

Woosehill Patient Participation Group
Supporting the Doctors, Nurses & Staff of Woosehill Medical Centre
Minutes for the Meeting on 6th August 2024 at 17:00pm

Present: Robin Swan (RS), Jane Bingham (JB), Michael Taylor (MT), Nameer Al-Hadithi (NAH), Rowena Beech (RB) & Marjorie McDonald (MM)

1. Apologies

Sallyanne Steatham (SS), Neil Hodgson (NH),

2. Minutes

The minutes were agreed.

3. Matters Arising

There were no matters that needed discussion

4. Topics for AOB

One of the forms we fill in as members of the PPG
Annual reviews

5. Data Protection

The background to this is: A Patient complained about the practice (cause unknown) to one of the new WBC councilors. The Borough Mayor, who knew RS, NH & Peter Fairman (an ex-member of the group), he gave the councilor their email addresses & contact details. RS assumes that he meant her to contact one of us. Unfortunately, instead, the councilor gave the patient these contact details.

Both NH & RS took exception to this breach of their personal information. NH wrote to the council to ask if they had training for new councilors & was told 'No' as they were not members of staff. The implication was that WBC are solely responsible to themselves and not to the residents of the Borough or their representatives - the Elected Officials. RS raised the issue of Data Protection with the Mayor & Chief Executive of WBC. There was no reply from the Mayor, but the Data Protection Officer replied on behalf of the Chief Executive. WBC consider the Data Breach, by the Councilor, to be minor, and intend to take no further action and not self-report as the Law requires. The Officer then conducted an extensive, time consuming, investigation into the Woosehill Medical Centre Website. There was an issue with a set of our (PPG) minutes from 2017. Details of all members (not Peter or NH) were displayed in the minutes. This was pounced on by WBC in their self-justification. In no way was the response supportive, advisory or helpful, rather it was aggressive.

The issue is ongoing and will be updated at our next meeting.

6. Practice News

- > Dr Little has finished her period as a registrar - it is a great pity to lose her. Her replacement is called Dr Ruarigh (pronounced Rory) Weaterton for the next 6 months
- > Angela (HCA) has retired and been replaced by a phlebotomist another Mrs Lou (Luann) Van Der Merwe
- > A request from the medical staff - they find it very difficult to attend in the evening so could we please go back to lunchtimes or afternoons the favourite day seems to be Wednesdays this would suit NAH as he works from home then & can manage his time around the meetings after some discussion it was decided to have the next (Annual General Meeting) at 3pm
- > JB mentioned the DNA's (Did Not Attend) for July - they had almost doubled! This is very concerning - RB said one patient even said she worked shifts & so had to sleep - didn't set the alarm clock so was asleep when she should have been at the medical centre. Wanted another appointment as she was unable to attend (sleeping was the excuse). The practice is trying to be more stern with these as several patients had more than one no-show & still expected to be able to rebook.

RS asked if RB could send the data that Jane used to send & he will work out the percentages of DNA's. It used to be that we had approximately 3% (round about the norm) in the past & we were not one of the high ones!

RB had said that the new appointment system was working well, JB asked what was new about it. It is now mainly face to face (as per pre COVID) a lot of this has been dealt with mainly by Jane & Mel. It is mainly Dr Anand's baby - he's big on anything to improve the practice. A lot of the work is 'backstage' but the advantage to the patients is the face2face. Appointments can be made on the day if urgent or either of the following 2 weeks (on the same day) this is for routine appointments. Also if you see a doctor & they want a follow-up appointment; they will make it so that it is with the same doctor. This saves a lot of hassle (each new doctor would have to do a lot of work before following the previous appointment) as there is no repetition to bring the doctor up-to-speed, saving a lot of time and the continuity of practice can be seen & appreciated. The other thing to note is that the ring-back system is working really well. Everyone felt that this was a great jump forward.

One thing that went wrong recently & that was that the computers (throughout the country) went down, fortunately all the appointments are printed out the night before so that helped but medical staff had to collect their patients rather than using the screen in reception.

In reception was 2 queues were formed: 1 for prebooked appointments & the other for queries & booking appointments. It meant 4 staff on the front desk to deal with everyone, blank consultation sheets for the medical staff. Booking appointments were also a problem as reception staff had to try to remember who was in, how many appointments an hour etc. RS thought it was part of the doctors' training (tongue in cheek) It was noted that this is the way it used to be before computers were around.

7. Terms of Reference

RS thought that NAH as a newcomer might have some feelings on this.

NAH promised to do this & send it out. RS asked that it be sent out to MM to distribute NAH promised to send it to both RS & MM. If anyone else has anything to say about this paper please contact RS in the next 24 hours.

8. The Sheet from another PPG

This PPG talked about e-members which we don't have although we do have the Reference group. This would be a good way to pick up people who work, mum's with young children etc. In our practice, the NAPP information sheets go out to all members of the reference group, so it would be, perhaps, a way to bring them in. RB was asked to liaise with MM on that. We need to try to get feedback from the Reference Group, we need to ask them would they be interested in taking part, they were supposed to get questionnaires but we don't think they do.

At least the PPG above do say their aims are... & that they hope to... in the coming 12 months.

This led on to the sheet we looked at an earlier meeting (this had diagrams & details of the practice - its successes & failures) & felt that this would be a great thing to try to relate to our practice. NAH has tried to talk to someone about this many times but not succeeded as yet! Also we need to get it out to all patients even those who never visit the practice, this creates a problem as we do not know who they are & that is as it should be. We need a method to achieve this. Everyone who is eligible is contacted for things like Flu & COVID jabs so there must be something which we can piggyback on to. NAH will come up with a list of questions for RB & then try to turn the answers into an eye-catching sheet.

It was mooted that we needed a WhatsApp group for volunteers.

RS brought up the flu clinics & whether we needed to volunteer. RB promised to let us know if we were needed.

9. Any Other Business

- Forms for PPG include the one for the surgery to authorise them to let the chair of the PPG when one of us is seriously ill or dies. A couple of us have not filled this in. If we know that someone is ill then we could visit either at home or in hospital, & if we know that someone has died we could attend the funeral. To not know means that the family may feel that we do not care.

- A patient booked an annual review & was told it was a fasting blood test only. However the appointment was wasted as this review takes height, weight, blood pressure, and blood tests, if needed, this requires a double appointment. The purpose of raising this was to see if this was an isolated occurrence. RB stated that every member of the reception team has a bible with all this information included.
- RS has been trying to contact HealthWatch but unforeseen circumstances have prevented the meetings that were set up. He will let us know as soon as he manages one.

10. Date of the Next Meeting (Annual General Meeting)

November 20th (Wednesday) 2024 at 3pm

cc. RS, JB, MT, NH, SS, NAH, ST, RA, KA, RB, CA, KL & MMP