

Minutes: Of Wychbury Patients' Participation Group Meeting

Held at Wychbury Medical Centre
on 21st of March 2016 at 6.45pm

1. Welcome and Apologies

Members Present: Harry Bloomer (HB, Chair), Bill Beardow (BB, Vice-Chair/Sec.), Dr Karen Hegarty (KH - GP/Partner), Dennis Rose (DR) and Sarah Read (SR - Asst Practice Manager).

Apologies: Bryan Gould, Jenny Guest, Margaret Heath (Treasurer),

HB welcomed everyone to the meeting and opened the meeting.

2. Approval of previous minutes: The minutes were approved.

3. Bank – update: MH could not attend the meeting, so no report was presented.

4. Communications:

a) Suggestion Boxes: Two suggestions were received.

- I. A waste bin has been located in the disabled car parking area at the side of the Wychbury practice obstructing it. The writer noted that some of the bays are being used by non-blue badge owners. SR replied that the bin's location is temporary and it will be moved when a holding area is complete. Use of the bays is monitored from time to time and abusers advised.
- II. The second suggestion, requesting the installation of push button operated doors to ease access for wheelchair. This is common to all three surgeries. SR stated access at Cradley Road is currently being reviewed by Dudley NHS Estates with a view to installation work. Wychbury and Chapel House are owned by the practice and are being looked at separately. KH said on average there is one wheelchair user per session. The main problems are weight of the doors and cost. Remedial work at Wychbury and Chapel House is reliant on identifying a fix to Cradley Road.

b) Wychbury Website: Website updated to include Pharmacy First Scheme, agenda, minutes and the results of the patient survey. BB noted only seven doctor and four nurses had supplied their email address to allow him to send results direct. KH commented she had not been asked to provide her email address and suggested circulation of the request to the staff. SR said she would ask all to reply by the 27th of March and forward the information to BB.

c) Virtual Patient Group Communications: BB circulated the agenda, minutes and information on the 'stop the cuts to pharmacy funding' petition to parliament. The group currently has 140 virtual members,

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but this should increase when BB reviews the forms from the last patients survey showing those patients interested in joining. HB said group members were regularly circulated with training opportunities and general information.

5. **Practice Activities:** SR said that Dr Buse is returning from maternity leave. Each patient has been assigned an accountable GP and will be informed of who their's is. This does not affect who they can see, but does provide GP overview responsibility. Patients' may change their accountable GP if the wish. Patients are informed on prescriptions, by letter and by direct contact of their accountable GP. Access by patients to their medical records on-line is being enhanced to include more information, including test results and the GP's comments on them. BB raised a question regarding the on-line appointment display. SR and KH commented on normally these screens were intended for internal use within the practice. SR to investigate. SR reported the practice had become as a 'research practice' and asked whether the PPG would like to have a talk on this work. The meeting agreed this should go ahead at a date to be arranged.
6. **Productive General Practice Programme:** HB reported that a draft report has been prepared regarding the project across Dudley, but without patient input. He also reported on a lack of patient engagement by some participants during the project.
7. **Prescriptions:** HB stated that he was having difficulties reading the information on the second sheet of the prescription forms due to the small font size. DR said this had also been raised at a recent Healthcare Forum and was being referred to the Dudley Local Pharmaceutical Committee for consideration.
8. **Appointments – 'Did Not Attend':** The POPs group has been asked to consider a common approach across Dudley. BB had made the DNA project report from Wolverhampton University available to POPs.
9. **Parking, Lighting and Announcement at Surgeries:** HB to forward photos outside Wychbury to CP. Lighting is very poor outside Wychbury when compared to Cradley Rod and Chapel House. SR reported new screens have been installed at all surgeries which required new content adding and staff training. A current problem is lack of increased volume for patient announcements compared to other content, which is too load. HB said that normally it should be possible to increase the one and reduce the other, a process known as 'ducking'. BB commented on the excessive sound level of the DVD player at Chapel House used to provide privacy to people in the consulting rooms. This was compounded by the audio levels from the new screens. Practice to investigate.

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- 10. Dudley Patient Self Management Programme:** A meeting has been arranged for the 6th of April at Wychbury to discuss how the programme can be introduced at Wychbury. HB reported that they had located a room where the training session can be held at the Providence Hall, Cradley is central to the three surgeries, has parking and access to public transport, has toilets and catering facilities. The PPG will take a leading role.
- 11. Dudley Patient Opportunity Panel (POP):** Following a meeting in March 2015 attended by Healthwatch Dudley and CCG Public Engagement leads outcomes recommended on 'A Way Forward' were put to the CCG by POPs members not least of which was future POPs meetings should be structured by members. POPs meetings merely mirror Dudley Healthcare Forum format and BB decided to stop attending. Despite CCG rhetoric there is little evidence of participation Dudley-wide with only 15 PPGs from 48 practices attending POPs meetings regularly.
- 12. Black Country Neurological Alliance (BCNA):** BG to provide a written report to the group.
- 13. Russells Hall Hospital –** Three months ago we contacted the hospital regarding patient participation, but since then nothing. Health Watch has requested DR to join their inspection team at the hospital, but nothing from the hospital. DR also reported problems he had encountered at the hospital with lack of coordination within the hospital causing delays to patient treatment. DR's experience is that nurses have to leave wards to collect supplies needed from other departments. Patients have to wait for the nurses to return and complete the treatment. DR has raised this with Healthwatch Dudley to investigate.
HB reported the new food menu appeared a major improvement. However one patient he spoke with raised concerns regarding food temperature as no checks were being carried out on the wards, meaning raised health risks.
BB reported a current petition in Stourbridge to inform parliament on aspects of staffing of the Urgent Care Centre by Mallin Heath.
HB had informed Clare Huckerby at a previous POPs that a dispensing pharmacy should be included for minor ailments alongside A&E and the Urgent Care facility. This was raised at the working group by the POPs representatives who were excluded from the final decision meeting.
- 14. Patients Surveys:** HB said that in the future the PPG hoped to simplify surveys even more and increase visits to engage with patients. Discussion followed on the shape and approach of future patient surveys. BB mentioned the numbers surveyed had dropped by sixteen percent despite more time being given, probably due to forms being left on reception counters rather than directly handed to patients. HB indicated the PPG were open to suggestions from the practice on survey topics

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highlighting the opportunity for patient education. SR suggested more work was needed regarding access and improvements to buildings and services. Next year the practice has to try to increase the number of patients using online services, so a survey regarding this could be beneficial. KH is keen to include age to help identify disparities on-line. HB mentioned joint practice/PPG experience was that one-to-one on-line access training was time consuming and asked members to consider a patient engagement event to multiple participants to save time. Attempts to organise events like this though Dudley POPs have failed to make any progress.

15. Any other business:

- a) BB reported that Modi's pharmacy are now able to offer Pharmacy First again as the pharmacist has obtained the required qualification.

Date of Next Meeting: Next meeting will be on Monday 11th April 2016 at Chapel House Lane Surgery.

Certified to be a true record of business conducted on the 1th February 2016 at Cradley Road Medical Centre.

Signed: (Chairman)

Acronyms:

CCG - Clinical Commissioning Group (Dudley)

CQC - Care Quality Commission

DGH – District General Hospital

DNA – Did Not Attend (patient did not attend booked appointment)

POP - Patient Opportunities Panel

PPG - Patient Participation Group