



## MINUTES OF A MEETING OF THE PATIENT PARTICIPATION GROUP (PPG) OF WATERSHIP DOWN

HELD ON WEDNESDAY 3<sup>RD</sup> AUGUST 2022, BY TELECONFERENCE

### PRESENT:

Brian Elkins	Chair, based in Overton	"BE"
Susie Altmeyer-Ennis	Business Manager of Watership Down	"SAE"
Sarah Arnold	Practice Manager of Watership Down	"SA"
Lucy Richards	Patient Representative, based in Kingsclere	"LR"
Lisette Kay	Patient Representative, based in Oakley	"LK"
Ian Pryce	Patient Representative, based in Oakley	"IP"
Abigail Compton-Burnett	Patient Representative, based in Oakley	"ACB"
Brian Langer	Patient Representative, based in Overton	"BL"

### APOLOGIES:

Rachel	Patient Representative
--------	------------------------

### Item 3: Minutes of last meeting

The minutes of the meeting of the PPG held on 8<sup>th</sup> June 2022 were agreed as a true record. It was suggested that minutes were posted on the Watership Down Health website in future.

### Item 4: Actions

Information regarding access to health services has been included in the practice newsletter.

### Item 5: Watership Down Health Patient Access Survey Results (Dr Daniel O'Sullivan)

The survey was sent to all patients that had given permission to be contacted by text (9,500 patients). It was recognised that this approach would make it difficult for some older people to take part, however 40% of respondents were over 65.

963 responses were received over 3½ weeks. There was a good level of engagement and many qualitative responses.

The aim of the survey was to help to build a bridge between what the practice can offer and what patients expect, and then to meet somewhere in the middle. The following points were noted:

- Many patients don't understand that a GP might not be the best member of the multi-disciplinary team (MDT) to see them. It is very important to help patients to understand how to access the health services that they need (eg 111) and to trust that they will then be seen by the member of the practice team who is best placed to help them, eg GP, pharmacist, physio, practice nurse.
- Video consultations are less popular with patients than face to face and telephone consultations.

- It would be helpful to have a shorter window during which a telephone or video consultation will be held, so that patients who are at work can arrange to be in a suitable area to take the call.
- Many patients are frustrated that they are not given a specific time slot for a telephone or vide consultation, so, if they are at work, they are often unable to answer the doctor's call.
- The most popular times for appointments are 9am-5pm Monday to Friday.
- 80% of respondents would recommend WDH to their friends and family.
- The survey was a "one off", but could be conducted regularly (eg annually) if the practice would find that helpful.
- Ongoing patient feedback is received via MJOG, which sends a text message survey to patients.

The PPG members thanked Dr O'Sullivan for carrying out this valuable work.

#### **Item 6: National GP Survey Results**

WDH performed very well both overall and in individual categories. The PPG asked Susie to pass on their thanks and congratulations to the team. Susie emphasised that WDH would not "rest on its laurels", because there was still plenty of work to do with access to services, etc.

#### **Item 7: Patient Charter**

Susie and Sarah have drafted a patient charter, in response to the abuse that practice staff have received from patients. Sarah has worked in a practice that gave every patient a patient charter in the form of a booklet and she considers it to be very useful.

It was noted that the patient responsibilities were clear, but it would be helpful to have more detail about practice responsibilities. It is helpful to establish some measurable and deliverable practice responsibilities, so patients know what to expect in terms of timing of response to a phone call, access to an emergency appointment, etc.

#### **Item 8: Practice/PCN update – staff, key issues**

New staff: a new Diabetes Care Coordinator is in place, a 4<sup>th</sup> Clinical Pharmacist will start on 17<sup>th</sup> October, it is hoped that a new Musculo-Skeletal Therapist will start soon.

#### **Item 9: ICB PPG Presentation**

Every ICB PPG representative has presented on overview of the practice that they represent to the whole ICB PPG group. The objective of the presentation is to share experiences and learning. The WDH presentation included:

- Practice geography: it is huge and brings significant challenges.
- Population: older, a few pockets of deprivation.
- Availability of appointments: good availability of appointments, particularly nurse and phlebotomy appointments.
- Three surgeries: it is difficult to run three surgeries due to staffing pressures, so one of the surgeries is often closed.

It was noted that staff shortages are a huge problem. The NHS must provide more doctors and nurses – not just Additional Roles Reimbursement Scheme (ARRS) staff. ARRS staff are helpful, but people are living longer and an increasing number of patients have comorbidities, which require complex treatment that only doctors can provide. WDH already has the maximum number of ARRS staff, but it would benefit from more ARRS staff and, above all, more doctors and nurses.

**Item 11: Any Other Business**

- Flu programme: the programme has been extended to include patients aged between 50 and 64.
- Closure of Portals: concern was expressed that even more new housing would be built on the Portals site (30 acres).
- Men's health: it was confirmed that all GPs could address issues relating to men's health. There is a mix of male and female GPs at the surgery.
- HCC Local Transport Plan: it was confirmed that WDH responded to the HCC Local Transport Plan, which aims to reduce car use in Hampshire.
- Hospital Follow-Up Appointments: HHFT has a follow up appointment system, but WDH would not know if the patient had become lost to follow-up. The patient would probably be the first person to realise that they had not been invited to a follow-up appointment.
- Planning Application in Kingsclere: WDH has met with developers to understand the outline of the development that is being proposed. WDH comments on applications for large developments when they are consulted by the council. WDH cannot close its patient list, so it has to keep accepting new patients. The NHS is reluctant to build more surgeries, because it costs £3,500 per sqm to build a new surgery. It is likely that any money provided by the developer to improve health facilities would be used to add 2-3 consulting rooms to the existing Kingsclere surgery, rather than to build a new surgery.