

Minutes of the Meeting of
Cedars Surgery Group: Patient Participation Group (PPG)
02 December 2019 held at Worle High Street Practice 6p.m.

| | | ACTION |
|---------------------------------|--|-----------------------------------|
| In Attendance | Neil Turner (Chair); Dr. Mike Pimm [GP]; Dr Freddie Pimm [GP]; Jane Andrews; Adrian Axelsen; Tracey Davenport; Austin Holloway; Dave Kingsbury; Chris Sage; Pamela Thompson; Trevor Salter; Jane Perrin (Minute taker) | |
| Apologies | Paul Beechey; Carol Jones; Catherine Lauder-Knight; Pamela Rogers; Anne Skinner; Livi Tratt; Colin Vaughan-Roberts; John Whitlow; David Williams | |
| Opening 6.00p.m. | Chair welcomed attendees, particularly new faces. Dr. Mike Pimm apologised for the meeting being sited in waiting room (due to refurbishment elsewhere). | |
| Previous Minutes | 02 September: Agreed as a true record and signed. | |
| Matters arising | None – other than elsewhere on Agenda. | |
| Correspondence | None received. | |
| Communication Updates/ Feedback | <p>None received.</p> <p>Dr. Mike was invited to offer any feedback on NHS matters/comment on 2 x Action points from previous meeting for Carol Jones. Carol no longer works on Monday and Dr. Mike had no feedback on her behalf.</p> <p><i>c/f CJ: Will email Healthwatch link and ask if there is someone who the PPG can address for a centralised view.</i></p> <p><i>c/f CJ: Prescriptions Box (at High Street): PR suggested this was moved nearer the doorway to avoid congestion/current box inclined to fill quickly/ and “catch fingers”. CJ agreed move sensible in theory, but currently positioned by Prescription Admin. Agreed re: filling (Monday particularly) and finger issue. Will consider any possible options. (and see comments from CS later in Minutes)</i></p> | <p>CJ</p> <p>CJ</p> |
| Sub – Committees | <p>New members asked for information regarding potential sub-committees. These had been provided at last meeting (<i>copied below for info</i>)</p> <ul style="list-style-type: none"> • NAPP Briefings • Patient Concerns • Notice Board (currently undertaken by AS only) • Report on exterior Meetings attended (may involve/cross over other sub-comms) • Virtual Group • Information Officer • Social Prescribing <p>https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health</p> <p>Object of sub-committees: attend meetings/read reports or data - feedback <i>salient points</i> to committee, or assist patients/practice in ways as may arise (<i>within PPG remit</i>). <i>Reflect on matters that affect this Practice rather than major/national issues.</i></p> <p>Comments on the hospital: included Closure of A&E, population growth comparisons catchment numbers for major Bristol hospitals (<i>Dr. Mike suggested Weston’s volume of requirement would never justify provision of emergency equipment and/ or high level</i></p> | |

| | | |
|---------------------------|---|---|
| | <p><i>surgical staffing for some specialties, around the clock: he cited progression of heart tests leading to immediate need for open heart surgery as an example).</i></p> <p>Maternity: Dr. Mike confirmed usage was in decline –a change in perception of the term “<i>low risk</i>”. Some increase in choice to home-birth; and greater perception ‘better to be at Bristol if any chance of problems during or after birth’.</p> <p>Also, historical aspect of siting of existing hospital and radius they serve. Weston populace bigger than Bath, but radius here includes Channel. Bath covers areas into North Somerset, Wiltshire etc.</p> <p>Many years ago, people died younger/fewer services were available. Longevity and development of medicines and medical interventions /equipment etc. will always outstrip funding. More Doctors being trained, but large percentage leave due to stress etc., or move abroad.</p> <p>Major new direction to put care back into the community (Primary Care) – more being done at GP level/Self help.</p> <p>AA registered interest in sub-committee: <i>Healthy Weston</i> if this was deemed a priority. Dr. Mike confirmed together with Weston Hospital/Healthwatch. Locally Practices will be working to a similar delivery “<i>Style</i>”. With a re-drawing of the borders of GP v Hospital care, more will be done locally. A good aspect to monitor by PPG.</p> <p>Dr Mike Q: Other PPG Chairs <i>share</i> the type of initiatives/work being done by them? NT: Concerns addressed are not usually “practice based”, but regional or national concerns.</p> <p>CS registered desire to consider “In house” issues – having noted lack of use of ‘self check-in’ system. Discussion on reasons (and noting that some 75% use at Cedars whilst larger % at Worle attend to collect Prescriptions/test results.); Possible preference to engage with <i>real</i> person. Social isolation? Discussion re: “Meet, greet and assist” – chance to speak; promotion of Self-help; Social Prescribing and local activities/venues. Social Prescriber will soon work 3 mornings per month. Scheme in Hartlepool was mentioned on BBC – where promotion of local events has impacted to reduce loneliness.</p> | <p>AA to liaise with NT re: set up</p> <p>CS/JW (per previous Mtg) to liaise with NT re: set up</p> |
| <p>Any other Business</p> | <p>TS: Protocols for complaints about pharmacies? 1. Direct to Pharmacy; 2 Pharmacy District Manager or company. If involving a Pharmacist also option of General Medical Council, Healthwatch, CCG or NHS England (not all at same time!).</p> <p>Collecting Prescriptions: “Blame” issues with Pharmacy v. GP. All involve humans and therefore open to error. Process at GP can be 2 -3 hrs at very best. 72 hour-turnaround is the target. Can be problems of drug shortages (e.g. currently HRT). Noted Lloyds have sheer pressure of Prescription volume issues since shutting second High Steet venue.</p> <p>Ask my GP: Operating well. Can be impacted by GP numbers on any given day and off 1 day per month for staff training. CS reported best software format she had used at different surgeries. TS commented receipt of “Query closed” message, but not necessarily that an appointment/or appropriate outcome has been actioned. This is due to re-directions and internal acknowledgement messages/so timings may not be chronological in response to the patient. From April 2020 a single software choice will be actioned – likely to be Ask my GP, but yet to be confirmed.</p> | |

| | | |
|---------------|---|--|
| | <p>New phone answer message: TS reported using option 4 and being cut off. Will be checked. Message has been shortened, but must include some emergency wording. Phone system was upgraded week commencing Nov 25.</p> <p>Hearing aids – many GPs no longer provide. Pharmacies now charge.</p> <p>Q: System flag for those who regularly contact GP who “disappear from radar?” Probably could be delivered, but active systems don’t “interact”: e.g. if hospital admission, this is recorded – but GP would need to “look” for it, rather than message to GP triggered.</p> <p>There being no other issues the meeting closed at 7.10 p.m.</p> | |
| Next Meeting: | Monday 02 March 2020 at 6p.m. at Worle High Street venue. | |