



**Stewart Medical Centre**  
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## **Stewart Medical Centre Patient Participation Group**



# **MINUTES OF THE PPG MEETING ON 3<sup>rd</sup> SEPTEMBER 2024**

**SMC PPG  
4-Oct-24**

### **1. WELCOME AND INTRODUCTION**

Dr Roberts (chairman) welcomed the participants to the meeting. The meeting was attended by Mrs Smith (Assistant Practice Manager), Dr Brennan (partner) and 5 patients. Apologies for absence were received from 4 members.

### **2. MINUTES AND ACTIONS FROM THE PREVIOUS MEETING**

The minutes of the last meeting on 26<sup>th</sup> March 2024 had been circulated prior to the meeting and were accepted with no changes. The actions from the last meeting were dealt with as follows:

*Provide details on how to set up the NHS app for minors:* The chairman said that there is general problem in that it does not seem easy to set up the NHS app or use EMIS for minors so that parents can order repeat prescriptions and make routine appointments. Mrs Smith said that there was a way of doing it for children under the age of 12. Firstly, an account had to be set for the child. The parent then needs to complete and submit a proxy form to allow their access to the account. Once this is set up, the parent can then scroll down their NHS app home page until they reach "Switch profiles". If they click on this, they will be taken to the linked child's account.

*Supply updated PPG text and documents for the website:* The chairman said he will do this once the GP survey report is finalised, the minutes have been drafted and the date of the next meeting was known.

*Provide the October 2023 to March 2024 accurx data:* Mrs Smith was able to supply the data up to the end of June.

*Issue the Our Services Patient Information Leaflet:* This had not been done. This is discussed later.

*Produce a pathway document for PPG consideration:* It was agreed that the PPG should get outline agreement of the partners before performing any further work on this.

*Consider having a Latest News noticeboard by reception:* Members of the PPG had looked at the noticeboards and was apparent that the only one being looked at regularly was the one outside. All the others were obstructed in some way. The PPG considered that it would be helpful for patients to have one on the wall immediately to the right of reception which would be reserved for only the latest information/messages (e.g. vaccination procedures) the practice (and PPG) wanted to put out. To be most effective, notices would need to be in large print and dated so that they can be read whilst queueing and their current relevance can be seen.

*Attend the next JUCD PPG network meeting:* The chairman said that the person arranging these meetings has been ill and no meetings appear to have been arranged recently.

*Attend the first PCN PPG network meeting:* Dr Short and Dr Roberts attended the preliminary meeting. This is reported on later.

*Circulate the Health Watch Derbyshire PPG guide to active members:* This was done.

### **3. PRACTICE REPORTS**

*Recruitments / Retirements / Resignations:* Mrs Smith said that Dr Forbes was reluctantly leaving the practice at Christmas for family reasons. She will be greatly missed. Dr Imogen Spector-Hill, who did some of her training at the practice, has joined the practice as a replacement. Initially, she will be working Monday and Friday and, in the New Year, she will also be working on a Wednesday. Dr Harvey is going to hold an extra clinic on Fridays. Three new trainees have joined the practice on rotation and a further one will join in October.

*Availability of appointments:* Mrs Smith said that the current situation was as follows:

- Face-to face GP appointments: 3 weeks (the best for a long time)
- Telephone GP appointments: less than 3 weeks

- Nurse appointments: 4 weeks
- Blood tests: 10 days (the practice aim is 5 days)

*Registering minors so parents can order repeat prescriptions through NHS app:* This was discussed under item 2.

*New GP contract:* Dr Brennan said that she did not know what the position is under the new government. However, the practice was not taking any industrial action.

*Vaccinations:* The position in regard to vaccinations is as follows:

- The practice now has stocks of the Respiratory Syncytial Virus (RSV) vaccine (for prevention of bronchiolitis/lung disease) and will shortly receive the go ahead to issue it.
- Flu and covid vaccinations will be available from 1<sup>st</sup> October and, when possible, will be given together.
- A catch-up action is underway with the HPV vaccine for the 18- to 25-year-olds.
- The aim is to complete all the eligible shingles vaccinations by 2028.

*Blood pressure checks:* The practice sometimes asks patients to make an appointment for a blood pressure check. Dr Brennan said that, if they have their own machine, they can provide the readings by letter or E-mail and they will be added to their medical records. She said that, if you are coming in for a test and have a machine, you should bring it with you to check the machine. Dr Brennan said that the arm band machines were the most accurate.

*Getting to see the right nurse:* The chairman said there had been few complaints in the Friends and Family Test responses about not getting to see the right specialist nurse. Mrs Smith said that the receptionists have a crib sheet indicating who to go to and for what. However, for this to work properly, the patient needs to explain the problem.

*Patients being too rushed at appointments:* One of the PPG members commented on the Guardian article on 2<sup>nd</sup> September about many patients finding GP visits too rushed to discuss all their health issues. The chairman said that the GP Survey normally asked about this but, for some reason, they did not this year. The Guardian article relates to Ipsos's own survey about being able to cover all your concerns at an appointment. Mrs Smith said that the practice had already addressed this by moving from 10-minute to 15-minute face-to-face appointments and patients can always request a double appointment if they have multiple concerns. She said that, now, the only 10-minute appointments were the GP telephone appointments.

*Additional demands on the practice:* The patients present expressed concern about the increasing number of patients further stretching the demands on all the practice staff and that the practice was running out of room space. There were increasing demands because of, for example:

- Increasing population / new housing
- Steady flow of patients from Elmwood Medical Centre
- Increased workload through having to look after patients on the long NHS waiting lists
- Advances in medicine and more intensive management of chronic conditions
- After effects of long covid and increasing mental health problems.

Mrs Smith said that four spaces had been created upstairs for telephone consultations. However, she acknowledged that they were very short of space. She was asked if the practice had any plans for closing the patient list. She said that this was difficult to do under the current circumstances. The chairman asked if there was still the possibility of a Buxton Medical Hub. She said that Dr Walker was still attending meetings in regard to this. It was queried what the practice's long-term strategy was in regard to these problems.

*Self-referral for physiotherapy:* When asked about this, Mrs Smith said that self-referral was still available. However, she said it was probably better to first request a session with the PCN physiotherapist who will make a full assessment of the problem and what needs to be done. Appointments can usually be obtained via the practice within about a week.

#### **4. PATIENT PERSPECTIVE**

*Report on the GP Survey and accurx Friends and Family Test data:* The chairman said that he had finished the report but wanted to make one addition to reflect the Guardian article on patients finding GP visits too rushed. He said that, to save money, Ipsos have changed the way they do the GP survey from sending three online and three paper forms out to sending out three online and only one postal form and this is clearly affecting the results. In January to March, there were only 112 replies to the Ipsos GP survey whereas there were 1675 responses to the Friends and Family Test requests. He said that the FFT data is providing a much better and more up-to-date picture of how

the practice is performing and it is important that the practice continue to provide the PPG with the data. The report shows that the practice is very well run with the main complaints being over the length of time to get a routine appointment and that, in some cases, mental health needs were not being met. He said that he will send out the report for comment to active PPG members and Mrs Smith by the end of the week and will finalise it after receiving the feedback. He would then like it to be published on the website.

*Pathways:* Dr Short had suggested that it would be a benefit to patients if there was a leaflet to inform them of the most common pathways to and from hospital care. It was agreed that the partners should be consulted on whether to proceed with this.

## **5. DEVELOPMENT OF SERVICES**

*Our Services Patient Information Leaflet:* Mrs Smith said that the practice was concerned that if this was issued, the practice would have too much work in keeping it up-to-date. However, members of the PPG considered it unwise to rely on just the website to provide information about the various practice procedures. The recent GP Survey indicated that more than a third of patients had not accessed online information. Again, it was agreed that the partners should be consulted on whether to proceed with this and, if they agreed to proceed, it would have to be written in such a way that it only required updating if there were a major change e.g. a new doctor.

*High Peak & Buxton Primary Care Network (PCN):* The chairman and Dr Short attended this meeting. It was primarily a get-to-know you meeting. A leaflet was handed out giving outline information about the PCN. A chairman, Ian Mason, has been appointed and the Terms of Reference are being considered. The PCN has only a one-year extension to their contract but Mrs Smith said the practice had seen no signs of the PCN being discontinued. The GP Survey PCN practice performance data is on the agenda for the next meeting on 11<sup>th</sup> September.

## **6. COMMUNICATIONS**

*Ensuring that patients without mobile phones have full access to services:* The Our services Patient Information leaflet is intended to help with this. Mrs Smith said that the practice was installing an interactive screen in the surgery which would give access to the website.

*Latest News noticeboard:* This was discussed under item 2.

*New Telephone System:* Mrs Smith said that a new telephone system had been installed which had a properly installed call back feature so that patients did not lose their place in the queue.

*Website:* The PPG part of the website will be updated once the survey report is finalised.

*Liaison with other PPGs (Joined up care Derbyshire network meetings):* There has not been a meeting recently.

## **7. PPG ADMINISTRATION**

*Improvements to the methods of working:* It was agreed that the PPG should submit a work plan to the partners for them to identify which items they would support and which they would not. At the moment, the following items are under consideration:

- Our services PIL
- Self-care PIL
- Pathways PIL

Dr Brennan said the partners had been working on well-being for the practice staff and would like to extend the approach to patients. Members present agreed to help with this. The partners were also considering having an open Saturday morning get-together.

*Meetings:* Now that there are PCN PPG meetings, Mrs Smith suggested that the number of meetings could be reduced. The chairman considered that three meetings would be adequate if the accurate data is provided as soon as it is available so monitoring of performance can be done between meetings. It was agreed that the meetings should be:

- In "quiet" months for the practice
- On a Tuesday because of Mrs Smith's working hours and the chairman's other commitments
- Away from school holidays as many of the members have (grand)parental duties
- Booked well in advance so that they can be advertised properly

- Reduced in length to one hour with a streamlined agenda concentrating on the most important items

It was agreed that the meetings should be 12 noon – 1 pm on the first Tuesdays of February, June and November. This does not preclude the PPG having interim meetings without a practice member being present.

*Any other PPG business:* The chairman said that once the new meeting procedure is in place so that meetings can be advertised well in advance, we can consider having presentations (after the meeting) on items of interest.

## **8. PROMOTION OF HEALTH MATTERS**

*Patient's Association / NAPP:* The chairman said that this is one of the items that could be dropped from the agenda. NAPP is not very good anymore but occasionally produces some useful documents and patients should join the Patient's Association themselves. He would send out links to important documents and notifications of important meetings by E-mail.

## **9. AGREED ACTIONS**

The agreed actions were as follows:

- a) Supply updated PPG text and documents for the website and add the date of the next meeting (TR)
- b) Consider having a Latest News noticeboard by reception (practice)
- c) Attend the PCN PPG network meetings (TR + 1 other).
- d) Send out the report on the GP Survey and accurx Friends and Family Test data for comment (TR)
- e) Provide the accurx data to the PPG as soon as it is available. (AS).
- f) Submit a work plan to the partners to decide which items to support and to add any items they consider would help the practice (PPG).
- g) Attend the JUCD PPG network meetings (TR or JS).
- h) Book a meeting room for Tuesday 5<sup>th</sup> November (AS)

## **10. DATE OF NEXT MEETING**

The next meeting will be 12 noon to 1 pm on Tuesday 4<sup>th</sup> February 2025.

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