

Minchinhampton Surgery Patient Participation Group

Committee meeting held on Wednesday 4th September, 2024

At 7 pm at Horsefall House Day Centre

M1. Welcome, attendance and apologies

Present: Eve Jackman (Chair), Gervase Hamilton (Vice Chair), Dr. Freddie Walker (GP partner), Alison Gray, Gerald Ford (Transport Officer), Jenny Crook, John Cleever (Pharmacy liaison), Anne Marie Marlow (PPG president), John Dawes (driver), and Maggie Cornock (Secretary).

Apologies: Ian McPherson (immediate past secretary), David Nurden, Colin McCleery, Kerry Thompson (Surgery Manager), Brian Whittaker (Finance Officer)

M2. Update on the new building (Dr. Freddie Walker).

The roof is almost finished with tiling being carried out now and much of the inside work finished. It is hoped that the practice will be clinically operative, at the new surgery, in December with an official grand opening in January – no-one has been appointed to do this yet. There will be 4 extra clinical rooms and a dental practice.

Patients will be informed about the move to the new location via the surgery newsletter (which will flag up the volunteer driver service), via text and with articles in the local press.

M3. Update from the practice Manager

See appendix

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M4. Minutes of previous Committee Meeting. (Chair)

A typo was noted in the date of 2004 instead of 2024.

The minutes were approved unanimously.

No matters arising from the previous minutes

M5. Pharmacy Report (John Cleever)

John reported that Nora, the dispenser, had an accident and has injured her shoulder. She is therefore off work at the moment. This means that Boots is closed, from 1 pm to 3 pm each day, to enable the staff to catch up. There is a notice on the door explaining this. John has notified Sophie and Reception of this. (Note this is back to 1 – 2 pm now).

It is not possible to publish an up to date stock list as the unavailable medication list changes day by day. There is no indication when out of stock medication might arrive. Filling prescriptions can still take up to 7 days although it is often quicker than this. Also if the doctor indicates, on the prescription, that it is urgent it will be given priority. Some patients have complained when branded medicines have been substituted with the generic drug. Despite the explanation that the drug was the same, one patient was not happy as the pills were a different colour

The pharmacy first scheme is still proving difficult to deliver. John has written to the pharmacists' union to suggest an appointment only system. As mentioned in previous meetings, there is only one consulting area and the consultation takes the pharmacist from dispensing activity. In addition people are still not aware of the scope of the scheme.

Boots are no longer able to monitor and notify when a patient's prescription will run out due to lack of staff and time.

Freddie pointed out that the owners of Boots are moving towards a 50/50 model of Pharmacy First and fulfilling prescriptions. Thus waiting times for fulfilling prescriptions will get longer.

M6. Patient Transport Services Report (Gerald Ford)

Gerald submitted the following detailed report:

"In JULY we made 28 trips. In AUGUST we made 37 trips– 13 of those we carried out over 3 days. From 8th July, up to yesterday, we have taken 91 telephone calls. We have already 31 trips booked for September- the holidays are definitely over.

(Gerald had 6 messages today).

Currently we have 19 drivers. One is new and comes from Stonehouse. This is difficult as he needs to be paid mileage from home. Coralie and I have agreed that he will receive £5 extra to the mileage, if a local driver is not available. All patients will be asked if this is ok before their trip is carried out.

A new lady contacted Coralie, last week, with a view to becoming a driver, but we have yet to talk to her due to holidays.

On Tuesday August 27th we organized a Drivers' Get Together in the Cotswold Club. 15 drivers attended and it proved to be very successful. Not only was it a chance to meet but also to discuss things that could make trips a little easier. Our thanks to Eve who attended.

We desperately need some-one to share the coordinating."

Note – Alison is taking calls while Coralie is away.

M7. Treasurer's report (Brian Whittaker)

Brian was unable to attend but has notified the figures. The expenditure since the last meeting, was £179 which was mainly for telephone calls. It includes the cost of plastic seat covers.

M8. Minchinhampton Surgery Charitable Trust (MSCT) Quiz night

This has been postponed as there was another quiz night organized very close to 18th October.

M9 Any other Business

A new committee member, John Dawes was welcomed to the committee. He is one of our valued driver volunteers.

A. Gerald and Eve commented that the drivers' meeting was especially valuable for those drivers who were meeting together for the first time. He pointed out that drivers were reassured that they are free to decline a booking for whatever reason.

B. Gerald asked if there could be a dedicated parking space at the new surgery for volunteer drivers delivering patients? Following on from this Gerald pointed out how much easier it is if patients, with limited mobility, have a blue badge. Some people are unaware that the blue badge can be used in any vehicle they travel in. Many people would be eligible but perhaps need help to fill the forms in. Eve wondered if the social prescribers might be able to help or suggest some-one who could do so? Gerald also gave a handy hint that, in the 5 valleys car park you need to press the intercom, at the entry barrier, to let them know you have a blue badge when parking. Some drivers have displayed a "volunteer driver delivering a patient" notice in their windscreen at some locations. This would not be an official permit but, sometimes, can buy a few minutes with traffic wardens.

C. Some patients find it difficult getting in and out of the car. Eve said that there is a car handle mobility aid that can help with this. They cost £12 each and we would need around 20 (£240). Coralie may be able to get them VAT free through a contact but, failing that, is it something the surgery could arrange to save the VAT? Eve will contact Kerry. The members, at the meeting, approved the idea. Brian is to be consulted about the finance for these.

D. It was noted that that not all the drivers have a smart phone so contact is limited to landlines which can, sometimes, cause difficulties.

E. A table with notice boards will be set up at the Horsfall House Fayre on 7th to draw attention to the PPG and, especially to the volunteer drivers' scheme. It is hoped that we might encourage some people to offer their services as divers.

F. It was also suggested that the Amberley church magazine might publish an article about the volunteer drivers' scheme. Coralie (bookings' co-ordinator) to explore this possibility.

G. Angela King, social prescriber, will attend the next meeting and will give a talk on her work.

The meeting closed at 7.55 pm.

The next meeting is to be held at Horsfall House, in the Day Centre, on November 6th at 7 pm.

APPENDIX (KERRY'S REPORT)

NEW WEBSITE:

At the end of this month we are moving to a new website provider as our current one is discontinuing their service. The new website will keep us in line with NHSE's preference for a unified look to all GP Surgery websites and will be provided by Silicon Practice. The website is intuitive and easy to follow and will include the provision of various online forms that will be available for patients to issue both medical and administrative requests to the surgery if they wish. Please note that we will still be providing a telephone service and bookable appointments with a GP as currently. The online forms are optional for patients and we hope will provide an alternative means to contact us for those that would find this helpful.

NEW TELEPHONE SYSTEM:

With the move to the new surgery we will also be moving to a new telephony provider. The main advantage for our patients is that they will be able to request a call back from the surgery rather than sitting in a queue. The provision of this service is a contractual obligation for the surgery. It does not replace the current methods for contacting the surgery.

With both of the above initiatives we aim to integrate the new "modern general practice" ways of working with our current provision. We feel strongly as a Practice that we want to maintain the personal "family doctor" service that we have prided ourselves on for many years now. However, we do recognise that we need to move with the times and ensure we are accessible to all of our patients.

NEW REGISTRAR:

We have just said goodbye to Dr Chanda Qaiser who has accepted a permanent job in Bristol. We are happy to welcome Dr Princely Sivapragasam, who joined us in August, and will be at Minch Surgery until December 2025. To make things easier for everyone (!) he has asked to be addressed as Dr Princely. Dr Chloe Martyn remains with us until November this year.

FRIENDS AND FAMILY:

I do not have the figures for August yet I am afraid, so the following relates to May, June and July:

Total number of responses: 535

Very good: 468

Good: 44

Neither good nor poor: 6

Poor: 10

Very poor: 6

Don't know: 1

Total responses for May: 226 (90% Very good)

Total responses for June: 166 (84% Very good)

Total responses for July: 143 (87% Very good)

Examples of feedback given:

Very poor	<p>“This has been précised for general circulation)”</p> <p>A patient had emailed a vaccination certificate to the surgery and, when they had not had an acknowledgement, they emailed again. Their complaint was as follows:-</p> <p>The surgery needs to consider its enablement through digital otherwise it is operating totally inefficiently, and doesn't meet the needs of today's patients. <i>Note to PPG: We are moving to a new website this month which will offer opportunity for enquiries to be made via a variety of online forms.</i></p>
Very poor	<p>I have now been waiting for an answer to my phone call to the local surgery for 19 minutes, having been told that 2 people were in front of me. ON THE 20th MINUTE ANSWERED. <i>We are moving to a new telephony provider when we move to the new surgery. There will be provision for patients to request a call back instead of waiting in a queue. The new website, with the provision to submit online forms will hopefully alleviate pressure on the incoming telephone calls.</i></p>

Other feedback from patients who rated the service as Very poor related to dissatisfaction with a blood test, frustration with regards receptionist attitude / knowledge of a referral, and disagreement with a GP regarding a consultation. These have been followed up by the surgery where it has been possible to do so given that F&F feedback is anonymous.

COMPLAINTS AND CONCERNS:

We have logged 10 complaints and concerns since the beginning of May. In the majority of cases the matters were resolved by the doctor telephoning the patient to discuss, and did not proceed further. One complaint referred to a missed telephone appointment. As a result, this was discussed in a partners' meeting and our processes were reviewed