibiotics, steroids and insulin. The Pharmacy were sourcing supplies internationally, e.g. from Africa, and setting up new supply lines. This was a national problem.

**3. b:** **Meet and Greet at Rainbow Café:** Judith Leigh had sent a note that the Meet and Greet at the Rainbow Café had been successful, we had spent time talking to a number of people and received many comments and suggestions. During the Meet and Greet at the Surgery we had also spoken to a large number of people, and again received many comments and suggestions.

**6. b: Funding streams:** Sue Calver reported that she had been in touch with Jim Bondi, about the Village Amenity Fund, and been told that there was no funding currently available, but that there was hope that new funding might be available after the election.

The PPG had had a stall at the Watlington Fete, and taken £68. Unsold items had been donated to the Purfleet Trust or taken to charity shops. We had applied to the Fete Committee for funding, and if successful might receive some £300.We had also applied to the Gossip fund, which offers small grants to support village organisations.

**8.1 Action Point: Car park:** Dr Nichol reported that there had been no advance in the car park plans, as the Medical Centre was concentrating efforts on the installation of the new medication dispenser. *[See item 4 below]*

Once the machine was in operation, it was hoped that the 24-hour availability of medication collection might ease pressure on the car park.

A suggestion from Catherine Swaile that there might be wider spaces to accommodate patients with children and pushchairs, as well as wheelchairs, would be taken into consideration in any future planning.

**8.2 Action Point: Physiotherapy:** The inhouse physiotherapist was externally provided, as a first contact point, who could refer patients on to further treatment. Dr Nichol reported that a new pathway was in operation for patients to self-refer to North Norfolk and Waveney Authority physiotherapy services in Kings Lynn.

**8.3 Action Point: New call handling system:** the new system was due to go live on 16th July, which would provide more lines, more options, and less queuing. It was a system completely new to everyone, and there would be an initial ‘soft launch’ for staff only.

**8.4 Action point: Web page staff listing:** The web page had been checked and updated.

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

Dr Nichol reported that there were staff changes under way in the Pharmacy, increasing the number of staff. Nurse Lauren Cox had gone on maternity leave, and there would be cover for the post. As the installation of the new medication dispenser involved change to the fabric of the building, requiring a hole in a wall to site the machine, discussions were ongoing with the landlords for the necessary permissions.

She reported that the North Norfolk coast hike to raise funds for Macmillan that she had entered had raised some £3,000 and thanked everyone for their support.

**5.** **PPG Suggestions and Comments**

The request for suggestions and comments was proving to be a positive undertaking. It was felt necessary to make sure that the list of comments, actions and outcomes needed to be kept up-to-date on the notice board.

*Action point: Amy with Judith, Margaret and Sue to liaise with suggestions and comments raised.*

**a. 40-hour contract**: There was a query about the mention of a 40-hour contract for the Pharmacy as an explanation for the Tuesday afternoon closing. The Medical Centre had decided that the best use of the time was to align the Pharmacy opening with the Surgery opening hours. Again, the new machine should help with some of the difficulties.

**b. Blood pressure tests**: patients had been asking why they were being referred to the Pharmacy for BP tests when they are with a nurse or doctor. The Pharmacist was not always available, and they had to make a new appointment, which could be a difficulty.

Dr Nichol explained that this was another result of funding conditions. Blood pressure tests carried out by the Pharmacist were funded on a separate payment stream, those done by nurses or doctors were not. BP tests could be done by GPs during consultations if needed. Extra appointments with the Pharmacist had been organised.

**c. Appointments to see a GP:** patients were being told that no appointments were available, and to phone back the next day, which had not been the case since the triage system had been introduced.

Dr Nichol explained that the British Medical Authority [BMA] had made it compulsory for employers not to exceed the maximum safe number of consultations per person per day. The Centre used to have an ‘uncapped duty doctor’ who dealt with as many triage requests as needed. Under the new instructions this is no longer possible, and when the cap limit is reached patients have to be referred on. The new telephone system may offer the possibility of electronic requests to triage without actual patient contact.

As a note of information: in 2015 the average number of patients per GP was 1900. In 2024 it is now 2300.

**6**. **PPG Update**

**a. Contacts with PCN PPGs:** Sue reported that she has contacted all PPGs in the Medical Centre Primary Care Network [PCN] of 6 practices. Watlington is one of 3 currently active, only 2 of us having live meetings.

St Clements and St Johns have no PPGs; Upwell has recently disbanded, saying that they felt they had no support from members or the surgery; Feltwell has a virtual group, run via their web site, where interested people sign up via the site, send comments by email, and responses are disseminated the same way; Boughton, active since 2011, has both an active and virtual group, a core group who meet in person twice a year, and a wider group maintaining contact via email.

It was suggested that we might consider having a virtual group, which younger people might be more likely to respond to. 3 out of 4 of the members who were not able to attend the current meeting couldn’t come during the day.

It might be possible to arrange for the committee meetings to alternate between evenings and afternoons to try to broaden the range of members.

**b. Guided walks:** Sue had re-done her walks leader training, and was qualified to run health walks, which could start once the necessary Public Liability Insurance had been arranged, which in turn depended on sufficient funds being available. There was hope that this might be possible from grants already applied for.

Sue was hoping to work with people in circumstances such as social prescribing, with low mental health, recouping from injury or operations, or isolated in the community. The proposal was that walks would be about 40 minutes long, perhaps using the village hall as start and finish points, as toilets were available, and it might be possible to arrange for tea and coffee. Any time of day would be possible, starting in August, September and October, if agreeable. All walks would be risk assessed in advance, and all attendees would be asked to fill in a walk register declaring their fitness to walk.

A further possibility might be to gather parents after dropping off their children at school, to go straight on to a walk. The school could be asked for their agreement.

It was **AGREED** that Sue should take the arrangements forward when possible.

*Action point: Sue Calver.*

**c. PPG Informal meeting proposal:** An attempt to arrange an informal evening meeting via the WhatsApp group had evoked very little response and had been cancelled.

**d. Gossip write up alongside Medical Centre article:** Judith reported thatMargaret had taken over writing the PPG entry for the Latest Gossip, which appears alongside the WMC article. It is also included in a number of other local magazines, Shouldham News, Eagre News, Runcton Holme and Wiggenhall St Germans. WMC has patients in all these areas, so we are getting a good reach.

**e. Summer Fete event:** *[See earlier under 2. 6.b Funding streams]*

**7**. **AGM arrangements**

The next Committee meeting would be in October, and it was **AGREED** that the AGM should be arranged as part of that meeting, allowing extra time for the event. A Notice would pe posted on the Noticeboard, and anyone wishing to attend the AGM would be asked to advise us in advance. The meeting could be held in the waiting room if necessary.

*Action point: Dr Nichol and Amy to find a suitable date and advice the committee.*

**8. Any other business**

1. Roger Lord was not able to attend the meeting, but had sent a letter expressing some concerns, which had been passed to the Medical Centre. Among the points he raised, the committee received the following clarification:

As reported earlier with regard to the contractual hours for the Pharmacy, it was felt that Saturday morning opening was not in the best interests of the organisation overall, and that the new dispensing machine might alleviate some of the problems. It was noted that on the day of the meeting the Pharmacy was up-to-date with all prescriptions.

The request for an awning outside the Pharmacy had been considered, but there were concerns that the local youth might use it as a gathering place. The buzzer system for those waiting for prescriptions, so they could wait in their cars, was of use in many cases.

Saturday morning appointments were possible at Terrington St Clement, one of the practices in the PCN.

2. Lack of privacy at Reception in the Surgery: The screen at Reception was to be extended, which should help with privacy and give better sound proofing.

3. Hand rail in the corridor: when this was considered it was realised that the space available meant that a handrail would impede access for paramedics with trolleys, which is necessary at times, and that there are doors at frequent intervals, which also makes it difficult.

4. Dr Nichol had been asked to remind patients that there are plenty of cycle racks available if anyone wished to cycle rather than drive to the Centre.

5. Sue Calver had been looking at the Norfolk Health Watch [NHW] survey of GPs, and noticed that none of the Watlington staff had been interviewed. Apparently, the Health Watch people did a Meet and Greet in the car park, but Watlington otherwise seem to have been missed, and no staff asked for an interview. One suggestion at the end of the report was that the Integrated Care Board have a champion for PPGs, which would be another point of contact for us.

Sue stated that it does not appear that the PPG had a presence on the surgery website. Amy said it was on there somewhere but it was thought that the PPG needed a more prominent presence on the website to enable patients to access information.

*Action point: Amy will look at the web page again, to make the PPG more prominent, as other surgeries have the PPG information on the front page.*

6. Dr Nichol reported that there seemed to be a push not to have small general practices, a model that might suit cities but that did not suit rural areas. As an example, over the previous winter there had been a respiratory hub in King’s Lynn working out of the hospital, where a GP could send patients with “simple” infections, and which was fully funded. The problem being that it is difficult to tell what is a truly simple condition, and this is where a GP who knows a patient is best placed to deal with such matters. There are separate hubs for more simple cases, and the funding is being allocated to these rather than to general practice.

7. Industrial action: Over 99% of GPs voted to reject the suggested Government contract, as not being in the interest of small communities, especially those in rural situations. They are fighting to keep small general practices and the continuity of care, which defines general practice.

**10. Date of next meeting**

The next committee meeting and AGM to be held in October, date to be confirmed.