



Stewart Medical Centre
15 Hartington Road,
Buxton, Derbyshire,
SK17 6JP

Stewart Medical Centre Patient Participation Group



**SMC PPG
12-May-23**

MINUTES OF THE PPG MEETING ON 3rd MAY 2023

1. WELCOME AND INTRODUCTION

Dr Roberts (chairman) welcomed the participants to the meeting. The meeting was attended by 6 patients, Dr Walker, Dr Hibbert (foundation doctor), Dr Helmy (GP trainee) and Mrs Smith (Assistant Practice Manager). Apologies for absence were received from five members.

2. MINUTES AND ACTIONS FROM THE PREVIOUS MEETING

The minutes of the last meeting on 7th December 2022 had been circulated prior to the meeting and were accepted with no changes. The actions from the last meeting were dealt with as follows:

- *Finalise the comments on the NHS Digital appointment data:* the document was revised and circulated prior to the meeting. There were no further comments on it. Additional data, released on 27th April, was discussed under Agenda item 4.
- *Draft a new Our Services Patient Information Leaflet for discussion at the next meeting:* This was circulated before the meeting and discussed under Agenda item 5.
- *Correct the News button error message on the website:* Mrs Smith had done this and had added an invitation to the meeting to the page.
- *Agree what information should be on which notice board:* This was still to be done as it depended on whether the Practice and the PPG members were content with the new leaflet and the references to the notice boards in it.
- *Give more notice of and better advertise the next PPG meeting:* Mrs Smith advertised the meeting on the website, Facebook, Twitter and in the surgery. She said that advertising on the call screen was not very effective as the reel is 25 minutes long and the notice would have to be in at least 4 times for there to be a good chance of it being seen. It was agreed that in future we would endeavour to give one month's notice of a PPG meeting.

3. PRACTICE REPORTS

Recruitments / Retirements / Resignations: Mrs Smith said that Dr Natisha Atherton had been newly recruited and she would be working Tuesdays, Wednesdays and Fridays. Dr Reynolds would be on maternity leave until October. Dr Paul McIntyre will be the new locum working with the practice. In addition to the usual doctors, there are two new first year GP trainees, Dr Hannah Sait & Dr Mostafa Helmy, and a foundation doctor Simi Hibbert; all with the practice until the end of July. She said that two new nurse practitioners, Emma Betts & Jody Martin, had been recruited which will greatly improve the on-call system. There had been no resignations indicating that the practice was well run and that the staff enjoyed working there.

Availability of appointments: Mrs Smith said that the doctors' routine appointment waiting time was down to two to three weeks depending whether the patient wanted to see a specific doctor. Routine appointments are not triaged. Routine nurse appointments were about a one to two week wait with it being slightly longer for the specialist nurses. The enhanced service provided at Buxton Cottage hospital will be until 8 pm on a Friday and 8 am to 5 pm on a Saturday.

New way of working: The chairman asked if the new way of working should be put into the Our Services leaflet. Although originally described as a traffic light system, Mrs Smith said that it was more of a cap to stop the doctors being overloaded. Although it meant that, in principle, same day appointments could not be given after the cap was reached, in practice, very few calls were received after the cap is reached and, when clearly necessary, patients were fitted in.

Any other items: It was queried which care homes were serviced by SMC. Mrs Smith said that Haddon Hall, The Argyle, Hollin Knowle and Thomas Fields were aligned to Stewart Medical Centre and receive a weekly Care Home round. She said that if a SMC patient moved to a care home out of the local area, e.g., at Regency Hall, they would need to be registered with a local GP Practice who

would then look after them. It has recently been announced that The Portland Care Home is to close.

4. PATIENT PERSPECTIVE

Appointments: The chairman said that NHS Digital were now publishing appointment data monthly. The data for March indicated that 35% of face-to-face routine GP appointments had a waiting time of more than 4 weeks. It was accepted that this was not a good performance but the position was much better now. Dr Walker said that there had been a particular problem with the extra work looking after patients on the long hospital waiting lists. It was queried whether the Did Not Attend (DNA) rate went up with the long wait for a routine appointment. This was confirmed. The chairman asked if the new GP contract specified a wait of no more than two weeks. Mrs Smith said that it was complicated but, in principle, yes. She promised to supply a copy of the new GP contract.

Patient surveys: The chairman said that Healthwatch Derbyshire ran a survey last Summer on how patients accessed GP services. They say that practice level data is available and that the PPG should ask for it. Mrs Smith said she was not aware of anything but she would look. Dr Roberts said he used to get the MJOG patient feedback data from Mrs Smith. He asked if there was similar data from the replacement accuRx system that could be passed on to the PPG. Mrs Smith said that accuRx had recently done an upgrade and she thought she would be able to pass on the data on a quarterly basis. The chairman said that the national GP survey is taken January to March and reports in July. He asked if we should do our own survey? Dr Walker said that it is very time consuming to do one and there would need to be a specific aim. It was agreed that this should be given further consideration

Any other problem areas: The chairman said that, in most areas, when children are discharged from hospital with respiratory problems, there is a community team that checks them at home, does observations and checks inhaler dosages. In Buxton, patients get a pass giving you direct admittance (by-passing A&E) to the children's ward for 7 days and, after that, you are expected to go to your GP. He asked if there a community team available. Dr Walker said that money was available for a team but nobody would pick up a contract to come out to Buxton. The practice was planning to improve the situation via the Buxton and High Peak Primary Care Network (PCN) – see next section.

The chairman asked what is the mechanism to allow parents to book online routine appointments for their children? There does not appear to be anything on the website. Mrs Smith said that the formal way to do it was to register the child for online access and then fill in the proxy form giving you access to their account. She said that, in practice, most parents (or carers) made an appointment in their own name and then telephoned the practice at an off-peak time to inform the receptionist who would switch the appointment to the child's name.

5. DEVELOPMENT OF SERVICES

Our Services Patient Information Leaflet: The chairman said that the virtual members comments on the leaflet were that:

- the leaflet is comprehensive and informative, written in a clear, easy to understand style;
- the advice to build a relationship with more than one doctor to allow full continuity of care was helpful; and
- because of the restriction to one sheet, the text was too dense and needed to be more spaced out with a larger font to be "dyslexia friendly" and more easily read by those with visual impairment.

The Practice agreed that the leaflet could be extended to 8 A5 pages (2 sheets) with larger text and more white space. Mrs Smith provided her comments and the chairman said he would liaise with Mrs Smith to produce a new version. It was suggested that, as a pilot, a fixed number of leaflets should be put on the counter each day so that an indication of demand could be obtained. Mrs Smith said that the agreed final version will be downloadable from the website. The chairman asked if there was any benefit in producing any other short form leaflets e.g., self-care, accessing patient records etc. If so, he asked which ones the Practice considered most useful.

Buxton Hub update: Dr Walker said that the original project had been driven by Will Jones of Derbyshire Community Health Services (DCHS) who had retired. The main requirement was for funding and the decision on this is with the Secretary State for Health. He thought there were about 30 applications for money so the odds of success were not good. Dr Walker said that the delay

would soon cause problems for the practice as, with continued expansion (up to 15,000 patients), new premises will be required and they do not want to make the wrong decision. Mrs Smith said they were looking to hire rooms in the Bath Road Centre but there was no guarantee that this would come to fruition.

Buxton and High Peak Primary Care Network (PCN) update: Dr Walker said that to get a benefit from scale (all High Peak practices), the Practice was in the process of setting up, via the PCN, an Acute Home Visit team. At the moment, the team is comprised of a GP, two advance care nurse practitioners and a paramedic. High Peak patients will be triaged via their own practice. The pilot-phase for SMC patients-only started in the last week of April but it is still a learning process to find the best way of working.

6. COMMUNICATIONS

The chairman said that there was a clear need to ensure that patients without mobile phones have full access to the practice services. He said that, hopefully, the new Our Services Patient Information Leaflet will help with this.

Improving the website: The chairman said that PPG members have commented that the new website looks great and is really clear and user friendly. He asked if there was a maintenance plugin which shows when the website is being worked on. Mrs Smith said that this was not needed as only the paragraph being worked on was inaccessible and there was a warning notice about this. As indicated earlier, there was nothing about how to book routine appointments for children on website. Mrs Smith said she would look into this. The chairman said that the PPG text needs updating and the latest versions of the downloadable documents need inserting. Dr Roberts agreed to supply the necessary amendments. Mrs Smith said that the PPG could have one of the small notice boards on the car park wall of the surgery. The chairman said he would make sure that the notice board information was consistent with that on the website.

Liaison with other PPGs (network meetings): The chairman said that he had lost contact with the other High Peak PPGs. He said that Hannah Morton of the Integrated Care team is putting together a PPG contact list which should be available soon. He will then endeavour to make contact.

7. PPG ADMINISTRATION

Annual General Meeting: The chairman said that Wendy Jones has volunteered to become vice-chairperson. He suggested that we put out further calls for volunteers and have a formal AGM with elections in November. This was agreed.

Improvements to the methods of working: Prior to the meeting, the chairman circulated a NAPP 21 ways to help the practice leaflet. He said that currently the PPG was mainly working on:

- Conducting patient surveys or collecting feedback
- Building two-way relationships between patients and the practice
- Promoting awareness of and access to local health services
- Improving the practice leaflets and website
- Make stronger the relationship between patients and their practices

and was working to some extent on:

- Sharing good practice by networking with other PPGs
- Organising presentations on important health needs
- Producing a directory of self-care support groups
- Developing a patient library or information resource centre

He asked members to let him know which ones they considered would be most beneficial to the practice.

Any other PPG business

There was no other business at this time.

8. PROMOTION OF HEALTH MATTERS

Forthcoming public meetings: The chairman knew of no Buxton meetings in the near future.

National Association for Patient Participation (NAPP - access to members area): Dr Roberts said that thanks to Mrs Smith, the practice has now re-joined NAPP. The chairman said he proposed to send out the most relevant items by E-mail and, when appropriate, raise them at PPG meetings.

9. AGREED ACTIONS AND DATE OF NEXT MEETING

The agreed actions were as follows:

- a) Give one month's notice of PPG meetings (TR, AS)
- b) Supply a copy of the new GP contract (AS)
- c) Pass on accuRx data on a quarterly basis (AS).
- d) Finalise Our Services Patient Information Leaflet (AS, TR)
- e) Put information on how to book routine appointments for children on the website (AS)
- f) Supply updated PPG text and documents for the website and ensure that the notice board information is consistent with it (TR)
- g) Members to let the chairman know which NAPP *Ways to help the practice* they thought were most beneficial to the practice (All)
- h) Send out the most useful NAPP information to members (TR)

E-mail recipients of documents are requested to bring their copies with them to the next PPG meeting.