

TADLEY PATIENT PARTICIPATION GROUP

Minutes of a meeting held on Wednesday 2nd December in the Conference room at Holmwood Surgery at 6:30 p.m.

Attended by: Claire Chambers (in the Chair) Val Turnbull, Gill Tomlins, Alan Chambers, John Davis, Kate Wright, Derek Heath, Graham Wright, Dr Annie Hogan, Dr Helen Prince, Alison Jenner, Heidi Williams and Hazel Metcalfe.

1. **Apologies** were received from: Paul Woodgate, Hayley Bone, Matthew Burden, Lorraine Burden and Peter Parsons
2. **Minutes of the meeting held on Wednesday 16th September 2015**

Section 4, line 6 should read 'wards' not 'words'.

These were accepted as a true record.

3. Matters arising

- The number of patients using the repeat electronic dispensing service is up 10% since the last meeting. Responding to a question from AC and GT the answer from the Practice was that if more than one set of medication is needed to cover a holiday it would need to be prescribed (though not necessarily collected) on consecutive days. (HW)
- Dr Prince requested a 'top-up' training on repeat electronic dispensing so she could advise patients. Patients are also advised by stickers being added to their prescription paperwork.
- The Committee (through talking to patients at various flu clinics they attended) and the doctors continue to push for more patients to use the online service for repeat prescriptions as it is considerably more cost-effective than the answerphone service.
- Since the last meeting a defibrillator has been sited at Silchester Village Hall.

4. Chairman's report: The Chair explained that various committee members, including herself, would explain current PPG matters as on the agenda. She then introduced Dr Helen Prince and her 'Sign up to Safety' presentation.

5. Sign up to Safety Project

Dr Prince explained that she had conducted a Patient Safety Survey last year as part of her research work and, together with the PPG Chair, is keen to work, through membership of the Wessex Academic Science Network, to set up the Tadley Practice as a model Safety Practice testing out the project prior to demonstrating it, as an example of best practice, to other practices.

The programme would involve the Practice choosing five safety pledges to be embedded in its culture. These would be published to patients through the website and, following a suggestion from HM, through some written leaflet. Some committee members were concerned that anything in writing might be used out of context if a patient wanted to make a complaint.

Committee members were then able to read a first draft of the pledges and had various concerns which Dr Prince answered:

- The practice is already a safety conscious practice.

- The Pledges are about critical incidents and clinical safety rather than the more obvious safety issues which patients might have concerns about, such as tripping hazards. (Some members were concerned that patients have a different view of their safety feeling this should already be done with safety in mind and would be worried by the project as it suggests the Practice has weaknesses in safety issues)
- Clinical safety is an holistic process beginning prior to an appointment and continuing after the patient leaves i.e. is concerned with continuing care. Where home visits take place the Pledges would apply to these too.
- Other practices in the WASN area which have signed up for this project include some in Fareham, Portsmouth and Dorset. The WASN is trying to organise collaboration between these.

CC felt that the project should be seen as a proactive in which case GW suggested rewriting the explanation for patients to read more positively. JD recommended consideration of a similar paper on the NHS Wales website.

CC suggested looking at the project through issues we are already dealing with e.g. adolescent mental health. She will meet with Dr Prince within the next week to discuss the matter further.

6. Marketing Sub-Committee Report

JD reported that the sub-committee had approached The Hurst Community College and had received considerable support from it. One hundred and seventy five written responses had been received from Year 9 pupils (aged 14) with all but three pupils feeling their health to be important. Of these 116 are patients at Holmwood or Morland (78 male and 97 female).

He described the main categories of concern from pupils but will not publish the findings until the raw data has been received and analysed. A further meeting of the sub-committee is planned for December 15th prior to another meeting at the College on December 17th.

CC thanked him for his efforts and said the results demonstrate how thoughtful young people can be.

HW and Dr Hogan felt many things suggested by pupils are already in place e.g. the ability to request to see a female doctor or to see a doctor without a parent present. More awareness is the key but HW has not yet been able to locate suitable literature for this purpose. Dr Hogan suggested advertising the services offered could be through the School Nursing Service. There is also a link on the website to NHS Choices but it is not known whether any young people have accessed this so linking with school websites would be a better idea.

KW suggested that the new Youth Centre in Newchurch Road might provide an opportunity for promotion through displays and using meeting space for informal discussions with young people about their health.

Summary from Dr Hogan

- with raw data we can move forward on the issues pupils suggested
- teens can be informed what is happening already
- the sub-committee can work with a focus group to explore the issues raised further

- at the next meeting with the Headteacher an interim response from the Practice (not the PPG) will be presented.

-

7. Community Lunch

This was attended on 21st October by CC, HM and HB (thanks to KW who added the PPG name to the list).

CC explained that the lunch was a useful networking experience with each represented group having five minutes to make a more formal presentation after the CAB Annual General Meeting. It was interesting to discover the range of groups working within the wider and local areas and to have the opportunity to explain the work covered by the PPG in the last few months.

8. PPG support for flu clinics Five members of the committee had assisted at one or more flu clinics and found that these ran on time (or even ahead of time!) and smoothly. This allowed members to talk to patients and encourage them to enrol for online messages and repeat prescriptions. This resulted in a good number of patients completing the relevant forms but also produced explanations as to why many have not done this.

- Many patients are set in their ways and therefore not receptive to new ideas.
- Many (older) couples share an email address and this lacks the confidentiality required by the NHS.
- Some (younger) people use their mobile phone more than a computer so prefer to ring up.
- People were most influenced by statistics. Given the knowledge that it takes one member of the admin team one and a half to two days a week to listen to the telephoned requests for repeat prescriptions they were willing to sign up - and suggested publicising this fact. AJ said the Practice would look at reducing the time the phone line was available but thought it was required to operate 24/7.

And also...some patients thought they only had to touch the screen, not complete the 'Arrive me' form which explain why people still ask the receptionists to sign them in. Members of the committee will occasionally attend clinics and surgeries to explain features such as this.

HM repeated the PPG Patient Survey at one clinic and the results were almost entirely positive but contained some useful ideas which will be considered by the Practice. JD asked how these results compared with those from recent months for the Friends and Family Surveys and HW and AJ said these are also positive in the main, especially regarding the helpfulness of receptionists.

There were queries about the Triage system and Dr Hogan confirmed that the doctors will call back a second time but that patients were asked to stay by the phone. GW said that the health service number comes up as a private one for confidentiality reasons but the receptionist tells you to expect this. Several committee members confirmed that the Triage system had worked well when they had used it.

9. PPG Newsletter It was felt that this is too much work for any one person so it was agreed that individual members of the committee will write contributions which which will be collated. AC

offered to take on the role of collator/editor. HW will print and distribute this. As a Practice newsletter will be distributed before Christmas it was decided not to rush the PPG one to compete.

10. Information from the Practice

The number of patients failing to arrive for their appointment has fallen since it has been possible to cancel by text but is still too high and a financial drain on the Practice. Thanking those who do attend has been tried. AC suggested showing percentages of attending and non-attending might be a format to try.

It can take longer to get an appointment with your own GP when they are the Duty Doctor more frequently than usual for some reason. Currently patients can book two online appointments with their G P but AJ is seeking the approval of the Partners to stop this as it skews the availability of free slots.

11. A O B

HW reported that a patient had contacted her with various suggestions for the PPG to put to the Practice representatives at this meeting. The requests and responses were as follows:

Q. Could Patients be given open access to the doctors via email?

A. Those committee members with experience of working with the public felt this would be unrealistic given the number of messages already received by the doctors from other sources and would take up time that is needed for all their other tasks. The doctors felt that speaking to a patient, even on the phone, gave more insight than a written message and was less likely to result in misunderstandings.

Q. Would it be possible to offer free wi-fi in the waiting room?

A. This was felt to be a good idea by everyone present so AJ (Practice Manager) will put a formal request to the partners at their next meeting.

Q. Would it be possible to have a one-way system using access through the car park of the Ambrose Allen Centre?

A. The meeting discussed the shortage of spaces and other problems related to parking but could still not arrive at a solution (this has been discussed at almost every meeting). The car park is too small both for the number and size of the vehicles using it. Even assuming access could be provided the Practice felt that spaces would be lost and the additional traffic would be a danger to the (vulnerable) people using the A A Centre.

The PPG Annual General Meeting requires four weeks notice to be given to all interested parties. It will be held on a date in June to be agreed at the next Committee meeting which was provisionally arranged for Wednesday 9th March at 6:30 p.m.

The meeting closed at 8:36 p.m.