

## Summary: Hodnet Medical Centre PPG Meeting Thurs 5<sup>th</sup> October 2017

**Present:** Steve Alden; Karen Calder; Christine Charlesworth; Alf & Helen Ford; Mary Hardy (Secretary); Richard Holtom (Chair); Jayne Holtom; Andy Sutton.  
plus Jane Evans; Nicki Fisher; David Sandbach on this occasion.

**Apologies:** Helen Charnock, Maureen Frank

The meeting opened at 1.00pm. Updated contact lists were circulated.

RH welcomed DS and NF, and thanked JE for her help with projection equipment.

1. **Minutes from last meeting** (6<sup>th</sup> July 2017) approved as a correct record.

### 2. **Matters arising not covered elsewhere on the agenda**

a) **Northern Patient Group:** MH reported that she had recently attended a meeting of the NPG in Whitchurch. Time and venue more convenient than Shrewsbury SPG meetings, it had been good to meet others from local PPG's, the content was helpful and she was motivated to attend again. They were keen to hear what Hodnet PPG were doing, particularly re Healthy Hodnet event.

b) **Recruitment:** MH reported that PPG patient membership had grown significantly as a result of the recent recruitment drive, both in numbers and in being more representative of the patient body as a whole. A total of 8 people had responded, 6 of whom are now members of the group. There is a better balance of men and women, a wider age range and some of the new members have IT skills to a much higher level than we could raise before.

A couple of previous members had had to stand down – Samantha Vos, due to irregular working hours and Mandy Pilling who now wishes to commit her available time/energies to the Compassionate Communities project. Thanks were expressed to both these people for their input.

c) **Bicycle Parking:** RH reported that the matter had been raised at Parish Council and sent on to the Lyon Hall Committee, who have identified a suitable location and done costings. A stand has not yet been fitted, but the matter is progressing.

### 3. **Patient Access**

At the last meeting, the PPG had been asked to publicise the PA leaflet through all means employed in the recent recruitment drive. CC was now asked whether uptake had risen as a result of this. There was little apparent improvement. CC to ask CP for more detail on this for next meeting, including a breakdown of users.

### 4. **Access to Medical Records**

CC reported that there had been 2 meetings to discuss this. The doctors expressed concern that certain patients might find too much information rather disturbing. They had concluded that any patient could have access to their medical records, but in all cases this process should begin with an appointment with Dr Mehta for extra explanation, followed by instructions to the admin staff to provide access. Several members expressed surprise that a doctor's appt would be necessary and felt this would increase the doctors' workload. KC asked whether the PPG could now promote this information with regard to test results in the first place, and this was agreed. RH mentioned a press report suggesting that all patients should be able to access their medical records and book a GP appointment via an app by the end of next year:

<http://www.telegraph.co.uk/news/2017/09/11/book-appointment-gp-smartphone-app-new-nhs->

plans/

CC was asked to relay the following feedback to the doctors:

The PPG is encouraged by progress re access to medical records beginning with test results, but are concerned that the method suggested may increase workload. Could a more streamlined system be developed, and would hospital test results be included in the new access? It was suggested by JH that at the time of blood test etc., the nurse could provide a form for the patient to sign requesting on-line access to the result, then Dr Mehta could either approve or request an appointment be made should any explanation be necessary.

## **5. Increased Participation**

### **Update on Health & Wellbeing event**

KC summarised progress to date. The Community Enablement officers had invited organisations selected by the PPG/Practice and had provided publicity, which had been circulated widely via all channels known to us. It was noted that the High Sheriff of Shropshire had been invited (NF thought this in a fact-finding capacity). AF reported seeing an item on Healthy Hodnet in the Shropshire Star, and MH was asked to contact the MD Advertiser to ask if they would send a photographer to the event. Provision of refreshments was still to be clarified; KC to liaise with HF and visit the WI again on 12<sup>th</sup> Oct. Practice staff were all invited to attend the event during their lunch-break.

### **PPG Facebook page**

RH introduced the thinking behind this, emphasising that the PPG's page would be informative rather than interactive, intended to raise the profile of the group and support the Practice by disseminating information to as many patients as possible, hopefully some who might not visit the waiting room or the website. The page was in no way intended to be in competition with the Practice website. It would be helpful if the Practice could regularly suggest new items of information, but the page would otherwise make no further demands upon them.

RH explained that AS and SA had been working on developing such a page (entitled Hodnet Medical Centre Patient Participation Group) and now had this ready to launch, provided there were no objections. It was agreed to begin by making the page available to PPG members who wanted to participate, and it could then be spread amongst their own contacts by likes/sharing. SA anticipated a slow but steady increase in followers as word got around. Regular addition of new content is vital to maintain interest and gain new followers. Members could pass items of interest to AS and SA, where possible in the form of a link to another FB page. Discussion followed about the most helpful way for the Practice to communicate new items of information to AS and SA. CC said email would suit her best.

## **6. Practice Update**

**Staffing/locum replacement:** CC was asked whether the Practice was still seeking another half-time locum. She reported that they had not been able to find such a person, but that a local lady locum had been providing holiday cover. Members encouraged the Practice to make maximum use of her services and reiterated previous comments re making the services of a female doctor available whenever possible.

CC also reported that one member of the dispensary team had been off sick for 3 months.

**Computer security:** CC reported there had been no issues here and circulated some actions recommended by the CCG's IT providers. AS asked whether these had been carried out. CC confirmed that they had, and added that in her opinion their IT support was currently

good.

Website: CC takes responsibility for this. It was noted that flu clinics had been advertised recently.

Point of contact: MH felt it was vital to establish more effective two-way communication between PPG and Practice *between* formal meetings, and asked what was the most helpful way to achieve this. CC preferred exchange of information via email to face to face meetings, and AS agreed to email her regularly re any new items she could recommend for the PPG FB page.

MH also asked who takes responsibility for the notice-boards and information leaflets, wondering whether this could be an area where PPG members could usefully help out, particularly with the FB page in mind. CC attends to these.

Drayton Action for Health: MH circulated information about this group which had come to her attention recently. They administer the funds accrued by the League of Friends at MD Cottage Hospital prior to its closure. They aim to help residents of MD and surrounding area in need of health or convalescence care not available through the NHS. MH asked whether the Practice were aware of their existence, and passed details to CC to relay to other staff. She reported that DAFH had been invited to attend the H&W event.

Flu virus preparations: KC had alerted the group to a recent news item about impending high levels of infection this winter. She sought reassurance that the Practice was as prepared as possible in view of this. CC said 6 clinics were fully booked, plus other individuals invited to make an appt. 900 vaccines had been ordered, including 100 for the nursing homes. Practice staff and nursing home staff received the vaccination themselves.

David Sandbach reported on his current piece of work about self-management of flu, emphasising the importance of staying away from the surgery at the height of the symptoms, to minimise the spread of infection. He offered to send his material for inclusion on the Practice website and FB page, if the GP's were happy for this.

#### **A.O.B.**

- AF said he was now unable to help out at Healthy Hodnet event due to a hospital appt.
- MH had been offered some Message in a Bottle canisters for display at Healthy Hodnet, which she had accepted.

#### **Dates of next meetings**

1. In order to fit in four formal meetings per year avoiding summer holiday period and Christmas, it was agreed we should meet in Jan, Apr, Jul and Oct. The second Thursday of a month was deemed suitable, so all were pre-arranged as follows:

**Next meeting: Thurs 11<sup>th</sup> January, 1pm at The Bear.**

**Subsequent meetings for 2018, all Thursdays: 11<sup>th</sup> April, 12<sup>th</sup> July, 11<sup>th</sup> October all at 1pm.**

2. Informal meetings for patient members: it would probably not be necessary to intersperse these between every formal one, but it was agreed that a debriefing session would be valuable following the Healthy Hodnet event. This to take place on **Thursday 9<sup>th</sup> November, 6pm at The Bear.**  
Meeting closed at 2:10.