

## Woodville Patient Participation Group (PPG)

### Minutes of meeting held on 25<sup>th</sup> June 2024 at 6:00pm

**Present** : Karen Gothard – Practice Manager  
Micky Locke  
Nick Locke – PPG Chair ([WoodvillePPG@21JubileePark.com](mailto:WoodvillePPG@21JubileePark.com))  
Danielle Marratt – Operations Manager  
Jenny Slawson  
Peter Slawson

**Absent / Apologies** : Lyn Hackett  
Harry Jolley  
Sabyta Mackay  
Alan Wright  
Ann Wright

### **Previous Minutes**

**40** It was noted that the out-of-hours contract for the services provided at the Heartwood building expires at the end of March. The local GPs have been asked whether they wish to bid for taking over the service – to open extended hours and see any Swadlincote area patient. Woodville already opens during evenings and weekends when necessary.

2nd April – The partners have submitted their expression of interest, based around seeing Woodville patients in the Woodville Surgery during extended hours. That approach is grounded in Woodville patients not being high users of the existing service.

14th May – The ICB has indicated that surgeries must work towards sharing of patients, with seeing only their own not being acceptable. The PPG's view was noted, but does not make any difference.

25<sup>th</sup> June – It was confirmed that Swadlincote Unified Services for Health Improvement Limited (SUSHI) will continue to run the out-of-hours service until October.

**45** The first walking group event will be on Sunday 7<sup>th</sup> April, starting from the Albert Village Lake at 11:00. Seven patients have confirmed their attendance so far, with four outstanding. Seven staff will be there, and PPG members are welcome too.

14th May – Two walks have been completed now (Albert Village lake and Hicks Lodge, with a third planned for 11:00 on Sunday 2nd June at Calke Abbey. Speak to William on reception for more details.

25<sup>th</sup> June – Two PPG members attended the last walk and enjoyed it. The next walk is on 7<sup>th</sup> July, starting from the Bulls Head in Hartshorne at 11:00.

**46** A new Surgery website, using the latest NHS branding, will go live soon. It was a requirement for all GP Surgeries to fall into line. Once it becomes accessible, feedback would be welcomed.  
14<sup>th</sup> May – Carried forward as the new site is not yet accessible, whilst staff training is taking place.  
25<sup>th</sup> June – Staff training has been completed and a preview version of the site has been checked. However, the supplier has advised that it now cannot go live until mid-July,

**All**

**47** Four members originally asked to attend the inaugural PCN meeting, but we were asked to restrict it to two maximum. Alan and Ann will attend and report back. We understand that it is primarily an introductory meeting, but the PPG has asked for some specific points to be raised, if appropriate.  
14<sup>th</sup> May – The members who attended produced comprehensive notes which have been distributed to the PPG members. They were given a tour of the building ahead of a discussion on the PCN. It was felt that now the PCN has been created, there is ongoing discussion about what it should do. One PPG member suggested that it sounded like “another layer without a clear purpose”. We will continue to monitor events with interest.

**49** It was agreed that mentioning the PPG on the Facebook page would make sense, but suggesting that potential attendees should email the Surgery just so that there is some awareness of likely numbers.

14<sup>th</sup> May – Carried forward.

25<sup>th</sup> June – Carried forward.

**Karen**

**50** It was noted that some communication from Burton/Derby hospitals is still sent on paper, albeit that postage to the Surgery is free as the blood courier acts as postman. Nick will ask why there is inconsistency in the transmission method.

14<sup>th</sup> May – Nick has asked, and it is being treated as a Freedom of Information request.

25<sup>th</sup> June – Nick received a response which suggested that things are moving forwards gradually towards fully electronic communication. It was noted that Laurence Rickards is addressing the transmission of pathology results.

**51** The screen in reception still states that all comments received by the Practice are reviewed by the PPG, which is not the case. A few other minor issues with the displays were noticed while the members were waiting in reception – Nick will mail a list to Karen.

14<sup>th</sup> May – The contract for the reception touch screen has expired. Replacement of both that and the display screens is being progressed, with a common approach across the Swadlincote surgeries.

25<sup>th</sup> June – This is ongoing and comes under Laurence Rickard’s remit.

**Karen**

**54** Keeping the attendees list up to date was discussed, and it was agreed that Nick would make contact with people who have not attended for a while to make sure that they still wish to be part of the PPG.

25<sup>th</sup> June – It was noted that one member has been unable to attend due to other commitments recently, but wishes to remain a member. It was decided to remove one other member from the list.

**55** It was noted that with PSA testing, there had been some confusion with text messages being sent and then conflicting information being given by receptionists. That led to a discussion

**Nick**

on how the templating of calls works – and we will have a demonstration at the next meeting.

25 July – Collette very kindly gave a demonstration. It was clear that even with the templates in use, the receptionists' role is a lot more complex than just following a script. It is also clear that from an IT point of view, a lot more could be done to streamline the process. An obvious example was where the template relates to a minor UTI – at the very end of the questioning a message pops up to say “patient is diabetic, pharmacy not appropriate” – so why waste time on all the other questions if UTI plus diabetic patient immediately rules out the pharmacy option. Nick would be happy to discuss with Laurence Rickards.

- 57** It was noted that the surgery has signed up to be a Derbyshire Safe Space. That means anyone who needs to can visit the surgery and talk to a member of staff who will try to signpost them appropriately.

## Matters Arising

- 60** The meeting felt that the objectives in the PCN's Terms of Reference document were really more aims than objectives. Objectives would typically be specific, have targets or numbers to allow measurement and a timescale by which they could be achieved. The wider documentation was felt to be waffly and lacking in substance, with hopes for the future, not plans – as examples:
- It was hoped that Ragsdale House would be open to patients soon – *when is soon? What are the blockers?*
  - Urgent care would become the main priority...identified as a way of reducing waiting time – *when will the priority change? How will it reduce waiting times?*
- Expressions of interest, advise on process as soon as possible – *Why is the process not defined already?*
- It is now unclear what the structure of the PCN is, as we believe that Lisa has moved on. Nick will check whether we can get someone to our next meeting to discuss.
- Nick**

- 61** The meeting confirmed that we definitely wish to rotate attendees at PCN meetings. Peter will attend on 10<sup>th</sup> July.

## Any Other Business

- 62** One member enquired about the process for registering a patient as housebound. It was agreed that they would call Karen to discuss in detail.

## Date of Next Meeting

Tuesday 13<sup>th</sup> August 2024 at 6:00pm