**WATLINGTON MEDICAL CENTRE**

**Patient Participation Group**

**DRAFT**

**Minutes of Meeting held on Tuesday 12th November 2024**

**Present:** Dr Nichol, Amy Rossiter (Clinical Care Coordinator)), Margaret Blackburn (Secretary, Minutes), Sue Calver (Treasurer), Robert Barratt, Carolyn Cast, Linda Cole, Brian Long, Roger Lord, Hilary Sangster

**Apologies/Absent**: Jane Rose-Land, Amanda Warren

**Resignation**: Judith Leigh had resigned from the committee, as she and her husband had moved out of the area.

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

**2. Election of Officers**

The following stood for election for the coming year:

Chairman: Margaret Blackburn Proposed by: Carolyn Cast; Seconded: Robert Barratt

Secretary: Robert Barratt Proposed by: Brian Long; Seconded: Linda Cole

Treasurer: Sue Calver Proposed by: Linda Cole; Seconded: Hilary Sangster

**3.** **Minutes of the previous meeting 2nd July 2024.**

The minutes of the meeting were agreed.

It was noted that the Watlington PPG was the only active PPG committee in the local Primary Care Network.

There was some discussion about the accuracy of the minutes, and it was unanimously **AGREED** that for the sake of accuracy the Secretary should take an audio recording of the meetings.

This would need to be added to the Terms of Reference and the Privacy Statement.

*Action: Amy Rossiter*

**4.** **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 reported that he had raised this at a Norfolk Health Overview and Scrutiny meeting, where he was told that they thought the situation was improving. Dr Nichol said that she had checked this matter with the surgery only that day, and was told that it was indeed an improving situation and that the medication owing backlog was no longer a major issue.

**5.** **Surgery Update**

Dr Nichol reported that the new telephone system seemed to be working well and that the callback feature was a welcome addition.

The Medical Centre was adopting the “Pharmacy First” service, involving pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions: **Sinusitis** for adults and children aged 12 years and over; **Sore throats** for adults and children aged 5 years and over; **Acute otitis media** for children aged 1 to 17 years; **Infected insect bite** for adults and children aged 1 year and over; **Impetigo** for adults and children aged 1 year and over; **Shingles** for adults aged 18 years and over; **Uncomplicated urinary tract infections** in women aged 16 to 64 years. Using the trained Pharmacist for these simple common conditions it would take some of the pressure off the doctors.

Planning permission had come through for the prescription dispensing machine, and the Centre hoped it would be installed before the New Year. It was hoped that patients could opt for using the machine or the pharmacy. There would be a ‘soft launch’ once it was in place. Patients would be sent a code to access the machine and there would be a payment facility.

Roger Lord said that in his experience the Pharmacy was not improving, with long waits and queueing outside in the cold was a problem. He had never been offered a buzzer so that he could wait in the car until the medication was ready for collection.

The system for checking on if medication was ready to collect was clarified:

It was possible to phone the Pharmacy at set times of day when a dedicated person in the Pharmacy would take calls and would check if medication was ready; the phone text alert system was functioning, but if it wasn’t working patients should let the pharmacy know and they would look into the problem. The Centre would work on making better communication about the buzzer system.

It was also hoped that the new prescription dispenser would ease the queuing situation, as those using the machine should not have to queue.

Sue Calver suggested that the PPG might arrange for a ‘Meet and Greet’ once the dispenser was in place, to talk to people about queues, the new machine and any other Pharmacy or general matters.

*Action points: Dr Nichol/Amy Rossiter. Sue, Rob and Margaret for the Meet and Greet.*

**6.** **PPG Suggestions and Comments**

**a.** Jane Rose-Land had raised a few queries. Relating to the new telephone system, she had found that when she used option 1 to book an appointment it took several rounds of the message before the system accepted the 1, and she had a similar problem when trying to use option 1 for the callback. She also said that on the NHS App the list of upcoming appointments was very sporadic, and only past appointments were fully listed. She also asked when booking appointments for 2 seemingly related items why it was not possible to have a single appointment rather than having to book 2 separate appointments. She understood that there was limited time in a GP appointment, but it seemed a waste of resource to have to book 2 appointments

**Phones:** Dr Nichol said that she had not heard of difficulty with the option 1 on the phones, but she would ask the Practice Manager if any complaints had been received.

It was suggested by a committee member that using a mobile phone possibly might be part of the problem, as pressing the keys might not make a full connection.

*Action point: Dr Nichol and Practice Manager*

**NHS App**: The Medical Centre had no control over the NHS working of the NHS app.

**Appointments for two related matters:** This was a more difficult query. Reception staff have experience in dealing with general appointments and making informed decisions on the information a patient gives them as to the best way forward. They are good at helping patients, but no system is ever 100% reliable, and the sorting out possible related matters is not always straightforward.

**Rowan Tree:** An email had been received in the PPG email box from Brenda and Keith Leedell offering a rowan tree sapling to replace the one in front of the surgery that looked very dead. A contractor maintained the grounds, and the Centre would look into the situation. Brenda and Keith had been thanked for their kind offer, and the PPG would report back to them, once the situation was clear.

*Action point: Amy Rossiter*

**Privacy at the Reception Desk:** Nothing had as yet been done to enhance the privacy at the reception desk, but it is in hand. There is a sign offering a more private location if a patient would like to move out of the public area.

**Comments and reports**: Margaret had prepared PPG reports for local newsletters, with news updates and contact details. All comments raised would be posted on the PPG noticeboard in the surgery waiting room, listing responses and feedback. Amy reported that no new comments had been received in the last few weeks. It was time for the early comments to be removed to update the listing. Any comments received via the PPG email page would receive an individual response.

**7**. **PPG Update**

**a. Guided walks:** Sue Calver reported that one suggestion for the ‘Meet and Greet’ events that the PPG had held was for social walks. Sue and her husband Gary had retrained as walk leaders, and the walks had been trialled in the autumn, with 6 walks organised between 27th August and 22nd October. 16 different people had taken part, with 5-8 people coming to each walk. Some had come to all the walks, some to only one or two. There had been a mixture of people new to the village and long-time residents. Walks were 40-45 minutes long, with Sue leading and Graham acting as back marker.

The walks were form 2-3 pm and then there were free refreshments in the village hall from 3-4 pm, which gave a chance for further socialising.

£68 raised at the Watlington Fete stall run by the PPG together with a grant of £100 from the Watlington Gossip had covered the Public Liability Insurance necessary for the walks to take place, and the hire of the village hall. Public Liability was £78.40 for 12 months.

It was suggested that perhaps it might be possible to have public liability for 6 months to cover the times it would be most relevant.

Further suggestions for activities included Chair based yoga [which Sue can also deliver] and a lady in the village with a smallholding and 4 alpacas might offer ‘walking with alpacas’.

Margaret Blackburn had had contact with the social prescribing system, and when she asked if they could send anyone to the walks, she was told that while they can bring possible events to people’s attention, they cannot go any further as it might be considered ‘coercion.’ It was suggested that perhaps the social prescribing team might come to the walks with anyone interested.

**8. Any other business**

There were no other matters raised.

**10. Date of next meeting**

The next committee meeting would be in March 2025, in the afternoon, date to be confirmed.

The meeting closed at 6.35 p.m.