

ROBOROUGH SURGERY

PPG MEETING

TUESDAY 16<sup>th</sup> JULY 2019

PRESENT: Dr Alan Holman (AH), Karen Avery (KA), (Reception Manager), Jill Porthouse (JP), (PA, Roborough Surgery), Lauren Crick (LC), (Medical Secretary), Wendy Hill (WH), Kathleen Bluett (KB), John Waterhouse (JW), Wendy Hill (WH), Stephen Lewis (SL).

APOLOGIES: Fred Horley, Michael Bates, Colin Briggs, Fred Horley

VISITORS: Julie Edgeley (JE) (POD), Claire (POD).

VIRTUAL PPG MEMBERS: Anne Littlewood, John Vaughan.

		ACTION
1	Welcome to everyone (AH) and brief round-the-table introductions. Jacqui Hunt has decided to leave the PPG completely; she was thanked for the time she has been part of the PPG and AH will write a 'thank you' on behalf of the Group.	AH
2	<p>POD (Prescription Ordering Direct) – Julie Edgeley from POD distributed paperwork to the PPG showing how POD works. POD is currently a 12-month pilot and for the service to be extended, costs, effectiveness and patient choice will be taken into consideration. Telephone calls are answered very quickly and queries dealt with quickly.</p> <p>POD is trying to free up telephone calls regarding medication queries to the surgery and pointed out this is a repeat prescription service only.</p> <p>POD can temporarily change nominated pharmacies for holidays, students etc.</p> <p>Claire explained that patients who sign up for POD give consent for access to their medical records.</p> <p>AH pointed out that Mannamead Surgery, one of the listed surgeries, has now left DMA.</p> <p>WH asked if patients have to go via the surgery to sign up to POD and JE advised they don't but POD is unable to provide emergency scripts. They need five working days to allow for shortages of medication in pharmacies but can provide meds within two-to-three working days.</p> <p>POD can access repeat medication details via the tabbed journal on our clinical system.</p>	

	<p>POD requests go from the surgery 'en bloc'.</p> <p>JW asked about the repeats online system – KA advised it is working and she will look at it and call back.</p> <p>WH asked what happens if patients need B/P review etc and JE advised POD has access to medication reviews/information as it appears on screen.</p> <p>The use of controlled drugs is overseen by a Pharmacist.</p> <p>Dr Wade is currently the lead GP at Roborough Surgery for POD. She is currently looking at the possibility of setting up POD for the care homes.</p> <p>JW asked who is funding the service – DRSS/NHS.</p> <p>KA advised that the surgery has worked very hard over the years to provide an excellent prescription service with dedicated members of staff who work very hard in ensuring it runs as smoothly and effectively as possible with many daily challenges. There hasn't been a telephone repeat prescription line for some years but patients still ring, however, they are given POD's contact details.</p> <p>POD left the meeting at this point.</p>	
3	<p>AH thanked all the PPG members for their good wishes after his recent illness.</p>	
4	<p>Matters arising from the previous meeting (13<sup>th</sup> February 2019):</p> <p>Section 6 – instant access should read 'improved access'.</p>	
5	<p>PPG networking event – AH and SL attended the day long conference. SL had provided notes from the day which JP had distributed prior to today's meeting. It was an excellent conference with 160 attendees. It was educational for lay members providing a better feel for national issues affecting the country and specific areas' needs and requirements; (rural/urban needs). The conference was useful as a focus and there is hope of a further meeting next year.</p> <p>Primary care is under huge pressure across the country and PPGs need to be more proactive in assisting surgeries and patients where they can. Healthcare professionals need help in providing help.</p> <p>PPG toolkit has interesting sections on how PPGs can work. Some PPGs in Devon are hugely proactive and work hard to help the surgeries, however, some aren't as good and as a PPG we need to think how best to effectively use the range of skills amongst us. Talking to other surgeries could enable us to be more proactive.</p> <p>In summary: excellent pooling of knowledge; helping others could mean we</p>	

receive some help.

WH stated that the current PPG doesn't appear to be representative of the patients at Roborough Surgery.

JP stated it is difficult trying to recruit new members. The details of the PPG are on the surgery's website and notices are displayed before the planned meetings. When new patients register at the surgery there is a tick box if interested in joining the Group. Unfortunately a lot of new patients work during the day or aren't really interested in the PPG.

KA stated that when the Friends and Family service was set-up there were hardly 20 people but now there are more than 300.

WH advised that the PPG is the patient voice.

JW asked if the surgery had a Facebook page and if so it should be an 'open' group.

AH advised that DMA is currently looking at a Facebook page which would be set up across the Group but caution would be needed in updating information; the web pages for DMA practices are currently being updated.

KA stated that we would have to be very careful with setting up a Facebook page and that it wouldn't be set up as a 'moaning platform'.

AH advised there is communications disconnect and new initiatives (not set up by the surgery) take a lot of energy but we do engage in a lot of things but how to get the community involved. We need to find ways to get the patients ready to help us. There are 1.2million people in Devon and Cornwall – we are being encouraged to use new services but not all services are being rolled out in the area. There is the need to start building communities again. We work closely with The Wolseley Trust which is a big volunteer service which can provide a lot of help with benefits claims, social interaction.

JP and KA advised the surgery has previously had open days which were well advertised but very poorly attended; a lot of time and effort went into setting them up.

KA advised the practice survey is due in September and is a mammoth task and would be glad of the PPG's help – WH stepped forward and volunteered.

Patients are generally concerned about their health but in abstract way people generally moan but don't engage in trying to improve the service. Patients want appointments not newsletters.

AH suggested the PPG writing to the CCG to help with private referrals/appointment processes.

JW stated a 'walk-in' private service.

AH advised that ambulatory services are victims of their own success. There is a lot of work from the hospital and lots of other work trickling down to GPs. All

	<p>groups meet once a month – Citywide.</p> <p>We are all affected by the Government dictate ‘patient choice’.</p> <p>How can we work together?</p> <p>JP will email the whole PPG for ideas/thoughts.</p> <p>Thank you from AH to SL for attending the conference and providing informative notes to the PPG.</p>	JP
6.	<p>FRIENDS AND FAMILY – KA – In June there were 300 responses. Mostly very good comments but unfortunately a few negative.</p>	
7.	<p>ANY OTHER BUSINESS (AOB)</p> <p>KB asked if POD would work for us. KA/AH advised that we are very skilled with scripts at Roborough Surgery and are way ahead of many other surgeries. It may work for nursing homes and it may save time meaning staff might be able to use their skills in other areas.</p> <p>JW said the new nurse Becky was excellent. JP has already let her and the lead nurse know. Becky will be full-time from September.</p> <p>KA advised that staffing levels are a bit low due to holidays and sickness but we are still providing high levels of patient care. Unfortunately we are having to put notices up asking patients not to be rude and aggressive towards staff members if it is taking a long time to deal with their queries.</p> <p>DNA rates are slightly better. Repeat offenders are written to.</p> <p>Abusive patients are written to reminding them we have a zero tolerance to abuse of any kind.</p> <p>E-consult is working well and Jasmine in reception is the ‘E-consult champion for the practice’. The PPG can help with this service in letting patients know how it works and how well it works.</p> <p>End of meeting.</p>	