

**Walderslade Patient Participation Group
Minutes of Meeting 10 March 2016**

Present:

Cynthia Shaw (Chair)
Chris Corker
Linda Bond
Barbara Sabin
Phillipa Law
Iris Higginbottom
Jayne Hackleton, Walderslade Surgery Practice Manager
Julie Daughtry – Senior Nurse
Pat Gregory – Walderslade Surgery Patients Liaison / Communications Manager
Karen Gallagher, Walderslade Surgery Administrator

1.	<p>Apologies: Margaret Dennison, Jean Gibb, Jo Pollitt, Elizabeth Knight.</p>
2.	<p>Matters Arising from previous meeting held 8 December, 2015: CS opened the meeting and welcomed Nurse Julie Daughtry (JD). CS thanked JH for the mince pies and soft drinks provided at the December meeting.</p> <p>1. Item 2.2 Parking issues on High Croft – PL was thanked for the detailed information provided in December.</p> <p>PL provided an update as follows: PL reminded the group that BMBC had previously confirmed a cost estimate of £5,000 to implement a Traffic Regulation Order (TRO), however, a breakdown of costs was not provided. At the time, funding was not available to fund a scheme and TRO and it was suggested that an alternative funding source was pursued by the PPG. It was also suggested that evidence of the parking issues causing problems at High Croft was provided to support a TRO.</p> <p>PL commented that Dawn Grayton (DG), Community Development Officer for Hoyland Milton and Rockingham, had suggested providing photographic evidence. However PL was not comfortable in taking photos as she might feel vulnerable if approached or challenged by someone.</p> <p>The group agreed that this should not be done. A discussion and agreement followed for the PPG to petition the local community and take photographs of the problems caused by the parked vehicles on High Croft. The outcome of the petition and photographs would then be presented to the Highways Authority at BMBC for further guidance and hopefully to support a funding bid from April 2016.</p> <p><i>Post PPG meeting – A TRO scheme would not be eligible for Hoyland Milton & Rockingham Ward Alliance funding as it would not meet the criteria required.</i></p> <p>CS agreed to organise the petition and asked for volunteers from the group to contact her directly if they could assist.</p> <p>A member of the group asked if the TRO could be incorporated into the plans for the redevelopment of Hoyland town centre. This was unknown but the submission of a petition to highlight the parking issues might strengthen the</p>

case for Planners / Highways to include a solution. The provision of the new car park on the former site of Hoyland Health centre was noted.

A member of the group asked if it was possible to provide additional disabled parking bays in the Walderslade surgery car park. JH replied that the Practice would contact the building landlord to ask the question. However, it was agreed by the group that the topography of the car park site and a suitable location for an additional bay would need to be carefully considered. **JH to action.**

2. Item 2.3 Update re DNA numbers and feedback from patients – Patients who miss a number of their appointments continue to be contacted by letter. The letter includes details on how to contact the surgery to cancel an appointment via the MJog text / email messaging service, online patient access and the Automated Telephone System.

CS commented that DNA's are not a new problem and are an issue nationwide. She circulated a press article from a national newspaper who had recently reported on the issue.

JH asked if the PPG could suggest any other ways of helping reduce the number of DNAs. A member of the group asked if patients known to frequently DNA could be contacted by telephone prior to their appointments. PG replied that those that regularly miss for no apparent reason, are usually contacted.

Post meeting – *the number of DNAs actually fell in January and February compared to figures recorded in the last quarter of 2015. This could be due to the letters that PG is sending out.*

PG will continue to monitor numbers and feedback from patients. The practice will continue to highlight the number of DNA's via the surgery newsletter.

3. Item 6.3 Ground floor waiting room seating layout - At the December 2015 PPG meeting IH suggested that it was difficult to see the Jayex board due to the configuration of some of the chairs. JH advised that the layout was changed at the end of January and, allowing for the necessary access, the new layout was an improvement. A number of positive comments have been made by patients.
4. JH commented that painting work throughout the surgery was complete. It is proposed to have the carpets cleaned in the near future.

3. **Planning for Health Services:**

1. PL commented that in January she attended a consultation event, 'Putting Barnsley People First'. The event, hosted by Barnsley CCG at The Core, was to give members of the public and any PPG representatives an opportunity to have their say about future health services.

PL commented that at times the discussion got heated. Topics included patient access and future funding challenges. PL had an opportunity to speak about the length of appointments. PL will bring a copy of information provided at the event to share with the Walderslade PPG.

CS thanked PL for attending the event and added that it was encouraging that PPG members were invited.

4.	<p>Community Information:</p> <ol style="list-style-type: none"> 1. For information, PG circulated a leaflet 'Welcome to Hoyland Methodist Church'. A number of group meetings are held at the church which members of the local community are welcome to attend. 2. Veteran Family Sanctuary – For information, PG circulated a leaflet aimed at supporting adult members of families of a veteran. 3. Care for Carers – PG had been contacted by Health Watch Barnsley who has asked if a representative can attend the next PPG meeting to provide information about a new scheme which offers support for carers in the Barnsley area. The group agreed. PG to action.
5.	<p>Review of Action Plan:</p> <p>1. Changes to the Appointment System and Telephone Access to the Practice</p> <p>JH asked PPG members for their feedback following implementation of the appointment system to enable patients book in advance and the availability of 'on the day' urgent appointment slots. The Practice feels that overall the new system is an improvement as it gives patients more access and choice. It is still a work in progress and will continue to be monitored.</p> <p>Members of the group agreed that the new system was 'excellent' and positive feedback from patients outside of the PPG had been received.</p> <p>A discussion followed about the new automated telephone system and the priority order of calls position announcement implemented in January.</p> <p>A member of the group commented that in her recent experience the call position system announced a wait time of 2 minutes but then this changed to 12 minutes. In reply JH explained that the call positioning system takes an average of the calls currently in progress and constantly re-evaluates the wait time and announces it. It was possible that one of the receptionists was taking a longer call and this increased the average number of minutes at that time. The longer the system is used, the more the system is able to average, thus, the call wait time will become more accurate.</p> <p>A member of the group commented on the length of time it took to get to the option to be able to book an appointment with a particular GP. In reply, JH advised that the system had recently been updated by the service provider to include the option to pick a GP earlier in the call process.</p> <p>A member of the group asked if it was possible for the Practice to publicise a list showing any conditions the Practice GPs specialise in. This might better inform the patient to book in with the most suitable clinician.</p> <p>A member of the group commented that it is only possible to book a 10 minute appointments slot using online access. Could longer appointments be booked online? JH replied that patients should speak to a receptionist who can search the clinical system for a suitable longer appointment or for anything out of the ordinary. For information, JH added that the online booking system is set to prevent the same patient from booking more than 3 appointments. This is to preclude patients overbooking and blocking the system for other patients to</p>

	<p>book.</p> <p>JH suggested that this item should now be taken off the PPG meeting agenda. Further information for the group will be raised if necessary. The PPG agreed that this item could be closed at this time.</p> <p>2. JH proposed the following 2016/17 Action Plan:</p> <ol style="list-style-type: none"> a. Improved access to the premises; car parking and pedestrian access. b. Access to GP and Nurse appointments. c. Recruit new PPG members from minority groups. <p>Member of the group agreed to the proposed action plan.</p>
6.	<p>Patient Questionnaire:</p> <p>1. JH asked if the PPG wished to conduct a patient survey in the surgery waiting room or via a questionnaire to be sent out. CS asked members which method they thought might be the most effective. After a short discussion it was agreed that volunteer members of the PPG would carry out a short questionnaire with patients in the surgery waiting rooms. Patients would be asked a few questions and then given the opportunity to provide 'any other comments'. It was thought that this would provide the most useful feedback. The PPG will agree the questions to be asked. PPG members to action.</p>
7.	<p>AOB:</p> <ol style="list-style-type: none"> 1. CS asked if a list of GPs and nurses could be placed at the side of the self-check-in screen. JH replied that an A4 size notice is already located there and another in the first floor waiting room. 2. CS asked about the Prime Ministers Challenge Fund. JH advised that funding from this initiative had been used by Barnsley CCG to implement the I-Heart Barnsley and the new surgery hubs. Two hubs were opened in November 2015, as an additional service for patients in the borough. 3. CS commented that it was pleasing to see that the Practice offered an ECG service to those patients who needed it. 4. CS referred to a BMA document noting that GP practices who did not offer specific services might be closed. In response JH referred to comments made by Dr Lane at the last PPG meeting regarding the closure of practices that are not pro-active in providing patient services. <p>JH went on to explain that there are a growing number of requests for GPs to provide information and carry out work which is outside of core funded NHS work i.e. letters for school children to evidence sickness or exemption from exams. Many requests are from organisations which signpost individuals back to their GP practice i.e. confirmation of a patients eligibility for a bus pass. Consequently, the practice has to decide whether or not it has the staff resources and is prepared to do this additional work.</p> <ol style="list-style-type: none"> 5. CS referred to a recent a national media report with the headline 'GP surgeries putting patients at risk' which highlighted practices attaining a CQC score of poor and unsatisfactory. The CQC score of 'Good' for Walderslade is therefore very reassuring.

6. CS expressed concern at a national media report of patients registered to a practice being removed from the practice list if they had not visited their GP in more than 5 years. JH confirmed that this, from NHS England, is known as the 'List of Validation' and added that it could be aimed at patients who had left the country subsequent to registering particularly in large cities where the patient population might be more transient.
7. A member of the group asked what age a patient had to be for their first NHS health check. JH replied that Walderslade patients are offered a check when they reach the age of 40 and every 5 years following this (with the exception of patients diagnosed with particular chronic diseases who are regularly monitored and checked as part of their treatment). NHS checks are not offered to patients over the age of 75.
8. Sharing patient information to improve care - JH referred to the September 2015 PPG meeting and the new surgery hubs at I-Heart Barnsley and how relevant patient information could, with the patients consent, be shared with clinicians via the MIG (Medical Interoperability Gateway).

JH continued to explain that GP practices are required to share patient data with other health and social care professionals in the Barnsley area. A campaign by Barnsley CCG and GP practices is proposed to promote details about the various ways patient medical data will be shared and how a patient can opt in or out of sharing this data with certain healthcare organisations. The promotional information will allow patients to make an informed choice.

JH circulated a draft spreadsheet detailing the ways in which medical information is currently shared both locally and nationally. JH asked if the group thought the information was comprehensive enough or if it could be improved. After a short discussion it was agreed that the sheet should refer to 'your healthcare'. JH confirmed that when finalised, the promotional information and relevant forms to opt in or out will be available in the Practice waiting rooms, on the website and included in the Practice patient registration pack.

CS expressed concern that patient data might be shared with third parties. JH commented that this should not be possible but is seeking clarification from NHS England regarding one particular organisation, Care.Data, and how information is shared via this national data base.

9. A member of the group asked if clinicians at Walderslade surgery could access X-ray images. JH replied that the Practice does not have the facility to do this at this time.
10. Nurse Julie Daughtry commented that she found the meeting very interesting and felt that the PPG had taken ownership of many issues. Ideas and opinions were well developed and valued. CS thanked JD for her comment and added that communication is the key.

KG circulated a poster 'Developing Mental Health Services for Veterans in England'. Produced by NHS England the poster invites the public to have their say via a questionnaire. Please note the closing date of 31 March 2016.

Details on how to respond are as follows:

On the internet: www.engage.england.nhs.uk/survey/veterans-mental-health-

	<p>services By post Freepost : VETERANS' MENTAL HEALTH By email: feedback@nelcsu.nhs.uk By phone: 020 3688 1615</p>
8.	<p>Next meeting:</p> <ol style="list-style-type: none">1. In order to progress the parking issues on High Croft as quickly as possible and to hopefully maximise new financial year funding opportunities, it was agreed that a meeting of the PPG would be held in May and the 23rd June meeting will not take place. <p>Therefore, the next PPG meeting will be held on Tuesday 10th May, 2016, 10.00am at the surgery.</p> <ol style="list-style-type: none">2. Future 2016 meeting dates (times yet to be agreed):<ul style="list-style-type: none">• Thursday 8 September, 2016• Thursday 8 December, 2016