

## Summary PPG Meeting Thurs 2nd March 2017

**Present:** Karen Calder; Christine Charlesworth; Mary Hardy; Richard & Jayne Holtom; Mandy Pilling; Christine Poole; Dr Raichura (NR).

**Apologies:** None, but it was noted that Samantha Vos is currently out of the area.  
The meeting opened at 2.10pm

### 1. Minutes from last meeting (3<sup>rd</sup> Nov 2016):

These were approved and signed by Richard Holtom - Chairman.

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

a) **Bicycle Parking:** KC had raised this at a recent Parish Council meeting. Because there had been only one such request, they felt the issue could be managed for now by securing a bike to the railings.

**RH** to raise this matter at the Lyon Hall Committee and report back.

### 3. Report on members' investigations into accessing test results on line

KC said the Health and Wellbeing Board had recently discussed on-line access to patient records, and reported disparity across the county in this regard.

She reported that patient members had via different routes all reached the same conclusion, i.e. from April 2016 access to their records should be available on line to those patients who requested it.

Given the amount of work involved, how could members of PPG help the Practice to move towards this place? We needed a better understanding of the issues involved.

MH said the Support & Resources Guide provided by Patient-online seemed very comprehensive.

KC asked what outsourced IT support the practice could access for the EMIS system.

CC said IT support from Shrewsbury is no longer available; she now has to email central services.

MH had been told that approx half the surgeries in the county allowed on-line access to test results.

CC had switched on access to her own records as a trial, but felt that the amount of detail regarding test results could cause more patients to ring in with queries or because they were anxious. Practice staff agreed there was insufficient staff time to cover this potential increase.

NR said that if 90% of the patient body requested access to their test results he would consider it, but thought this very unlikely as the uptake of on-line services through Patient Access was very low, which he found discouraging as the Practice had worked hard at promotion and registration. Could it be that some patients valued the social interaction of trips to the surgery to order and collect prescriptions? A large proportion of on-line registrations were nursing home patients, with staff using the facility for ordering repeat prescriptions.

How could the PPG communicate with the wider patient body to ask if they would like access to test results on line? A waiting room survey would be unrepresentative; a survey of all would be necessary but this would break confidentiality.

CC stated that access to patient test results was an all or none operation; not just available for certain individuals.

It was agreed that a breakdown of the proportion of nursing home and non-nursing home patients registered on line would be helpful. **CC** to provide.

NR said each doctor had 60-70 test results to review each day. This was already an onerous task.

It would be impractical to make the 11-12 window for telephone access to results any longer.

It would be helpful to find another Shropshire practice of a similar size to ours which does offer test results on line, and ask about their experiences.

KC to speak further with Julian Povey from Pontesbury.

#### 4. Improving Participation

a) Recruitment to the group: MH reported that all members had repeatedly canvassed individuals known to them, but to no avail. KC suggested a PPG presence at the Parish Council annual public meeting on 16<sup>th</sup> March to raise the profile and recruit. We could also devise advertisements for Parish newsletters and/or parish websites – these need compiling and we need to find copy dates. The Practice website could also carry a recruiting article. (CC reported that the company who set this up were no longer offering support.)

b) Increasing participation by other means: MH circulated information compiled from various sources about how other practices approach this. Discussion ensued about the practicalities of having a Facebook page, and the need for someone to take responsibility for it.

c) Widening our horizons: CC reported that the NAPP renewal had been sent off, and MH asked for the password etc. to be circulated to members in due course. KC noted how informative the SPG meetings and bulletins are; R&JH hope to attend the next meeting.

#### 5. Report on Co Co

MH reported that the scheme is now operational. They have seven volunteers, and have had five enquiries since the new year, with one volunteer/client arrangement established. Three of the enquiries had fallen outside the Co Co remit, and volunteers felt it was important to stay within the stated objectives especially in the early stages. However, they had devised ways to help or signpost according to the need, and in the absence of a Community & Care Co-ordinator were trying to build up a resource base of their own. Severn Hospice hold Meet & Share gatherings three times a year for co-ordinators and volunteers, and these have proved helpful. Hodnet Hall Gardens responded positively to an enquiry from Co Co and have supplied some complimentary tickets for a volunteer to visit with their client, which is much appreciated. MP offered to explore a similar idea with Wollerton Old Hall Gardens.

#### 6. Items raised by patients

a) Paying for prescriptions by card: NR said this would not be feasible as so few patients actually pay for their prescriptions, and the charge is only collected by the Practice then passed straight on to the prescriptions authority. Any costs incurred by having a card machine would have to be met by the Practice. CP pointed out that patients needing more than two prescription items/month are always directed towards a pre-payment certificate as this will save them money.

b) Access to the waiting room before 8.30am: NR said he is frequently on site early, but security would be the problem because staff would not generally be available before 8.30. In particularly bad weather certain patients might be admitted early on a discretionary basis. A canopy had been considered in the past, but the cost was prohibitive (£3000-£4000).

#### 7. Practice update: no further items to add.

The most helpful items patient members could work on ahead of the next meeting are: further research on test results/patient access; recruiting new members for the PPG; promoting uptake of patient on-line services.

#### 8. A.O.B. - none

Date of next meeting: Thursday 6<sup>th</sup> July 2pm at The Bear (to be confirmed)  
MH to book the room, CC to enquire about sponsorship of sandwiches.  
The meeting closed at 3.15pm and NR asked RH to chair the next meeting.

## Action Check List

Richard: ask Lyon Hall Committee about bicycle parking provision

Christine C: - provide a breakdown of the proportion of nursing home and non-nursing home patients registered on line.  
- pass on NAPP password/access details to MH for all members once new subscription activated.  
- enquire about provision of sandwiches for next meeting

Mary: book meeting room at The Bear

Karen: speak to Julian Povey from Pontesbury about accessing test results on line.

### All:

Consider how best the PPG can communicate with the whole patient body, particularly how to communicate with the sector who have registered with patient on line.

Promote higher uptake of patient on line services.

Locate another Shropshire practice of a similar size to ours offering on line access to test results, and ask about their experience of this.

Recruitment of new members:

- attend Parish Council annual public meeting on 16<sup>th</sup> March to raise the profile of PPG and try to recruit new members.

- prepare recruiting items for parish newsletters and/or parish websites, find out copy dates.

- arrange for a recruiting article to be uploaded to the Practice website

Consider material from other practices re increasing participation via different means, investigate practicalities of a Facebook page and the need for a person to supervise such.

Continue/increase our involvement with Shropshire Patient Group, attending their meetings whenever possible and reading their bulletins.