

**Walderslade Patient Participation Group
Minutes of Meeting 11 July, 2018**

Present:

Dr Alan Billings (South Yorkshire Police and Crime Commissioner)
 Leiah Crowley (Engagement Officer; South Yorkshire Police and Crime Commissioners office)
 Cynthia Shaw (Chair)
 Linda Bond
 Freddy Ponce
 Maria Nascimento
 Teresa Rowland
 Chris Corker
 Iris Higginbottom
 Margaret Lindquist
 Val Hirst
 Dr Robert Farmer (Walderslade Surgery GP)
 Jayne Hackleton (Walderslade Surgery Practice Manager)
 Karen Gallagher (Walderslade Surgery Administrator)

1.	<p>Apologies / Introductions:</p> <ol style="list-style-type: none"> 1. Apologies - Pat Gregory, Jo Pollitt, Elizabeth Knight, Philippa Law. 2. CS welcomed guest speaker Dr Alan Billings (South Yorkshire Police and Crime Commissioner) and Engagement Officer Leiah Crowley.
2.	<p>Guest Speaker Presentation:</p> <ol style="list-style-type: none"> 1. Dr Billings introduced himself and briefly explained his role as South Yorkshire Police and Crime Commissioner. His role includes listening to people's concerns and issues and then taking them up with the Chief Constable of South Yorkshire. The Commissioner attends group meetings with the public and liaises with many organisations to get a sense of how people feel. <p style="margin-left: 20px;">Dr Billings also writes the Police and Crime Plan, holds the police service to account on the priorities of the plan, and provides money to the police service to deliver the plan.</p> <p style="margin-left: 20px;">Copies of the renewed Police and Crime Plan for South Yorkshire 2017-2021 were provided to the PPG members (and for the surgery). Dr Billings explained that the aim of the plan is to provide a safe place in which to live, learn and work. This can be achieved by:</p> <ul style="list-style-type: none"> • Protecting vulnerable people • Tackling crime and anti-social behavior • Treating people fairly 2. Dr Billings then opened to questions from group members: <ol style="list-style-type: none"> a. <i>Did the Commissioner feel there was a correlation between the police and health? A lot of the time people just needs reassurance from someone.</i> <p style="margin-left: 20px;">Dr Billings replied that the neighborhood policing service has now been restored, although not to same level as 3 years previous, and that neighborhood police must now follow up all reported incidents. There is a</p>

need for more policing due to increasing mental health issues.

b. What are the effects of stress on the health of police officer's themselves.

Dr Billings replied that there are high sickness levels in service.

c. Do the police service use resources from former / ex-police officers to gain from their experience or expertise?

Dr Billings replied that, yes, some officers do return and their experience is utilised as much as possible.

d. How are the police protecting vulnerable people?

Dr Billings had remarked earlier that protecting vulnerable people from threats to their welfare and well-being was a priority. To improve access to the police service, the 101 system will be replaced with a new improved system using new technology as a way of communicating with police officers.

A member of the group commented that not everyone has access to or can use new technology to get in touch the police and there is still a need to contact them directly, by telephone, with the ability to speak to an officer and to feel that their issue is being dealt with.

Dr Billings talked about the Police and Fire Service Collaboration board who are looking at what work they can both do together. With the reduction in the number of fires to attend, it was thought that fire officer time could also be used to make calls and visits to vulnerable people.

A member of the group talked about their own experience of anti-social behaviour and racial abuse. However, with support now available it was felt that things had improved.

Dr Billings referred to hate crime and incidents, and the effects which can impact on the health of individuals. More and more, the recording of these crimes is getting better.

A member of the group spoke about the introduction of police community support officers (PCSO) in Harley village. People are keen to talk to them and exchange information which has a positive impact on the local community.

The group agreed that communication is key and that making the public aware that crimes are solved was important.

On behalf of the PPG members present, Cynthia Shaw thanked Dr Billings and Leah for attending the meeting.

3. Matters Arising from previous meeting held 5 December, 2017:

1. Item 1.4 complete.

2. Item 1.5 complete.

3. Item 3.1 complete – Combat Stress charity promoted in the February 2018 surgery newsletter.

<p>4.</p>	<p>Surgery Car Parking (JH):</p> <p>1. JH commented that the surgery is very busy throughout the day and patients can find it difficult to find a car parking space. However, it has been noted that some vehicles are being parked and left for differing lengths of time during the day by people who are not staff, patients or visitors to the surgery or adjacent chemist.</p> <p>As a possible solution to the unofficial parking, JH asked PPG members for their view about the practice implementing a managed parking system using Automatic Number Plate Recognition (ANPR), operated by an external parking management company.</p> <p>ANPR systems use cameras to identify the number plates of vehicles entering and leaving car parks. They can use this information to determine whether vehicles are using the car park legitimately. In order to authorise parking at the surgery the patient, visitor or staff member would be required to log their registration details with the surgery receptionist. If parking is not authorised in the surgery then the management company will use the ANPR information and DVLA's vehicle keeper database to find out who the keeper is and ultimately issue and collect a parking fine.</p> <p>JH acknowledged that there are a number of things to consider such as deliveries to the surgery and chemist; taxis dropping off and picking up and emergency vehicles who might all legitimately use the car park.</p> <p>Following a short discussion about the advantages and disadvantages of using this system, it was agreed that no further action would be taken until the new building development in Hoyland was complete. It might then be possible to gauge whether additional parking, as part of the development, alleviates pressure on existing car parks within Hoyland and consequently at the surgery.</p> <p>If necessary, it was suggested that a survey of people / vehicles using the surgery car park could be undertaken. This should be on a market day to assess the worst-case scenario for the demand for parking spaces.</p> <p>In the short term it was agreed that additional signage was needed in the surgery car park to inform people not to park if they are not visiting the surgery for legitimate purposes. KG is to action.</p>
<p>5.</p>	<p>Surgery Newsletter (JH):</p> <p>1. JH commented that due to a demanding workload it can be difficult to produce the surgery newsletter every month. JH suggested that it should be published bimonthly (once every 2 months). PPG members agreed to this proposal.</p>
<p>6.</p>	<p>Practice Delivery Agreement - PDA (Dr Farmer):</p> <p>1. Dr Farmer referred to the document 'Information for Patient Forums regarding the PDA' which was emailed to PPG members with the agenda. The document briefly detailed the background to the PDA, the position of the Local Medical Committee (LMC) and requested that the issues were noted by PPGs and, if possible, a letter of support for the LMCs position could be provided.</p> <p>Dr Farmer explained that he is a GP representative on the Barnsley LMC.</p>

	<p>Subsequent to requesting the PPGs support, the CCG has offered Barnsley GPs the opportunity to be involved in the 2019/20 PDA negotiations. Consequently RTF does not now require a letter of support but thanked PPG members for considering the issues and giving their support.</p>
<p>7.</p>	<p>Community Information:</p> <p>1. Martha's Yard Committee representative, Mr Wood, has request to attend a future meeting of the PPG to inform the group about the work they do. Following a short discussion, it was agreed to invite representatives from the committee.</p>
<p>8.</p>	<p>Flu Campaign 2018/19 (JH):</p> <p>1. JH advised that this year's NHS England flu vaccination programme will differ from previous years in that two vaccines will be administered to patients; one for those 65 years of age and over and the other for patient under 65 years who are eligible. The practice is currently planning a campaign to promote the availability of 'walk-in' flu vaccination appointments, regular appointment slots and 'all day' Saturday clinics. JH added that the practice GPs recommend that patients have their vaccination at the surgery.</p> <p>CS tabled an article titled 'How to Beat Flu' and asked if something similar could be produced and distributed by the practice. It was agreed that this could be promoted in the surgery newsletter.</p>
<p>9.</p>	<p>AOB:</p> <p>1. Extended surgery hours – JH explained proposed amendments to surgery opening hours from August, 2018. Existing extended hours until 7.30pm (closing at 8pm) on Tuesdays are to be discontinued. The surgery will continue to offer late evening appointments to patients on Monday evenings until 7.30pm (closing at 8pm) and early morning appointments on Friday from 7am. The surgery newsletter will publicise this change.</p> <p>2. New Automated Arrivals screen –the practice has a new automated arrival check-in system located in the ground floor waiting room. The system is designed to reduce congestion and enhance the waiting room experience for patients. It is hoped that the facility will save time by streamlining the check-in process, reduce queues and gives receptionists time to deal with complex queries from patients. The facility displays the clinician's room number. It also indicates if clinician appointment times are running late. On screen features, such as a short questionnaire, can also be used to collect information from targeted patient groups i.e. some simple lifestyle questions such as 'Are you currently a smoker?'</p> <p>Post meeting correction: at the time of the meeting, the facility did not display a room number; it only displayed which waiting room the patient should wait in. However, this has subsequently changed so that the waiting room and the room number are displayed.</p> <p>3. Clinical room signage – A member of the group expressed concern at the lack of directional signage to some clinical rooms; particularly room 8 (although the same applies to signage to rooms 6, 8, 10, 24, 26 and 28). This is due to walls and recesses along the corridor restricting the view of room numbers located above doors. JH agreed to look at improving the signage.</p>

4. Appointment times – A member of the group suggested that it would be courteous for clinicians to apologise to the patient if appointment times are running late and the patient has been waiting. RTF commented that clinicians will be reminded to do this and will be positive by thanking the patient for waiting. It was also suggested that the receptionist managing the front desk should announce if appointment times are running late. JH advised they will be reminded to do this.
5. Defibrillator – A member of the group raised a suggestion forwarded by Rockingham Ward Alliance to install a defibrillator adjacent the Coop supermarket in Hoyland. Following a short discussion, it was agreed that this was a community decision to implement and not for Walderslade Surgery PPG to pursue.
6. Missed GP and nurse appointments – CS highlighted a recent newspaper article regarding this nationwide problem. Last year there were eight million missed appointments at a cost of approximately £1 billion to NHS England. RTF emphasised the fact that there are approximately 340 million appointments available to patients every year.
7. Minister for Loneliness – For information CS highlighted that this is a new government post.
8. Abdominal aortic aneurysm (AAA) screening is a way of checking if there is a bulge or swelling in the aorta, the main blood vessel that runs from the heart to the stomach. CS commented that a mobile screening unit recently visited Harley village to offer this health check to members of the local community over the age of 65 years. Approximately 30 people were seen in one day. CS hopes to encourage similar services within the community. RTF commented that uptake of such services is increasing.
9. Social Prescribing – CS commented that she had been approached by independent consultant Joanne van Leversley who had asked to speak to the PPG about her social prescribing methods. Her remit covers social issues ‘from cradle to grave’. Following a short discussion, it was agreed that she could be invited to attend a future meeting.
10. Prescription and pharmacy delivery – A member of the group asked if pharmacists at the chemist have to order and provide all listed repeat prescriptions items for a patient.

RTF commented that 3rd party ordering (by the chemist) of unwanted items can be wasteful. The CCG is looking to stop this and force chemist to change their procedure. NOMADS (pre-packed medications) that are delivered weekly by the chemist, available for elderly and vulnerable patients, may be excluded from this.

A member of the group commented that if chemists stop ordering prescriptions on behalf of the patient then the patient will have no option but to visit the surgery more often to order their own medication. Is this what GPs want particularly as the surgery does not accept requests for repeat prescriptions by telephone?

	<p>JH replied that the practice encourages patients to subscribe to the 'Repeat Dispensing Scheme' where GPs can issue prescriptions for up to 12 months (although usually 6 months) and the pharmacy keeps the prescriptions for issue directly to the patient. Using this method, the pharmacy is legally obliged to check if all items on the prescription are required by the patient. This system can provide less error in dispensing. Patients can sign up for this by completing a form which is available from the surgery.</p> <p>11. Post meeting - email request by PPG member B. Sabin to consider inviting Type 2 Diabetes Xpert to a future PPG meeting. To be discussed at the next scheduled meeting.</p>
10.	<p>Next meeting:</p> <ol style="list-style-type: none"> 1. Tuesday 9 October, 2018, 1.00pm at Walderslade Surgery.