

**Walderslade Patient Participation Group
Minutes of Meeting 8 December, 2015**

Present:

Kevin Doyle
 Dr Vout (LV)
 Dr Farmer (RTF)
 Margaret Dennison
 Linda Bond
 Iris Higginbottom
 Jean Gibb
 Julie Sabin
 Cynthia Shaw (Chair)
 Chris Corker
 Pat Gregory – Walderslade Surgery Patients Liaison / Communications Manager
 Jo Pollitt
 Karen Gallagher, Walderslade Surgery Administrator
 Jayne Hackleton, Walderslade Surgery Practice Manager
 Dr Lane (PFL)

1.	<p>Apologies: Susan Donnelly, Jane Love, Philippa Law, Maria Nascimento, Freddy Ponce, Barbara Sabin.</p>
2.	<p>Matters Arising from previous meeting held 17 September, 2015: CS opened the meeting and welcomed all.</p> <p>1. Item 3.2 Update re parking issues on High Croft - Phillipa Law (PL) had kindly sent a hand written update which was read out by the chair. In summary (verbatim):</p> <p>PG had a discussion with Dawn Grayton (DG), Community Development Officer for Hoyland Milton and Rockingham. DG had previously provided a 'Ward Alliance 2015-16' application form. This is a form which outlines a proposed project for funding via local Councilors.</p> <p>PL had a discussion with DG about the next stage. DG agreed that a double yellow line outside Walderslade Surgery was a worthwhile community project. However, before completing the application forms two main areas needed to be clarified:</p> <ol style="list-style-type: none"> a. Traffic Management needed to be contacted to clarify that the project was viable for further investigation. b. A quote of costings to be available, undertaken by Traffic Management, for the proposed project. This information is required by the Ward Alliance. <p>DG informed PL that the next meeting of the Ward Alliance Funding Committee was to be held on 18th November, 2015.</p> <p>PL wrote to the Principle Director of BMBC Traffic Management on 22nd October. In this letter the agreed proposal was put forward:</p> <ol style="list-style-type: none"> a. Double yellow lines on both sides of the road, leading from the lines at the top of High Croft to Walderslade Surgery gates. b. Several pointers for the reason for the proposal. <ul style="list-style-type: none"> • Problems with wheelchairs – parked vehicles.

- Problems with buggies and prams – parked vehicles.
- Problems with ambulances – parked vehicles.
- Problems with delivery vehicles – parked vehicles.
- Safety of the people in the community.

The above were explained in detail. PL explained in the letter that this information was required for a meeting on the 18th November.

PL contacted the Principle Director on Thursday 12th November, as the letter had not been acknowledged by this date. Not available.

PL did speak to the Principle Director on Friday 18th November and explained the urgency for the requested information. The Principle Director provided a verbal explanation and an approximate quotation:

- a. The highways department would have to issue a 'Traffic Regulation Order'.
- b. The procedure could take several months e.g. 6 months and longer due to certain regulations i.e. investigations, public consultation and costings.
- c. Approximate (verbal) estimate of £5,000.
- d. There may be other sources available depending on the priority of the project.
- e. As Hoyland Town Centre was undergoing major redevelopment, there may be a possibility that double yellow lines could be included in the development. This depended on whether the area was included in the changes.

The Principle director was going on annual leave but would be available from 23rd November. PL contacted him on 24th November and asked for a written breakdown of costs and final quotation.

KD and PL met DG on 18th November to discuss progress to date. DG indicated that the Ward Alliance met every six weeks. Some of the expectations of the Ward Alliance were not appropriate to this project e.g. voluntary hours and match funding! However, this project would receive funding if it was proven to be of benefit to the community.

KD and PL had talked to Mike Stowe, the local Councilor, during the summer of 2015 and he was aware of the proposals for double yellow lines and was understanding of the situation.

DG indicated that a written quotation from the Highways Department was required before the Ward Alliance application forms could be completed and submitted to a further meeting.

As the Principle Director at BMBC had indicated that the project from submission to completion could take up to two years, DG was concerned about how long the present quotation would be applicable.

It was suggested that photographic evidence would be beneficial in supporting the proposal.

Next Steps:

1. Awaiting written quotation from the Highways Department.
2. Meeting with DG to complete the Ward Alliance Fund 2015-16 application forms.

3. Submission of Ward Alliance forms to the next appropriate meeting (probably 2016).
4. Photographic evidence.

Photographic Evidence Points to Consider:

a. Concerns relating to photographs of cars and privacy e.g. number plates? Perhaps anyone visiting the surgery or in the vicinity could take photographs of the congested area, on their telephones?

2. A member of the group commented that currently there were 3 vehicles parked over the pavement on High Croft road and it would be difficult for a wheelchair to pass them on the footpath.

It was suggested that new highway legislation was in place and it is now an offence for a parked vehicle to straddle the pavement kerb. After a short discussion it was agreed that if this was the case, the issue was the lack of police resources available to enforce the legislation to prevent parking.

KD suggested a short term solution of placing 'No Waiting' cones along the road for a period of 7 days only. However, permission to do this was questioned. This would be checked by KD.

PL and KD will continue to report back to the group on progress. CS thanked them for their work to date. **PL / KD action.**

3. Item 3.1 RTF commented on the problem of patients failing to attend their booked appointments (DNA – Did Not Attend). Removal of patients who persistently DNA appointments is not a policy the Practice implements. However, removing patients from a practice list, generally, is an emotive issue and a practice must comply with specific removal procedures. RTF highlighted advice from Barnsley CCG Safeguarding board not to remove vulnerable at risk children and quoted an example where children had been reinstated onto a practice list.

JH advised the group that the Practice policy of telephoning patients who DNA had had little or no effect on DNA numbers over the past six months. A new strategy of writing to patients is being implemented. The letter acknowledges that we can see from our system that the patient has missed their appointment and provides information on the options available to cancel an appointment. This includes details on how to sign up to the MJog text / email messaging service; online patient access and using the Automated Telephone System with the option to cancel. PG will monitor numbers and feedback from patients and will report back at the next meeting. **PG action.**

The practice will continue to highlight the number of DNA's via the surgery newsletter.

3.	<p>Review of Action Plan:</p> <p>Doctor Lane (PFL) gave an overview of general practice in the context of patient access and the Walderslade Surgery strategic policy. He provided a PowerPoint presentation to show the following:</p> <ul style="list-style-type: none"> • The effect of GPs and nursing staff retiring early. • Changes in the ratio of staff ('Toblerone' effect) and the consequence of clinicians moving and being replaced within the NHS system (effectively
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being 'recycled' within the system).

- The increased demand for services and patient expectations.
- The financial constraints on practices.

PFL continued to highlight the key target areas for the Practice:

- a. Good leadership with support for a strategic direction from all staff.
- b. Investment in good staff – over the past 12 months, two new members of staff have joined the reception team, as well as two new nurses, a Health Care Assistant (HCA) and two new GPs.
- c. Maximising primary care funding to deliver better patient services.

1. Patient Access

RTF stated that a strategic decision to increase the number of GPs and expand the nurse / HCA team has already been implemented at the practice. This has increased the offer of appointments and allows for many to be planned in advance.

Many appointments that can be planned in advance include monitoring and managing the care of patients with long term conditions such as diabetes, COPD and asthma. Most of the work and appointments with patients who have these conditions is usually best carried out by nurses who are, nowadays, more qualified than ever to administer this type of care. However, patient expectation is that they have to see a GP and this is where the service has to change; patients will have to get used to seeing a nurse instead of a doctor. GPs should be concentrating on patients with acute needs. Consequently we have to re-educate patient expectations.

CS commented that this is difficult as a patient expects to see a GP, particularly for re-assurance. RTF agreed but added that due to reducing NHS budgets and the number of qualified GPs there is a definite need to change.

PFL added that if a patients' experience with a nurse is good then they will feel confident and equally reassured going forward. Some patients might be dissatisfied with this but it has to be acknowledged that Primary care is not a convenience service. The group agreed with this view.

2. Changes to the Appointment System

Based on feedback from patients and staff the practice has also been looking at sustainable ways to improve the appointment booking system and is currently trialing a project to open all appointments for booking in advance.

Proposals are to open all GP appointments for pre-booking weeks in advance. Patients will not be asked by reception team to call back at 8am the next morning if surgeries are fully booked that day; patients will be offered the next available appointment.

Proposed changes to how the Doctor On Call system is managed will also be implemented in order to deal more effectively with urgent emergency appointments. Patients who call and genuinely need to see a GP the same day will be seen. However, these appointments will be for 'one problem only' and patients will be not be able to request a specific GP but will be allocated the next available. This will ensure that all urgent emergency appointments are shared between GPs and will give flexibility to both patients and GPs. Reception team staff will always ask the patient the reason for their emergency

appointment in order to better inform the GP or signpost the patient to more appropriate care.

PFL added that this was considered to be safe for patients and fair for GPs and hoped that the PPG would fully support the changes.

Telephone consultations – Reception team staff will offer patients requesting a telephone consultation either a ‘morning’ or ‘afternoon’ option for a call back; a specific time will not be allocated.

The above changes will be implemented week commencing 21st December and the impact will be closely monitored.

Questions from the group followed the presentation by Doctor Lane:

- a. It was asked if a nurse could first triage a patient with a more serious illness before having an appointment with a GP.

PFL advised that the practice had considered this but felt that nurses should be predominantly looking at patients with long term conditions leaving GPs to see patients with acute illnesses.

- b. IH asked if this meant more training for nurses. PFL answered that it meant a shift of skills.

- c. LB suggested that it might be better accepted by patients if, in an initial consultation with a GP, they were told that their next appointment would be with nurse. It was agreed by the group that education and communication with patients to convey the excellent quality of nurses and their care was required.

- d. A member of the group commented that their experience with the Practice nurse for diabetes monitoring and care was very good. KD praised the Practice in general.

- e. CS commented that the ‘toblerone’ effect appears to diminish the quality of care. Therefore, we need to educate and communicate that patient care is still paramount. CS asked if there was any merit in putting this into a leaflet or Practice newsletter to say this and explain the changes.

- f. JP commented that she was pleased to see good leadership and investment in staff and considers ways of maximising their roles.

- g. MD asked if Doctor Lane had considered giving his ‘toblerone’ presentation to the Barnsley Patient Council. PFL advised that he has given it to other audiences and groups including Barnsley CCG.

CS thanked Doctor Lane for his presentation and the useful insight it gave.

3. Telephone Access to the Practice

JH referred to correspondence sent to all PPG members on 18th November regarding telephone access and the proposal to upgrade the existing telephone system.

	<p>The upgrade will include the purchase of additional phone lines. Additional lines will improve the capacity of the existing system and will support the priority order of calls in the automated system.</p> <p>As suggested by a PPG member at the September 2015 meeting, the practice proposes to implement an automated call position announcement. The announcement will be made upon the call being answered i.e. you are first, second in the queue etc. This will give the caller the option to make an informed decision; having the choice of whether they wish to wait or hang up.</p> <p>The practice will implement the improvements during January 2016 and will monitor the effect on caller experience.</p>
4.	<p>Patient Questionnaire:</p> <ol style="list-style-type: none"> 1. JH asked for volunteer PPG members to spend time in the surgery waiting area explaining the new appointment system and gathering feedback from patients. JH will email members in January to ask for volunteers and would be grateful for any assistance by a small working group during February / March 2016.
5.	<p>Patient Feedback:</p> <ol style="list-style-type: none"> 1. RTF commented that he attends Barnsley CCG Quality Patient Safety Committee and advised that one of the elements the committee looks at closely is patient comments submitted on the Primary Care NHS Choices website and results from the Friends and Family (FFT) questionnaire. <p>A short discussion took place about how divisive the FFT questions are and how the comments received could be perceived by the CCG. It was acknowledged by the PPG that comments received were inclined to be negative; however, Walderslade surgery receives a lot of positive comments particularly via FFT submissions. It was agreed that patients should be encouraged to post any comments on NHS Choices and complete the FFT questionnaire which is available in surgery and online via the surgery website.</p>
6.	<p>AOB:</p> <ol style="list-style-type: none"> 1. PG informed the group that two Health Trainers attend the surgery every Tuesday and are available to see patients. A referral from a clinician is not required and patients can book in themselves. The service has been promoted in the surgery newsletter and is displayed on posters throughout the surgery. PG advised that a Walking Group, run by the Health Trainers, meets at 9am every Wednesday. It is proving very successful and PG thanked Chris Corker for encouraging patients to participate. 2. BeWell Barnsley – MD mentioned this new free service which supports anyone living in Barnsley to become healthier and enjoy life more. BeWell advisors are local people who have specialist training, skills and experience to help and support people to make the changes they want to make. <p>The service was launched in November and can be accessed online at bewell-barnsley.com, by email at hello@bewell-barnsley.com, by phone 0800 0169 133, or on Facebook.</p> <p>Leaflets for patient information will be available in the surgery waiting rooms.</p> <ol style="list-style-type: none"> 3. IH asked whether the current seating configuration in ground floor waiting area

	<p>could be better laid out to make it easier for all seated to see the Jayex display screen. JH advised that various arrangements had been tried in the past but unfortunately had caused access problems for people with prams and those using wheelchairs. JH agreed to look at the layout again to see if a better solution could be implemented. JH action.</p> <p>4. I-HEART Barnsley – This new service is now up and running. The two surgery hub locations at Woodlands Drive Medical Centre, Barnsley, and Chapelfield Medical Centre, Wombwell, can offer bookable appointments as well as different ways to access advice from clinicians at the hubs.</p> <p>Promotional posters and a leaflet with contact details are available in Walderslade surgery and on the website. Walderslade reception team staff and clinicians will signpost patients to the service if appropriate and after 5.30pm weekdays. JH confirmed that the practice is notified if a patient does access the service.</p> <p>5. CS closed the meeting and wished everyone a Merry Christmas.</p>
7.	<p>Next meeting:</p> <p>1. Thursday 10th March, 2016. 2.00pm at the surgery. Volunteer to chair required.</p> <p>Future 2016 meeting dates (times yet to be agreed):</p> <ul style="list-style-type: none"> • Thursday 23 June, 2016 • Thursday 8 September, 2016 • Thursday 8 December, 2016