

**Walderslade Patient Participation Group  
Minutes of Meeting 8 September 2016**

**Present:**

Cynthia Shaw (Chair)  
Elizabeth Knight  
Iris Higginbottom  
Phillipa Law  
Julie Sabin  
Barbara Sabin  
Linda Bond  
Jane Love  
Barry McGowan  
Pat Gregory – Walderslade Surgery Patients Liaison / Communications Manager  
Jayne Hackleton, Walderslade Surgery Practice Manager  
Karen Gallagher, Walderslade Surgery Administrator

1.	<p><b>Apologies:</b> M. Dennison, C. Corker, V. Beaumont, J. Gibb, F. Ponce, T. Thornton, S. Donnelly, J. Pollitt.</p>
2.	<p><b>Matters Arising from previous meeting held 10 March 2016:</b></p> <p>1. Item 2.1- Update re parking issues on High Croft. CS confirmed that she had been in contact with Kerry Whitely, Project Manager at Resilienti the consultant developer for the redevelopment of Hoyland town centre.</p> <p>Ms Whitely advised that she would try and consult with organisations such as the police and BMBC to seek a possible solution.</p> <p>CS had also contacted Councillor Mick Stowe, the Hoyland Ward member who responded to the letter about parking concerns sent by the PPG in May 2016. Councillor Stowe confirmed that he was prepared to attend a meeting of the PPG when draft plans for the town centre redevelopment were available. However, he did indicate that funding for the implementation of a Traffic Regulation Order (TRO) for Highcroft could not be funded by the Council.</p> <p>CS tabled a newspaper extract which highlighted that approximately £4.8 million from Local Planning Authority Planning Obligations (commonly known as Section 106 agreements to be used for the ‘benefit of the local community’) remained uncommitted by BMBC.</p> <p>Following a short discussion about the situation, the group agreed to continue to pursue the parking issues.</p> <p><b><u>Post meeting update</u></b> – On Friday 16 September CS contacted Walderslade surgery to advise that the provision of a TRO for Highcroft had been approved by the local highways authority and the process to implement it would proceed.</p> <p>This is great news and an excellent result. The GP partners and management team at the practice would like to thank the PPG for their support and determination in achieving this outcome!</p> <p>2. Item 2.4 - Care for Carers was promoted in the June newsletter. Lorna Lewis is currently off work sick. Teresa Gibson is covering her role and the project is ongoing.</p>

	<p>3. Item 3.1 - The car park on the site of former Hoyland Health Centre; this was promoted in the July newsletter.</p> <p>4. Item 4.1- BeWell Barnsley initiatives were promoted in the June newsletter.</p> <p>5. Item 6.3 - The practice size was promoted in the June newsletter.</p>
3.	<p><b>Patient Input - Newsletter:</b></p> <p>1. Following the suggestion by patients and the recent inclusion of a poem submitted by a Walderslade patient, it was agreed that the PPG would support a 'patient section' in the surgery newsletter. This will be promoted in the October issue of the newsletter.</p>
4.	<p><b>Check-in Screen to show room numbers of GPs:</b></p> <p>1. CS asked if the self-check-in monitor located in the ground floor waiting room could display the room number of the clinician. JH advised that the settings for the monitor cannot be changed. However, to assist patients, a list of clinicians and their room numbers is displayed above the monitor. If the screen is updated in future the function to display room numbers will be looked into.</p>
5.	<p><b>Wheelchair available for assistance:</b></p> <p>1. CS asked if the practice could promote the availability of a wheelchair and assistance from staff if a patient feels they need either when visiting the surgery. JH advised that a wheelchair is available and staff do assist when asked. JH added that clinicians are prepared to see patients in rooms on the ground floor. However, posters to reiterate the availability of these facilities will be displayed in the surgery waiting rooms. <b>KG to action.</b></p>
6.	<p><b>Patients taken off practice list after 5 years of not attending surgery:</b></p> <p>1. CS expressed concern and tabled a newspaper extract about the proposal to remove patients from their GP practice register if they had not visited their GP in the past 5 years. JH advised that information about this had been received from NHS England but further details and instruction were awaited. JH added that this is not something that the practice would want to implement. However, JH will update the PPG if and when more information is available.</p>
7.	<p><b>Clinicians leaving the practice:</b></p> <p>1. This agenda item was raised in an email submitted by a PPG member who was unfortunately unable to attend the meeting. In brief the PPG member perceived concern from 'the general public' when talking about the surgery in that there was a high turnover of clinical staff and that 'it must be terrible working there'.</p> <p>JH wanted to address the subject submitted in the email and responded as follows:</p> <ul style="list-style-type: none"> <li>• A high number of clinicians at the practice have been here for many years. Some clinicians have left and then returned. In the past a number were at the practice for most of their working lives and then retired.</li> <li>• Walderslade is a teaching practice and registrars (junior doctors in their final year of training) are employed by the practice on a 6 – 12 month contract. They then have to leave to complete their GP training programme.</li> <li>• Within the past two years the number of patients registered at the practice</li> </ul>

	<p>has increased thus a new GP has been employed plus a new GP replaced Dr Lockwood who left due to relocation to another area.</p> <ul style="list-style-type: none"> <li>• Locum GPs do cover sickness and maternity leave when necessary. Dr Wilkinson who recently covered maternity leave will return to provide cover next year.</li> <li>• Throughout the NHS there is a national shortage of doctors. Younger, salaried GPs are in demand and can negotiate and be very selective about where and when they work.</li> <li>• Continuity might be perceived as an issue to patients as a number of clinicians work part-time and might not be at the practice every day.</li> </ul> <p>Members of the PPG added the following comments:</p> <ul style="list-style-type: none"> <li>• The surgery does not give off the impression that it is desperate with regards to clinical staff turnover.</li> <li>• Many members of clinical and admin / reception staff have been at the practice for many years. Senior nurses have left and returned which is good testament to the surgery.</li> <li>• Continuity of seeing the same clinician can be maintained by patients if they are prepared to wait a few days.</li> <li>• In general people move employers more frequently these days and are not always with the same employer for years.</li> <li>• The large metal displays in the entrance lobby and ground floor waiting room which lists GPs is out of date. JH advised that the practice is considering replacement of these with a staff photo board complete with names and roles. This could be easily amended if there are changes in staff.</li> </ul>
8.	<p><b>Advanced appointment booking; 10 weeks ahead:</b></p> <ol style="list-style-type: none"> <li>1. This agenda item was raised in an email submitted by a PPG member who was unfortunately unable to attend the meeting. In brief the PPG member wanted to know if there is a way to book appointments for routine clinics more than 8 weeks in advance.</li> </ol> <p>JH replied that appointments are added to the system as far in advance as possible which is usually 6 weeks. However, the practice will try to work towards asking all staff to confirm their schedules, annual leave and training requirements as early as possible. Appointments will then be added to the system accordingly.</p> <ol style="list-style-type: none"> <li>2. A member of the group asked about the maximum number of appointments patients are allowed to book at one time. JH advised that this is currently capped at three, however, the practice is looking to increase this for online appointments. A member of the group commented that this might result in more patients not attending (DNA) as they could forget if allowed to book too many and too far in advance. JH advised that this would need to be closely monitored.</li> </ol>
9.	<p><b>Update of DNA (Did Not Attend) numbers and feedback from patients:</b></p> <ol style="list-style-type: none"> <li>1. PG informed the group that many patients who do not attend are not always those who have booked in advance. Patients are known to have booked an appointment the same week or even on the same day and have still not attended.</li> </ol> <p>A member of the group asked if the reason some patients failed to attend was</p>

	<p>because they had been admitted or were in hospital. PG answered no; the majority of defaulters do so regularly. Recent statistics indicate that 19 patients who regularly DNA have done so for five or more consecutive times. A member of the group asked if these people could be removed from the Walderslade register. JH replied that it had been discussed at previous PPG meetings and reiterated that the practice can only remove patients if they move out of the area or if their behavior is unreasonable and / or abusive to members of staff or other patients in the surgery.</p> <p>PG confirmed that the practice continues to contact patients who DNA. Letters are sent out and include information on how to sign up for the MJOG messaging service (which sends a reminder message approximately 24 hours before; giving patients the opportunity to cancel their appointment if necessary). Also patients are reminded that they can cancel an appointment using the automated telephone service or the EMIS online system without having to speak to a receptionist. It couldn't be easier.</p> <p>A short discussion took place about the scenarios and how best to address the DNA issue. It was agreed that raising awareness in the surgery newsletter would continue.</p>
10.	<p><b>Community Information:</b></p> <ol style="list-style-type: none"> <li>1. PG informed the group that Teresa Gibson from Voluntary Action Barnsley (VAB) Social Prescribing was available to speak to Walderslade patients interested in care for carers, social inclusion or general signposting to the many organisations in the area who provide help and support to people who might need it.</li> <li>2. PG asked the group if it would be useful if a member of the Dementia Carers outreach support team attended the next PPG meeting. The group agreed. <b>PG is to arrange this.</b></li> <li>3. PG informed the group that Hoyland &amp; Rockingham Ward Alliance will be hosting a 'Sloppy Slippers' community event on Friday 7 October at Hoyland Market between 10 – 2pm. The event will be advertised and promoted locally.</li> <li>4. PG advised that BMBC is promoting the introduction of a voluntary code of cigarette smoke free play areas. Questionnaires are available in the surgery to allow people to complete and express their view on the subject.</li> </ol>
11.	<p><b>Patient Questionnaire / Survey:</b></p> <ol style="list-style-type: none"> <li>1. JH asked if any members of the PPG would like to volunteer to help with the Walderslade patient feedback survey and what format the survey should take. After a short discussion the group agreed that a face to face chat with patients attending in the surgery waiting rooms prior to their appointment was the most appropriate way of gaining feedback.</li> </ol> <p>Volunteers included Cynthia Shaw, Julie Sabin, Elizabeth Knight and Philippa Law. An October date was suggested. This will be confirmed by JH along with the survey criteria and guidelines for volunteers. The ground floor interview room will be available for patients who wish to speak in confidence. It was suggested that volunteers wear name badges and details should include that they are working on behalf of Walderslade surgery PPG. <b>JH to action.</b></p>

12.	<p><b>AOB:</b></p> <ol style="list-style-type: none"> <li>1. A member of the group asked what percentage of registered patients were from the Harley and Wentworth (Rotherham) area and could information about the new 24 hour triage centre and changes at Rotherham hospital be included in the surgery newsletter? JH advised that the percentage of patients was not available and consideration will be given to including useful information about Rotherham hospital in the newsletter.</li> <li>2. Barbara Sabin asked anyone who would like to volunteer to collect on behalf the British Legion poppy appeal should contact her directly.</li> <li>3. Friends and Family Test (FFT) Questionnaire - a member of the group commented that the FFT form omitted the age range 65-74 years. JH replied that NHS England is aware of the mistake but forms would not be amended.</li> <li>4. Pneumonia Vaccination – a member of the group asked if clarification about the eligibility of patients and how long the vaccine lasts could be promoted for patient information. JH replied that this could be confirmed in the surgery newsletter. <b>KG to action.</b></li> <li>5. A member of the group asked if patients could be updated about the closure of the Barnsley DGH stroke clinic. JH replied that this could be done if we receive information from the hospital.</li> <li>6. Medication prescribed by clinicians at the hospital – a member of the group queried the process of hospital consultants amending a patient’s medication and informing the GP but not the patient. JH responded that it is unusual for consultants not to inform patients during their consultation appointment.</li> <li>7. Barnsley CCG Questionnaire for PPG’s – As chair of the PPG, CS has replied on behalf of the group. JH thanked the group for their support and positive feedback.</li> </ol>
13.	<p><b>Next meeting:</b></p> <ol style="list-style-type: none"> <li>1. Thursday 8 December, 2016, at 2pm. JH confirmed that a GP would attend this meeting.</li> </ol>