

Summary: Hodnet Medical Centre PPG Meeting Thurs 11th January 2018

Present: Steve Alden; Karen Calder; Christine Charlesworth; Alf & Helen Ford; Mary Hardy (Secretary); Richard Holtom (Chair); Jayne Holtom; Dr Mehta (JM); Andy Sutton.

Apologies: Kaye Jones; Dr Raichura

RH opened the meeting at 1.00pm and welcomed everyone, particularly JM.

Matters arising not covered elsewhere on the agenda

Bicycle Parking:

RH reported no tangible progress on this, but discussion ongoing regarding who should foot the bill (estimated at around £100). KC suggested she ask the Parish Council whether they might be willing to meet the cost out of the remaining CIL funds.

Access to Medical Records

RH requested an update on this situation. JM reported very few requests for access over 15 yrs. Any patient can see their paper records, but he had asked that those wishing to access their records on line made an appt with him first in order to explain the way sensitive information has to be handled. MH wondered whether allowing patients greater access to their health records would motivate them to take more ownership/responsibility in that area, thus ultimately reducing the demands they made on the Practice. JM felt such suggestions were something of a smokescreen to mask the huge crisis in General Practice.

Discussion moved on to accessing test results on line. There is no problem with viewing numerical values, but the significance of these varies from person to person and specific comments or interpretation fall within the category of “free text” which cannot be viewed unless *all* free text is allowed. There can be no access to third-party data unless *all* material in that patient's record has been previously checked for error.

Review of Healthy Hodnet

(MH) Patient members felt the event had been a success, with about 30 members of the public in attendance mainly through personal invitation. Timing had appeared suitable and networking opportunities appreciated by exhibitors. WI had provided excellent refreshments. The atmosphere had been stimulating with plenty of take-home materials, and feedback generally positive. The Help 2 Change van was not put to as good use as it might have been owing to people being unaware of the services on offer. Parking had proved problematic; another time it would be helpful to ask The Bear for use of their lower car park for staff and exhibitors, to leave Lyon Hall spaces free for visitors. It was disappointing that no surgery staff had been able to drop in.

Future Event: KC asked JM for suggestions around the theme of mental health. Any such event would need to be advertised sensitively. Aim for broad appeal within the community, include dementia awareness, maybe mindfulness/some alternative therapies.

KC to enquire with Community Enablement team about possible contributors.

Date agreed: Thursday 24th May, 10-2. RH to check availability of Lyon Hall.

Recent Issues

a) On-line repeat prescription orders: JH cited instances of these not being ready to collect within the stated time. The Practice have now raised the order-collection lag time from 48 to 72 hrs, and will check that information on the Practice website tallies with what is displayed on Patient Access as there appears to have been some contradiction. Pharmacy2U services were discussed briefly.

b) Difficulties with contacting the surgery by phone in mid-Nov had been unavoidable. A power surge had caused people to hear a Shropdoc answerphone message when they tried to phone the

surgery. BT had taken a week to rectify the situation.

c) An enquiry about routine blood tests had been received from a patient attending the Healthy Hodnet event. Some blood tests are more expensive than others; the doctors order them on an as-needed, individual basis rather than carrying out annual blood tests for all patients.

NHS Health Checks

Discussion moved on to more general provision of health checks, with MH asking about the NHS/Shropshire leaflet entitled "When you get the call, go!" Specific Help to Slim and Help to Quit clinics are held regularly on a Tuesday afternoon. For general health checks, the Practice selects patients whom they feel should be invited and letters are sent to them. JM reported only a 30% take-up response to this, with even less when the invitation came via Help2Change.

Raising PPG profile

CC reported that updated PPG membership list and contact details had now been added to the Practice website and the waiting room noticeboard.

a) Facebook page: AS & SA reported a steady increase in the number of followers, and AS asked for recommendations for topics that would support the Practice. JM had already mentioned the need for myth-busting information about the dangers/benefits of statins, and increasing patients' motivation to attend the Falls Clinic. Items on cholesterol or depression might also be helpful. Material was fed AS's way from members' trawls through weekly bulletins such as Shropshire Patients Group & Patient Association, but he would also appreciate regular suggestions from the Practice to ensure the page is on target.

CC to send AS info about formal closure of Ellerdine surgery sessions for inclusion.

b) Facilitating contact between PPG and patient body: it was re-stated that the web page, the Facebook page and the display of PPG contact details on noticeboards were aimed at enabling *all* patients to connect with the PPG by whatever means they found easiest.

Practice Update

a) Staffing: JM had already referred several times to the crisis in General Practice and the desperate shortage of GPs. No suitable applicant for locum work had been forthcoming.

People failing to attend their appointments (DNA = Did Not Attend) was a very rare occurrence.

JM also alluded to pressures coming upon the Practice from above re the formation of larger group practices. Given the demographics of his own patient group, he felt that *local* provision along with *continuity* of personnel was vital.

b) Computer security: no issues at present.

c) Point of Contact: MH restated the value of regular two-way communication between Practice & PPG between meetings in order to keep in touch. It had been helpful to hear something of the bigger picture from JM.

A.O.B.

a) Compassionate Communities: MH reported that two clients were successfully established with volunteers visiting weekly, with two more enquiries presently being processed. She agreed to send CC information about Co Co for inclusion on the Practice website.

b) SA to do the same regarding a potential Walking for Health group in Hodnet. As Chair of the local Footpath Group he had been considering this for some time, although he had insufficient leaders to go ahead straight away. Given the health & social benefits, was this an activity which the

doctors would consider signposting? In response JM again raised the issue of time pressures within the 10 min consultation window. Many things the doctors would ideally like to include have to be abandoned due to this, including such a referral, although other practice staff might be able to mention it.

c) KC reported that the CCG were currently reviewing the work of Community & Care Co-ordinators, and wondered whether a CCC might be able to provide relief regarding some of these peripheral aspects.

d) KC asked when the next CQC inspection was due. The process has now been altered to reduce costs, and responses are now to be made on line. PPG input was not thought to be a requirement, although minutes of past PPG meetings would need to be available.

Date of next meeting: Thursday 12th April, 1pm, The Bear.