

# Woosehill Patient Participation Group

## Supporting the Doctors, Nurses & Staff of Woosehill Medical Centre

### Minutes for the Meeting on 6<sup>th</sup> February 2024 at 17:00pm

Present: Robin Swan (RS), Jane Bingham (JB), Michael Taylor (MT), Sallyanne Steatham (SS), Nameer Al-Hadithi (NAH), Sunny Tiwana (ST), Rowena Beach (RB), & Marjorie McDonald (MM)

#### 1. Apologies

Neil Hodgson (NH), Alison Reed (AR)

##### 1.a Welcome

Nameer was welcomed to the group and everyone introduced themselves to him & he to us.

#### 2. Minutes

The minutes of 15<sup>th</sup> August (2<sup>nd</sup> half) were agreed as were the minutes of 12<sup>th</sup> September. But we hadn't agreed the minutes of 1<sup>st</sup> part of 15<sup>th</sup> August as we had no reply from our guests. Disappointment was expressed at the lack of response & the minutes were agreed.

#### 3. Matters Arising

- SS pointed out that she did send apologies but this has not been recorded.
- Flu Clinics Questionnaires are done & RS has brought the results to be put on the board (Bar Charts). NH is not here for the diagrams to be put on the board so RS will do it.
- There was a report from the Healthwatch meeting which MM & JB went to - it is also on the agenda as was a Teams meeting which RS, MM & JB attended.
- Healthwatch is one of 127 bodies who oversee the NHS
- Section 9. First sentence should have said *PSA testing is advertised continuously as Prostrate Cancer is the Male Silent Killer.*
- SS spoke about how she as a receptionist dealt with wheelchair users, asking them if they would like to go to the part of the desk designed for them so that they can speak to someone at their level, and then giving directions to them to where they were going (sometimes accompanying them), thus giving personal service. Sometimes this is not necessary and the receptionist will stand to make sure they can hear clearly. RB sometimes takes them into her office to help. There are now signs directing wheelchair users to the lowered desk.

#### 4. Topics for AOB

Objectives/Goals

## 5. A). Feedback on Healthwatch

MM felt that it was a waste of time as there was no agenda, just members of the NHS talking with no structure so that they kept interrupting one another, no real discussions. RS stated that Healthwatch gets money from the minister & their remit is 'Complaints from Patients' and because of the complaints of one practice they are going to buy chairs for WMC. This appears to be illegal as they are given money to spend on getting information NOT for providing equipment to any Practice. Also it is not good to get just the complaints as there are good practices in all Medical Centres which should also be fed back. An example of the things which could be fed back is the letter from one of our patients praising the practice for their excellent help sorting out one patient's problems. Someone felt that this is understandable but it isn't - it's like saying '*It's good so forget it*'

RB has not seen anyone from Healthwatch to look at the practice all the time she has been here! Only time that they have been seen is at our PPG meeting!

As a contrast to that meeting MM passed out agendas for a meeting that was held in Reading several years ago which Keith Cattran CA & MM went to. This agenda was stuck to - the first session was  $\frac{1}{2}$  hour of various speakers followed by Q&A from the attendees. The afternoon session everyone was allocated to a discussion table (no-one else from each practice was on the same table) with a leader. There were 3 items for discussion on each table with each table feeding back their findings. This was an excellent meeting (well attended face to face & everyone had to say they were attending before the meeting) with practice managers some GP's various officers who had planned their input.

5 b) RS - the meeting there was with BOB (3 counties Buckinghamshire, Oxfordshire & Berkshire) to inform the PPGs of a proposed new strategy. 17 people attended (not even one per surgery but 3 of them from Woosehill)

Challenges identified were -

- (a) Booking Appointments satisfaction has declined from 74% in 2021 to 55% last year (National not just here)
- (b) Staff in surgeries are under great pressure
- (c) Mismatch between supply & demand
- (d) Funding Issues
- (e) The population of these 3 counties is 2 million -
  - (i) 3% of these (60K) are in poor health;
  - (ii) 11% (220K) are smokers;
  - (iii) 60% (1.3 million) are overweight (not necessarily obese but a lot were);
  - (iv) 60% of 10 year old's are obese;
  - (v) 18% take less than 30 minutes of activity per week;
  - (vi) 115K alcohol related admissions to hospital in the last year;
  - (vii) 30% of the population take up 50% of the time of the GP;
  - (viii) The average patient numbers in BOB is 12 500 patients per practice

BOB will introduce the scheme in stages, this means that there will be 3 trial areas in the 3 counties this year & it will be moved on from there.

> The issue of funding was raised by the PPG members - BOB are introducing a new integrated computer system with no money - this is probably a bit difficult.

- Nowhere in this strategy have they involved the patients - they should be informed that this is going on in their areas; they should also be educated/given guidance on taking some responsibility for themselves. It seemed that the strategy was treating patients like customers.
- One thing talked about was that pharmacies can now prescribe, they made a big deal of this - a couple of problems were brought to the attention of BOB. The first being that a lot of pharmacies are now shut, the other being that pharmacies like Morrison's Woollahill cannot cope with just handing out prescriptions - it is a tiny pharmacy & they are overwhelmed as Sainsburys pharmacy is now shut! How are they going to prescribe?
- RB said that the pharmacies would like referrals as they can access patient notes (everything has to be audited) these can be by telephone but they will not turn walk-ins away. Morrison's are in such a state that the surgery had all their referrals bounced back as they couldn't cope. The surgery has stopped referring to them! The other problems pharmacies have at present, is getting enough stock - the GP's do not know what is in stock and what isn't. So if someone goes to the pharmacy & is told that it is not in stock, they need to say go back to your GP & say that these are available please choose the most appropriate one for them.
- BOB has a fixed budget & unless they are allocated more funds.....
- A Surgery in Newbury has had an IT day - why can't we? Tony Lloyd to be contacted.  
**(RS, MM, JB?)**

## 6. Update on Staff Changes & News

- Dr Anthony Ibrahim (Registrar) has finished his 6months placement with us, he is going to Brookside Surgery.
- 2 new registrars (Dr Yashmit Raha & Dr Elizabeth Little) joined us on 7<sup>th</sup> February for their 6 month placement.
- Dr Farhana Lalani is returning on 2<sup>nd</sup> April after a year's maternity leave. Her days will be Monday & Tuesday rather than Tuesdays & Thursdays.
- Ana Reis, our Advanced Nurse Practitioner has gone on Maternity Leave and will return in October
- Nurse Lou Greyfaulk has replaced Amanda Parker, she is fitting in so well, those who have seen her feel she is thorough & professional.
- RS - we need to be able to say the number of full-time equivalent Doctors/Nurses etc we have as the number of names gives the impression that they are all full-time & some patients cannot understand the problems with appointments when there are so many medical staff.

## 7. Terms of Reference

Delayed as time is going on

## 8. Any Other Business

- RS asked if each one of us could come up with an idea that the PPG would be able to do something (one thing) with the patients or practice during the months of May to November.
- JB suggested that we could help with the health education that has been set up in the waiting room.

- > SS suggested a presentation evening (1 hour) on a decided topic. The information in the waiting room has been got from different charities - February is British Heart Foundation month.
  - > ST the surgery has tried to set up events over the last few months - one of them being a walk for prostate cancer - wristbands were bought it was widely advertised - NO-ONE turned up!!! A similar thing happened a couple of months before - there seems to be no engagement?
  - > NAH If there was time then perhaps (like the school's 'Meet the Teacher') a half hour presentation could be given and the stats presented (more patients than room for & that there are changes coming, also things like how many appointments per week & how many no-shows) showing that the surgery is doing its best for the patients. As a new patient to our practice NAH had no idea of anything we have discussed, meaning that as *just* a patient he was in the dark.
  - > RS thought that patients ought to be aware of what the surgery faces - obviously not in depth but enough for them to realise what is going on.
  - > ST looking at the Flu Clinics as an example of Saturdays we could have meet the practice -  $\frac{1}{2}$  hour session with drink & biscuits. NAH felt that more people could be reached if it was done online - the patients could see the presenter but wouldn't be able to answer back. The only stats the patient knows are that they have to ring at 7:59am & then wait for 30 others to be answered before them. This brought about a discussion of the new phone system & the fact that call back existed. More features are being added so that if a patient forgets their appointment, they may ring a dedicated number (or one of the ones already there) to be told the day & time of their appointment.
  - > ST this could be a Teams meeting and is a good idea & although he would be there for Q&A he is quite happy for the PPG to front it - lots of advertisements posters here & in Morrison's, on the website etc.
  - > SS could we put a quarterly update on the website? ST we could try it although JB noted some things appeared recently from last year, so will it be kept up to date?
  - > ST the government are pushing for e-consulting (filling a form on line) they do not want anyone ringing the surgery unless they do not have a computer & then the receptionist will fill in the form & it will be added to the rest of the forms for the computer to triage. NAH came from a surgery doing that and said a big problem is that you have to log on at 6am (the triage is done by 7). Another problem is that quite a lot of times it doesn't understand the answers to questions, so sometimes the answers are faked until the last box where the answer would be 'I actually need to do ...' the next thing that happens is that 3 days later you get a text message telling you when your appointment is ... This is fine unless you are not available at that time!!!
- ST in this system there maybe hundreds (or more) requests for the doctor, (s)he has to process these & then start to deal with them, someone could slip through the net in this scenario causing great problems. The surgery is trying to resist this until there is a way to 'close the gates' so that these problems do not happen. Drowning in requests it is nearly certain that one will be seriously sick & may not be seen early enough.
- SS worked with this system in another surgery & that surgery found that the number of requests on Monday meant that on Tuesday they did not even look at the new requests & by Friday they had still not finished the Monday requests.

> ST the government are changing this gradually and if they do this and the surgery will have more control over the requests - allowing no more than the number of appointments for that day, this could then be built up if possible.

The other thing being done is called segmentation - it means that every patient will be colour coded (this colour will not be visible to the patient just the clinicians) egs Red will mean severe frailty (housebound etc) Green will be the fit 20-year-old. It is supposed to help with the triage system, so that red patients will be seen before the green ones with a cough.

However, the surgery will not do the segmentation - it will be done centrally by the government. The question of how do they know was not able to be answered! It could come down to how many repeat medications each patient has eg 8 or more could be bright red & 2 or less could be green. This could mean that a 90-year-old could be seen as fitter than a 20-year-old.

> JB is there a COVID jab due yet? Answer (ST) no-one knows yet

## 9. Date of the Next Meeting

May 7<sup>th</sup> (Tuesday) 2024 at 5pm till 6:30pm

cc. RS, AR, JB, MT, NH, SS, NAH, JP, ST, RA, KA, RB, CA, KL