

Summary: Hodnet Medical Centre PPG Meeting Thurs 4th July 2019

Present: Karen Calder; Helen Charnock; Alf & Helen Ford; Mary Hardy (Secretary); Richard Holtom (Chair).

Apologies: None

As no representatives from the Practice had arrived or sent apologies by 1.10, RH opened the meeting and it was agreed to re-order the agenda and begin with the PPG update.

The notes from the last meeting were accepted as a correct record, and there were no matters arising.

PPG Update

Outstanding from last meeting

MH had had no feedback on any of the items outstanding from the last meeting, namely the updating of the Practice website with notes from recent PPG meetings, and whether the Practice was positive about having a display rack for Footpath Group leaflets and/or a Walking for Health poster for the waiting room.

Local information/networking

MH described various sources of local information and networking she has tapped into: a bi-monthly Community Connectors meeting in Market Drayton, Northern Locality Patient Group meetings at Whitchurch and the Shropshire Patient Group weekly bulletins. She has found these helpful in her Co Co role, and hopes they benefit her input to the PPG by broadening her understanding of health service issues in general.

RH had attended one of the recent Functional Fitness MOT sessions and found it helpful. However, he felt the organisers had failed to motivate their ideal target audience to attend. MH pointed out that older people typically prefer printed publicity to on-screen versions. To this end she had left flyers about the FF MOTs at the Practice, along with some hard copies of Age UK's Practical Guide to Healthy Ageing. She also circulated sample copies of Age UK's new Life Book:

<https://www.ageuk.org.uk/information-advice/care/housing-options/home-safety/lifebook/>

Co Co

Since the last PPG meeting one of the Co Co clients has moved into a nursing home and another has died. The new volunteer has completed her training, so a total of three volunteers are now available for new clients. It would be good to receive some more referrals by whatever means.

MH reported on a similar scheme connected with Shropshire Wildlife Trust called Feed the Birds, where a trained and DBS-checked volunteer is linked up with a socially isolated person. They provide them with a bird feeder and bird food, then visit the person for an hour each week to top up the feeder and have a chat. MH is in touch with the FTB co-ordinator, and it is hoped that they can liaise in future to the benefit of both projects locally.

Practice Update

Without input from practice staff it proved difficult to address all these agenda items properly, and various members expressed frustration/disappointment about this and - assuming no unforeseen crisis had occurred - the lack of communication about their inability to attend the meeting.

Telephone system

When MH had spoken to CC early in June, she had got the impression that the issues were close to being resolved.

Accessing medication

Anecdotal evidence was cited to indicate that there were still problems regarding the availability of

some items. Concern was expressed at the resulting delays in dispensing of prescriptions, particularly when the prescribing of an alternative necessitated a second doctor's appointment. The person in question felt this was a waste of both their and the doctor's time, and wondered why a nurse or dispensing pharmacist could not be authorised to issue the replacement.

Out of hours (111) and extended hours provision - no discussion

Primary Care Networks – no meaningful discussion specific to this Practice

Practice reponse to new GP contracts

RH circulated copies of two recent press reports, one concerning the closure of small village surgeries, the other about the new GP contract which includes funding for the recruitment of more practice support staff in an attempt to lessen GPs' workloads and reduce waiting times. It also promised to speed up access to digital appointments; all patients should get the right to web and video consultations by 2021.

Discussion followed around the difficulties of how the new proposals would impact on small surgeries. Members could readily appreciate the benefits of the “traditional family doctor” model where patients are known personally by the doctors over a long period of time. A large proportion of Hodnet's patient body (and possibly the doctors themselves) might very well like things to stay as they are, but given the inexorable march of “progress”, RH expressed concern about how long a two doctor practice could survive in this climate if it does not face up to and adapt to the challenges posed by change. He felt this was a conversation which needs to be had rather than avoided.

Concern was also expressed at the pressures under which dispensary staff seemed to be working on a regular basis, and the lack of extra cover when one or other of the doctors was on leave. Could more specialist nurses or back-up staff be taken on to share the load?

It was noted how difficult it is for younger doctors to afford to buy into partnerships, with the resulting shortage of a rising generation of GPs. Discussion followed about the purpose of Primary Care Networks in general, with KC providing some background to these, as well as to social prescribing.

Future Meetings

After discussion it was agreed to meet again at The Bear, with KC sourcing the funding for the room hire.

Date of next meeting: Thursday 9th January 2020, 1pm

Note: it later transpired that the availability of this venue is uncertain, as the landlord is not renewing his lease. Further details in due course.

A.O.B.

Proxy access to Patient Access

It was noted that a new provision was now in place for all users of Patient Access who need to use the service on behalf of someone else (e.g. families with young children, or those caring for loved ones.) If required, proxy access should be requested via the surgery.

Facebook page

RH noted with interest that although no new content has been uploaded for months, the PPG FB page is still receiving sporadic hits. It was agreed that the posting of general NHS or topical information already in the public domain was within its remit, and had attracted quite a few followers in the past. RH to investigate the possibility of learning how to upload new material, in the absence of anyone else with the technical know-how.