

# **Minutes of the Pangbourne Patient Participation Group**

**Pangbourne Medical Practice 17<sup>th</sup> August 2016**

## **Present:**

Rachel Bampton, Sue Darroch, Sarah Dixon, Joanna Knott, John Lowe, Dr Matilda Oppenheimer, Dr Nikki Williams.

## **Apologies:**

Kevin and Doreen Hawkins

## **Minutes of the last meeting:**

Approved.

## **Matters arising:**

Beat the Street was organised at rather short notice this year and had a low uptake. It's a great scheme with real potential, but needs more publicity if it is to be a success.

## **Update from the Parliamentary Ombudsman**

Further to the CQC report, the Ombudsman has now looked through the information and has asked for the transcript of the meeting. We are complaining about the process of the audit, rather than the grading, and this has piqued her interest as it is most unusual. She feels that we have good grounds for dissatisfaction as the report appears to contain a number of inaccuracies and one of the audit team may have behaved inappropriately. We may hear her ruling in September.

## **Revising the phone system**

The phone system is heavily overloaded. All calls go through the system, including for physiotherapy, and for other services, and the system is having difficulties in handling the high volume of calls. There are plans to install an automated switchboard.

## **Patient satisfaction national survey**

We came top in the Reading/Bracknell/Wokingham area and 151<sup>st</sup> nationwide, with a score of 98.5% satisfaction!

## **CCG Plan on a Page**

The CCG have produced what they want to achieve both short term and long term and it seems helpful and clear. Rachel will email it to us after the meeting.

We then discussed Diabetic Care Plans, which target diabetic patients. Richard Croft in Tilehurst is spearheading a new way of serving patients - Alwyn is the lead here. The medics work with the patients as partners - producing their stats before meetings, working co-operatively and with consensus - "what do you feel able to address?". This has had a really good result. From being below average the practice is now well above average. Matilda will write this up in an article for the practice newsletter and possibly the Pangbourne Magazine.

## **In-house Physios and other changes**

There are two lead physios working in the practice. They have invested in the practice and have converted the conference room into a treatment area. As before, it is a combination of NHS and private work. NHS waiting lists are down to about 4 weeks, which is quite good. The new premises and equipment allow the treatment of a wide range of conditions.

Other than this the only major change is that the Health Visitors are no longer physically based in the practice. They have a very valuable role in safeguarding vulnerable families, and they and the practice meet every three months to discuss all possible cases.

## **GP Changes and training**

This is a large practice with usually 10 GPs, and it is a training practice, so changes are inevitable. Currently, there are two full time GPs; three  $\frac{3}{4}$  GPs; one  $\frac{5}{8}$  GP; a long term locum; and a new registrar, Dr Meo.

## **Pharmacist in the Practice**

The CCG are funding pharmacists to work in practices to manage drugs. We have funding for a pharmacist for six months; she will work four sessions a week in the practice, taking work from the GPs, reviewing patients intake, drug monitoring, and so on. This will save considerable GP time. It will not affect the dispensers, nor their time.

This is a recognition by central government that the GP sector is struggling. Rather than increasing the number of GPs, who are expensive, they are funding more support staff in dedicated roles, such as community pharmacists and mental health nurses. Patient care will be co-ordinated by the GP, who will provide the complex medical care. Interviews are currently being held for the position of pharmacist.

### **Patient Voice**

Our Chair has been attending the Patient Voice meetings. Our own Dr Woolley talked about knee and hip surgery, shared decision making, and the NHS App that helps patients to come to informed decisions. There is to be a workshop to determine what Patient Voice has achieved, which includes improved communication between patients, surgeries and the CCG. Some suggestions from the meeting included displaying FAQs on the screens in the waiting area, and an email address for the PPG so that patients could send in feedback and suggestions. Rather than personal email addresses Rachel suggested a generic “info@PPG” type of address. The workshop will also address how to improve the demographic of the PPGs in all surgeries.

### **Any other business**

Sue D brought to our attention the National Patients Online System, a national system to allow patients to access their records on line. All practices must engage but can choose the amount of information available. Our surgery has opted for a limited amount, basically name, address and medications.

‘Flu clinics will be held on 24 September and 15 October. Are any PPG members able to attend to help? Sue D said she is able to attend.

There is to be an NHS 111 meeting to discuss how it is going: Sue D is going to attend. MO and NW have plenty of feedback and will speak to Sue before she goes.

The meeting asked that the details of late-opening pharmacies be displayed on the screens in the waiting area.

### **Date of next meeting**

This will be in October and Rachel will be contacting us with a DoodlePoll to arrange the exact date.