

TADLEY PATIENT PARTICIPATION GROUP

ANNUAL PATIENT MEETING (AGM)

Wednesday 4th July 2018 held at Holmwood Health Centre

Present: Fifty-one patients attended.

Committee: Claire Chambers (Acting Chair), Val Turnbull, Alan Chambers, Gill Tomlins, Tony Wicks, Kate Wright, Graham Wright, Hazel Metcalfe

Practice Representatives: Dr Hogan, Dr Adler, Dr Bailey, Gill Herbert (Practice Manager), Elizabeth Chapman (Reception Manager), Heidi Williams (Contracts Manager) and Ray Evans (IT Manager)

1. Welcome and introductions

The Chair welcomed everyone, thanked them for attending. She explained this meeting fulfils the remit of an AGM but calling it a Patient meeting instead had, for the past two years, resulted in an increased attendance. Patients were invited to join the Patient Participation group (known as the 'Wider Group') during the evening if they were not already members. This would result in them receiving emails with Committee information and being consulted on certain patient-related matters being considered by the Practice. She also invited volunteers for the six available places on the Committee.

Committee members introduced themselves.

The Chair outlined the agenda which gave attendees the floor for most of the time to make positive points or raise points of concern explaining that these would be noted but probably not resolved at this meeting.

2. Apologies

Paul Woodgate, Chris Backwith, R Parsons, M Williams, E Williams, K Saint, D Woodman, M Jackson

3. Overview of the year

Over the last twelve months members of the PPG Committee have been involved with:

- The local Clinical Commissioning Group (PW and GT)
- Helping the Practice prepare for the CQC inspection by surveying the two surgeries from a patient viewpoint (CC and HM)
- Working on the PPG section of the website (AC)
- Preparing the PPG newsletter which has been changed recently to a contribution to most Practice newsletters (AC) ONGOING
- Sorting and updating magazines in waiting rooms (VT, GT and HM) ONGOING

- Supporting the Happiness Lab run by Rev Richard Harlow (CC and AC) ONGOING
- Delivering Positivity training to groups of Practice staff (CC)
- Researching the current telephone messaging service with emphasis on instructions given and the time of responses (TW) ONGOING
- Joining the National Association of Patient Participation Groups (NAPP) (HW and HM) ONGOING
- Reviewing the Terms of Reference ONGOING
- Responding to messages on the ppg4tadley@gmail.com address and holding this annual meeting. ONGOING

4. Practice news

Dr Adler described the current situation for General Practice throughout the NHS as being difficult with a shortage of GPs, frequent press criticism, raised expectations of patients and a different attitude in younger doctors who do not wish to become Partners or have such a long working week.

Two Nurse Practitioners have recently been appointed who are qualified to a level which means they can relieve doctors of routine tasks, diagnose and prescribe medication. Others will follow with diverse skills.

In Tadley the population is stable, despite the newer housing with the patient list being in the range 19,500 to 20,002 over the last 30 years. However, there is an ageing population with greater needs. After many years of stable staffing there have been retirements and newer doctors have moved on for personal reasons, so recruiting is a constant problem. The Basingstoke area is better staffed than many areas but there are now no GPs over 60 with their own patient lists though some still work part time as locums or with Hantsdoc.

GP training takes ten years which equips them for managing the most complex patients needing wide and holistic care whereas in hospitals doctors are much more specialised. Both have their challenges, but most doctors also love their jobs.

5. Open discussion

Many questions were asked about the effects of a care home in Tadley along with increased housing. The Practice is not allowed to close lists but, as previously stated, numbers are constant. Practices closing in Reading were mentioned with Dr Adler saying that there is recourse to the CQC if a practice reaches a critical point with patient numbers. A care home would put pressure on the Practice whilst a nursing home would bring funding for an on-site medical team. A plan has already been discussed by the Practice for managing the needs if a large care home receives planning permission.

Audience members were surprised to learn that neither GP practices nor schools are consulted as part of the planning process for housing though a local CCG may respond to planning applications but rarely informs a practice.

A question was asked as to how patients could help. Suggestions included:

- Cancel unwanted appointments. DNAs are much less of a problem since it has been possible to cancel on the text reminder of your appointment.
- Try other sources of help such as Weight watchers/Slimming World, drop in centres, pharmacists
- Accept that some problems get better on their own (many coughs, colds and viruses) so an appointment is not necessary.
- Accept that antibiotics have been over-prescribed historically and are not always needed.

The Practice is looking to help with the above by linking with other agencies and Practices. Planned 8 a.m. to 8 p.m. opening will be possible across a group of Practices (Overton, Kingsclere and Oakley are proposed) so services such as Family Planning could be offered in the evening though you might have to travel further to access them. Patient notes would be accessed by the other Practices only for the duration of the appointment.

Although the audience recognised that more appointments are available on the day and that the triage system is working well there were concerns that it is not possible to make an on-line appointment for several weeks and then rarely with your own doctor though this is being promoted as the way to offer the best care.

The Practice is looking at e-consulting which is used elsewhere and may trial it within the year. Reasons for the shortage of appointments compared to five years ago include:

- The Practice is short-staffed by 1.5 GPs despite advertising widely (the area is too expensive to live in for young GPs)
- The medical needs of an ageing population
- The media promote the message 'Go to see your GP' and therefore people are less confident about trying self-care
- Patients are directed to their GP by the 111 Service
- GPs attended regulatory sessions sponsored by the CCG e.g. on diabetes
- GPs are members of various forums e.g. on frailty

There is no 'best' time to book an appointment. It is luck if one you need appears online. The website is supplied by a third party and has limited options though suggestions such as flagging which doctor you want to see will be put forward. HW confirmed that the provider does take comments on board and try to resolve them. AC mentioned that you can contact the provider yourself and do get a response so perhaps other patients would like to try this.

The subject of child and adolescent mental health was discussed as national concerns are known by those present to be reflected locally.

Two years ago, the PPG Committee, supported by an ex-school nurse, carried out some work with pupils in Years 7 and 9 at The Hurst Community College. Pupils were surveyed and the results used to inform school provision. The school was also provided with access to help from a research project at Southampton University. The Committee could consider looking again at the survey with new cohorts of pupils. Services in mental health, and specifically those for younger people, have been cut and, though staff manning the triage system try to make judgements as to when a vague query from a young person masks a severe problem such as suicidal thought this is a national issue that needs many more resources. It was agreed that continuity of care is vital though, sadly, this is rarely possible in any of the support services.

Patients were concerned at recent reports of children addicted to online use, including gaming. Dr Adler said that this has been recognised as an addiction disorder so will become part of the medical provision offered.

Last autumn the answerphone provision for repeat provisions was discontinued without any problems being caused as patients may use a 'buddy' if they are unable to use the online system or may use the paper request. This has saved enormous amounts of dispensary time previously wasted listening to the messages.

The dedicated line for appointments which was removed when the new phone system was introduced could possibly be reinstated at some time in the future as the practice is continually tweaking the system. In response to a question Dr Adler replied that the drop-in GP centre at the hospital was closed as it was too expensive and not adding to the local provision. A new system of triage in A and E now assesses patients into Majors (seen as a matter of urgency), Minors (seen in A and E asap) and the GP stream (seen in consulting rooms at the far end of the A and E waiting room).

A new patient said, whilst happy with the Practice generally, she found the opening hours of the dispensary difficult as she works full-time. HW explained that there is a staff shortage currently meaning the dispensary must close for breaks as two people have to check each prescription for safety reasons. Opening over the lunch period will be a priority when additional staff are available.

Pharmacy 4U had recently advertised it the area confusing some elderly patients. The drawbacks of this system include having to go to the Post Office if you miss the postal

delivery are not publicised and KW, through her work on Healthwatch, knew that Pharmacy 4U have been prosecuted for divulging patients' names.

TW has been working on previous complaints about the phone messages so was able to answer queries raised. Some feel the message is too long (though a tip if you know the option you need is to press the number thus speeding up the process). With the current phone system it is not possible to give your position in the queue as the Practice has already asked the provider. At various points through the meeting the Practice staff were commended for their care and willingness to 'go the extra mile' for patients despite challenging times in the NHS. The Reception staff, it was suggested, 'deserve a medal' for multi-tasking and dealing with difficult patients politely and calmly.

6. Closing remarks

The Chair again thanked patients and staff for attending the meeting commenting on the positive ethos of the evening. She reminded people that they could join the PPG by completing one of the forms available or emailing HW with their details and requesting to be added to the list. (A further 20 patients joined during at the meeting and five new members of the Committee were recruited.)

H Metcalfe

15th July 2018