

**Wolverhampton Road Surgery
Patient Participation Group Meeting Minutes
17th April 2014**

1. Present:

Paul Meredith (PTM), Valerie D'Arcy (VDa), Michael Creek(MC), Sonia Nichols, Rita Marsden, James Durkin, , John Woodward, Colin Jones, Janet Jones

2. Apologies: Hillary Tilstone, Nigel Cooper, John Eaves, Gerry Robinson

Apologies were received and accepted from the following group members:

Minutes of last meeting:

- ≡ NB John Eaves was present at the December meeting.
- ≡ The PPG fully support the reception team and appreciate the difficulty in their role – the PPG provided very positive comments and examples of their excellent work.
- ≡ Phone access – Val agreed to produce a report on call waiting times.

3. Patient Survey

3.1 Carparking. This was discussed in depth. VDa detailed a problem that was raised by one of the residents of Drakeford Court gaining access. It was noted that there are frequently several visitors to Drakeford Court that are parked on the surgery carpark. It was suggested that the practice should approach the House Manager to see if 2 or 3 of the practice staff could park on their carpark during the day.

PTM to raise with the House Manager to assess options available to help reduce the pressure on the carpark.

3.2 Patient Access Update

- ≡ The suggestion from the last PPG meeting to bring down the appointments to a 2 week roll over rather than 4 weeks has been implemented. Early indication is that this is working and that there are still routine appointments available within the 2 week window.
- ≡ Phone access – the system has been altered with the automated call direct system changed. The front desk now only deals with booking appointments. There are now options to be put through to the secretaries and ENT without going through the main reception team. This is showing an improvement in the number of calls in the queue waiting to be attended to.
- ≡ Urgent Care – to be seen on the day or the next day. The surgery still has book on the day appointments with several of the clinicians. The urgent care doctor is dealing with more urgent matters and requests for home visits. Dr Fletcher still has routine appointments available on a Wednesday morning. Dr Fletcher is mentoring the Nurse Practitioner. The practice has had excellent feedback from the MacMillan Palliative Care Team about the continuity of care the urgent care team are providing. A 'one page' flier has been developed for patients to advise on the role of the Nurse Practitioner. It was noted that the word 'triage' is becoming more widely understood although there are still people that are unsure about what this means. The PPG would promote that the practice stops using the word triage with patients. The Acute Visiting Service (AVS) was discussed and detailed to the group that provides late visit for patients after 1.30pm to try to prevent hospital A&E attendances and admissions. The Patient Group questioned the general understanding of the 111 service and that there are possibly patients that call 999 and go to hospital rather than dialling 111.

The practice to include detail of the 111 service compared to 999 services for patients information (VDa) and assess if there are any leaflets available to give out with patients prescriptions.

- ≡ The practice has informed patients via website, newsletter and patient leaflet that they are registered with the practice rather than an individual doctor. PTM detailed the practice's moves towards providing a named accountable doctor for all over 75s.
- ≡ The PPG discussed the use of Medicines Use Reviews provided by community pharmacists and medication reviews conducted by the practice pharmacist. The group discussed the number of doctors that work within the practice.
- ≡ The £50m government initiative discussed and the PPG were informed that we are not part of this initiative.
- ≡ The PPG discussed the opportunity of an 'open access' clinic but this had been discussed as a practice and will not be trialled at the current time. It was agreed that this be brought back to the PPG meeting in 6 months.

4.0 Stafford and Surrounds Patient Group

Michael Creek (MC) attended on the practices behalf. The session had some technical difficulties but the main session discussed partners in the local health economy. MC will share the slides from the session. The session highlighted that the local health economy has funding restraints and that Stafford is approximately £8million overspent in 2014-15 and so there will be some differences between what patients expect and what is available within the funding provided.

The SaS PPG looking at how we can work innovatively to make best use of funding available. This was seen as a challenging situation to be in. The group asked members to ask practice PPGs to come up with ideas on how we can use funding more effectively. The SaS PPG will be meeting to look at 'Stage 2' of this work to come up with some ideas. This is to be brought back to the ext practice PPG meeting.

The opportunity to form a sub group of the PPG to discuss the wider agenda for the CCG - to be discussed at the next PPG meeting.

5.0 AOB

5.1 The 2 week rollover for appointments is not used for nurse appointments and these can still be booked up to 6 weeks in advance.

5.2 The dementia service was discussed and it was agreed that rose, the eldercare facilitator would be invited to the next meeting.

5.3 Patient survey – it was noted that the individual doctors scores had reduced and it was agreed that VDa would assess if the individual doctors survey results could be shared with the PPG.

Next Meeting 17th July 2014 at 2.00pm