

Woodville Patient Participation Group (PPG)

Minutes of meeting held on 7th January 2025 at 6:00pm

- Present** :
- Lyn Hackett
 - Roy Hackett
 - Micky Locke
 - Nick Locke – PPG Chair (WoodvillePPG@21JubileePark.com)
 - Danielle Marratt – Operations Manager
 - Jenny Slawson
 - Peter Slawson
 - Alan Wright
 - Ann Wright
- Absent / Apologies** :
- Karen Gothard – Practice Manager
 - Harry Jolley
 - Sabyta Mackay

Previous Minutes

- 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. **Danielle**

12th November – The Facebook page now has 35 followers, so still very low. It was noted that different age groups of people potentially prefer different ways of communicating. Additional thoughts were: posters in the surgery and the pharmacy, the TV screen in the waiting room, a more prominent web-site presence, the next door social app, the new patient registration form, the Swad Style magazine. It was noted that we are probably one of the larger PPGs already. There was also some discussion about whether the PPG could do more (charity fund-raising for example) and whether trying to do some things jointly with the other PPGs would make sense. The ability to have meetings held by Teams could also increase our reach.

7th January – Facebook followers increasing slowly – now around 50. Agreement that Swad Style would be a good communication channel to raise awareness.

- 55** The original content of this item has been superseded and, over time, the item has morphed into a discussion about the reception templating system. **Danielle**

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 Information Technology (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 Urinary Tract Infection (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.

13th August – It was noted that the previous demonstration only covered a very small area of the templating. We would welcome a further demonstration.

24th September – Due to timing and availability, this is deferred to the next meeting.

12th November – Deferred again due to availability and timing.

7th January – We will try to arrange this for our next meeting, as that will be at an earlier time.

72 At the next meeting, we will discuss whether we want to change the time of some/all of our future meetings to be during the day.

23rd September – It was noted that daytime meetings would be better for demonstrations and guests. We will discuss further at the next meeting.

12th November – Further discussion on this, but no decision made as yet.

7th January – We will try holding the next meeting during the day, on a Tuesday or Thursday (Wednesday is not good for availability of the room). We also agreed that quarterly is sufficiently often for our meetings.

76 Due to availability issues, the date of this meeting had to be changed. Unfortunately, the email advising the change did not get to everyone. We have addressed that by agreeing to send this kind of urgent communication by text message in addition. It was noted that reception staff were unaware of the meeting dates. They also agreed to ask Karen to call one of the PPG members the next day – but the message didn't reach Karen.

7th January – Details of PPG meetings are now in the staff's shared diary. Staff should use the system (rather than paper) to make sure messages are passed on.

78 The impact of Employer National Insurance rising was discussed. Consider, at the next meeting, whether the PPG could write to our local MP etc., explaining the significant impact to the business.

7th January – it was noted that Dr Betteridge-Sorby has written to Samantha Niblett and she has asked for permission to engage with Rachel Reeves. So, now a PCN discussion rather than individual surgeries.

80 A situation occurred, where a young child with a badly cut finger presented at reception. The reception staff said that nothing could be done – and directed the patient and carer to the Derby walk-in centre. Karen confirmed that the surgery cannot suture but can patch.

7th January – It has been confirmed that the child should have been checked over and bandaged before any onwards referral. The practice considers potential scenarios and this is likely to be included going forwards.

82 The potential for charity fund-raising for causes with a health connection was discussed. It would be great if everyone could have a think and come back to the next meeting with ideas.

7th January – The members noted that being fund-raisers is not why they joined the PPG. We would be very happy to support activities organised by the surgery (such as previously with a Macmillan event), but other fund-raising activity which is not clearly focussed on improving things for Woodville patients is not what the PPG is for.

Matters Arising

- 83** The previous PCN PPG minutes were discussed and the members asked to table any questions which they would like to be taken to the next meeting on 8th January.

Any Other Business

- 84** One of the members highlighted that they had visited Ragsdale House on two occasions, being seen by a nurse and a doctor, and having blood taken. The experience was first class.
- 85** A question was asked about fire safety in the surgery building. It was noted that full procedures are in place to deal with visitors, patients and staff. Regular tests are carried out.
- 86** The members wondered whether we needed formal terms of reference and, as on previous occasions, decided that we do not. However, we agreed that some guidelines could be useful – and that they would evolve over time. A new section has been added to these minutes to cover that.

- 87** One member noted that she “moved backwards” in the telephone queue when calling the surgery – from position 18 to 20. It was suggested that this could be a call (or two) to the priority line (perhaps from a District Nurse) effectively jumping in at the front of the queue. Danielle will check with the telephony system supplier.

Danielle

- 88** It was noted that Musculo-skeletal conditions are still seen at the Swadlincote Clinic rather than at Ragsdale House. This is because those conditions are covered by a different contract and funding.

- 89** It was felt that there needed to be better communication about the use of Ragsdale House, both in terms of to the general public and to specific people being referred. It was noted that this was also discussed at the previous PCN PPG meeting.

- 90** A member mentioned that prescriptions can not always be collected immediately from Ragsdale House. This is probably because the paramedics cannot prescribe, so have to wait for another clinician to prescribe for them. It was confirmed that prescriptions should normally be sent electronically to a patient's chosen pharmacy.

- 91** A member pointed out that confirmation text messages for appointments at Ragsdale House can incorrectly state that the appointment is at Woodville Surgery. It was explained that the receptionist has to manually adjust the message that is sent. It was noted that a new computer system is being implemented on 15th January which should make the interaction between the surgeries and Ragsdale House better.

PPG Guidelines

As mentioned in minute 86, the members have decided to produce a set of guidelines for the PPG's operation. These points emerged from the meeting, but will inevitably be refined over time.

- The PPG exists to improve the patient experience at Woodville Surgery.
- We need to monitor trends so that we can detect improvements and/or deteriorations and react accordingly.
- We will start to review the Friends and Family comments received by the surgery – both to look at specifics and to monitor the overall number and the mix of positive and negative comments.
- We could review the GP survey – but that has a limited audience and a low response rate. We could also consider a separate in-house survey.

Date of Next Meeting

Thursday 10th April at 3:00pm