TADLEY PARTICIPATION GROUP

ANNUAL PATIENT MEETING

Notes of the meeting held on Wednesday 14th June 2017 in the waiting room at Holmwood Surgery at 6.30 p.m.

This meeting was attended by twenty-nine patients plus Committee members (Paul Woodgate, Claire Chambers, Val Turnbull, Gill Tomlins, Alan Chambers, Chris Backwith, John Davis, Graham Wright, Kate Wright and Hazel Metcalfe).

Dr Hogan and Heidi Williams (Clinical Co-ordinator) represented the Practice.

<u>Apologies</u> were received from: Alison Jenner (the Practice Manager) and twelve patients.

Paul Woodgate (PPG Chair) welcomed everyone to the meeting and described the role of the PPG Committee as being a positive one working in a true partnership with the Practice to promote a better experience and environment for the patients. The survey carried out by the Committee and reported on in March 2017 suggested that, whilst patients had a 'wish list' which included easier appointments and improved car parking they recognised the constraints under which the Practice is working and were appreciative of the care and treatment offered especially when they compared this to anecdotal evidence from family members and friends attending other surgeries. He also said that it is not a function of the Committee to field complaints which should be taken up directly with the Practice or to pursue personal grievances.

Claire Chambers (Vice-Chair) led attendees through the summary (below) of work covered in the past year with individual members describing these projects in more detail.

Areas we have been working on in 2016-17 have included:

- Devising a new Patient survey using an online facility as a follow-up to our two previous, less scientific, surveys. 296 Patients responded online and three paper copies were completed. The programme collated some results which were all very positive regarding the Practice. A small group analysed the comments and prepared a report. The findings are available for Patients to view at this meeting. As this was deemed a professional piece of work the North Hampshire Clinical Commissioning Group PPG were given permission by the Practice to share the experience with other PPG Committees in their area.
- The Tadley Community Liaison Lunch was again attended by two members of the PPG Committee who could increase the awareness of the group through their presentation and network with members of other groups present. This resulted in two queries being brought back, discussed and resolved with the Practice.

- Our Chair remains a strong voice for the Practice in the wider medical and healthcare community through his chairmanship of the North Hampshire CCG PPG and various research projects.
- The Hurst project reached a natural end in September by which time the College had the information needed to understand the scope of the issues young people have regarding their health. The College have since been linked to Southampton university for pupil guidance on managing pressure.
- We had presentations from members of the Health Visitors and District nursing teams which the Committee found informative. We hope to receive similar visits from other healthcare professionals in the future as this helps us to understand changes to services and the difficulties they face.
- Our Chair gave a presentation on one of the projects in which he is involved on Frailty. It is suggested that greater awareness of the issues around Frailty would help avoid hospital admissions by the vulnerable.
- We considered the Hampshire and IOW Sustainability and transformation Plan draft and will look to contribute to future updates.
- Following comments from patients two members of the Committee regularly sort through the magazines in the waiting rooms removing old (typically more than three months) or damaged copies and replacing them with ones donated. More magazines are always welcome. Please leave them with a Receptionist.
- We are fortunate in that each meeting is attended by several members of practice staff typically a Doctor, the Practice Manager and the Clinical Coordinatpr. They can respond to queries, share information from the Practice and take comments back for discussion.
- On occasion, the Practice has used the Committee when they want to 'run something by' patients before issuing more widely.
- The appointments system has been changed to maximise Doctor time. Comments from patients have recently been discussed in committee. Although this remains a difficult problem to tackle to the satisfaction of all patients, most patients recognise that we are fortunate to have such a caring and hard-working team addressing the needs of people locally. An explanation of the pressure on the system was explained by Dr Newman at the last meeting and raised concerns amongst the Committee members for the health of the doctors who are working such long shifts and seeing so many patients per day, particularly when they are one of the Duty Doctors.

Patients had an opportunity to ask questions which were answered by Dr Hogan and Heidi Williams with occasional input from Committee members.

Q: Has the Practice ever been involved in Field Trials which can bring extensive benefits?

A: Not recently but Dr Hogan said that the Practice would be prepared to look at this again.

Q: Is the Practice fully staffed with doctors?

A: Not fully as more GPs wish to be part-time these days and there is an overall shortage. Locums are difficult to find and going via an agency is expensive as is advertising for staff.

Q: How do you notify patients when their GP is changing?

A: Doctors will discuss this with patients as they see them over their notice period which is six months for Partners and less for new, younger doctors. Letters are sent out but Dr Hogan apologised to the patients who had not received one when Dr Caren left saying the Practice was aware that a few had not arrived. Email is increasingly used to save costs.

Q: Does the Practice have a high turnover?

A: Until Dr Colley left there had been stability for ten years followed by a period of change but we are still better off than is the norm. The changing nature of GPs means that they are more likely to move to a different area. To have this flexibility they tend to prefer to be salaried.

Dr Hogan explained that a GP Practice is a small business which <u>Partners</u> buy into resulting in them making profit or loss according to its success. There is also a commitment to work for the good of the business so Partner GPs are the ones who work extra to cover gaps.

<u>Salaried GPs</u> have a contract and receive an annual salary regardless of the state of the business. They are often committed to the practice so will work extra hours but are not obliged to do so. Dr Hogan and Heidi Williams answered questions with occasional input from Committee members.

Q: Has the number of patients increased as new housing has been built? A: No, the number has remained constant for many years at just under 20,000.

Q: In that case why is it difficult to get an appointment?

A: Demand has increased which is why we have moved to the triage system and two duty doctors per day who can talk to or see 120 patients between them.

Q: Should doctors aim to change the mindset of patients?

A: Probably - this is an issue across the NHS. Educating patients will take time.

Q: Do people inflate their need to see a doctor?

A: Yes.

Q: Is it possible to employ specialist nurses?

A: Yes. The Practice is giving additional training to nurses now and looking at other solutions such as employing a paramedic. There is now a Practice pharmacist who can prescribe so will handle some annual reviews of repeat prescriptions. A new healthcare assistant will take some work from the nurses, such as blood pressure checks.

Dr Hogan said the practice has always tried to have GP lists with patients seeing their own doctor unless it is an emergency. She agreed that this is

when the system works best but is not always possible unless you are able to wait for your appointment.

Q: Is it necessary for doctors to spend time signing a pile of repeat prescriptions each day?

A: It was explained on a previous newsletter that, if medication stays the same, batches of pre-signed prescriptions may be sent to the pharmacy of your choice (6 months or one year). Perhaps we should ask the dispensary and pharmacies to prompt patients to ask if this is possible for them.

Q: Is there a private room for discussions with pharmacists?

A: Yes, at both Morland and Holmwood. The Practice pharmacist will use one of the rooms like those used by the nurses.

Q: How does home visiting work?

A: If you need one you will always get one.

Q: Have you considered having open surgeries?

A: Yes. This is currently under consideration for Under Fives and/or for everyone until 11 a.m. The triage system is being tweaked and the Practice is open to suggestions for this and any other aspect of appointments.

Further points

- The Practice newsletter was felt, by the patients attending, to be useful but they thought the PPG could add to this instead of having their own newsletter in future.
- The PR around appointments could be improved with a more customized system. This is outsourced to EMIS, an inflexible programme, but Heidi will enquire whether it is possible to change the language used to something more empathetic.
- Many patients were unaware of the wealth of information on the website and of the wider group of PPG members who receive the Minutes from the PPG Committee meetings and any documentation considered or produced by them. To join this group email <u>heidiwilliams@nhs.net</u> A panel on the right hand side of the website home page lists other features of the Practice you might be interested in, including the PPG.

<u>Thanks</u>

A patient thanked the Committee for the work carried out on behalf of patients and said how much the Practice is appreciated locally for their high standards.

The Chair thanked patients for the valuable feedback and stated that the Committee looked forward to working on behalf of all patients for the following year.

The meeting closed at 20.15.

H Metcalfe

21/06/17