

### Precis Notes of the PPG meeting Thursday 8<sup>th</sup> August 2024, 7:30 pm

**#Present:** PPG Helen Carter (HC), Bernard Connolly (BC), Becky Collins (BCo), Lyn Davis (LD) Sandie Helm (SH), Andrew Lewcock (AL), Julie Maberley (JM), Rosemary Stickland (RS), Tom Thacker (TT),

**Apologies:** Lisa Auchinvole (LA) Janet Parker (JP)

**Practice** Dr Carrie Ladd (CL)

#### Notes from Previous meeting and matters arising:

After brief discussion about 2 amendments (completed), Notes from the previous meeting were accepted as correct. Most actions arising had been completed:

- JM communications with new MP is still to be addressed once objectives had been agreed.  
**Action** “Julie to invite the new MP to visit practice and meet patient group
- Dr Ladd expressed surprise at the plan for Blood Cancer Awareness talk on the 12<sup>th</sup> September and had reservations about this.
- JP was to contact SOPA about the lobbying of the MP but was not present to report. TT noted that SOPA were concerned about the lack of effective communications with BOB ICB.
- HC to sort out online banking once our bank has recognised HC home address,

#### Update from Practice

- A new nurse is being recruited, also seeking locum support for Dr Mabbett
- Feedback so far on Total Triage has been very positive; patient feedback will be proactively sought after 3 months in use. To date no-one has been referred to NHS 111.
- Call backs to patients by phone has an audit trail, two calls are made if the patient does not pick up first time, and the timing of call backs on the basis of clinical need.
- LA had sent an email to JM giving positive responses from patients to the service provided by the Total Triage system and a reduction in patient anxiety. CL indicated NSP may want to do a proactive patient survey after 3 months usage.
- CQC report has been published, and despite acknowledging improvements in the surgery, but the rating was “Requires Improvement”, largely based on the results of 5 searches of 5 patients.
- CL explained the new **NSP 1-5 Invite protocol**; If patients fail to respond to the initial invite for a blood test, they get sent a text, then email message, phone call, then letter, and finally GP decides whether to stop the medication if the patient may be at risk.
- Results of the Annual GP IPSOS MORI survey during Jan/Feb 2024 which rated the practice poorly for “receptionists”. 108 responses were received out of 236 surveys sent out.
- Covid and Flu Vaccinations will be offered to cohorts of vulnerable people similar to the ones selected last year, not all adults. Marshalling help appreciated on the 5<sup>th</sup>, 12<sup>th</sup> and 19<sup>th</sup> October.
- (RSV) Respiratory Virus vaccines are being offered to 75–79-year-olds on Sat 14<sup>th</sup> September. NSP expect to deal with ~400 patients. Clinic times will be 9:00 to 1:00 approx (to be confirmed).

Future Talks Leave these for our AGM, Date set was **Thursday 7<sup>th</sup> November at 7:30pm**. JM suggested announce talk as “Getting the most from the Health Centre and the NHS app.” A final decision was delayed until September. **Action** All – agree subject for the AGM talk

Health and Wellbeing Event; Nothing to report.

Systems;

- NHS app Proxy access only within the scope of one practice is recognised by the App developers as a restriction on Proxy access to help older family members.
- Faith Nteogwuija has written a short description of the digital café sessions on the NHS app which has been sent to Healthwatch.
- CL confirmed NSP IT systems are all back up and running after the recent big systems outages which got wide publicity; there is a “revert to manual” option for the Practice systems outages, but these will be slower than normal.
- BC mentioned that on the NSP web site the notes from the PPG are all labelled “AGM”
- **Action** AL to query AGM heading with Kellie
- TT asked about the “normal” method of GPs Communicating Prescriptions to Pharmacy; CL responded with a ratio of 10:1 of “electronic” to “paper” prescriptions.
- JM asked whether any medications have been in short supply; CL indicated there have been problems for the last 3 years, with medications for HRT, ADHD, diabetic weight loss.

#### SOPA

- TT noted the main problem was the communication SOPA with BOB ICB affected by people being moved at BOB and in doing so severing the established communication links with SOPA.
- TT offered to send a link to the BBC report on the recent changes at BOB and HOSC’s questions arising. **Action** TT to send a link to the BBC report on the recent changes at BOB and HOSC’s questions arising

#### Hospital Progress

- a/ Physical changes to be made to the building; Starting Sept2024, until March 2025
- b/ A long list of possible consultations/treatments that might be offered, if the staffing and the equipment can be made available results to announce March-April 2025
- JM noted application for funds had not been made to the Vale yet, timescales should probably have 3-6 months added to them.
- HC asked if parking was mentioned, BC reported the issue has not been resolved; nothing has been sorted out about contractors vehicles needing access to the site when building alterations are underway.  
CL suggested maybe they could run a shuttle bus from the Health Centre, where there is parking, but JM reported that the Town Council had not even included the Hospital as a “stop” for a locally run town bus service.
- CL noted that lung functions tests, urodynamics, echo heart scan would be great to have locally, to save travel into the Centre of Oxford clinics.
- BCo noted lots of activities going on right now at the Wantage Hospital; JM responded that the Hospital could not make physical changes to the building until the formal announcement of bed closure; with that done then the physical infrastructure changes could be made to the building to enable the temporary clinics and treatments to be made permanent, and proper consulting rooms with a more accessible entrance.
- BC offered to send round screen shots of the recent presentation on discharge from Hospital. JM reported that the “discharge to assess” scheme, means that patients are sent home to assess their needs, which seem to be the wrong way round.

#### Communications.

*Communications with Church Street PPG.*

**Action** JM to meet with Greta to clarify communications.

LD reported problems with amendments and distribution of Newsletter list, and QR codes, JM noted that this distribution list needs to be discussed at the next Joint meeting with CSP. **Action JM** Item for Agenda

*Patient Guide* is now good until May 2025. CL thanked JM for help updating.

*Communication with Patients* SH noted the PPG board is a bit “hidden away” in the far corner of the waiting room. CL would consider if a rotation could be arranged

#### *Outreach*

HC reported on outreach, and that the handouts are being redrafted and updated to reflect recent changes. One leaflet would have right treatment, right time and phone numbers for services, and another with information in it. JM commented that triage written from the Practices’ point of view rather than from Patient Group point of view.

CL offered to review the copy when editing had paused; HC recognised the point.

JM noted no URL link for the Musculoskeletal service, AL offered to send this address by email.

Sue was going to print the guide, but CL noted that as a matter of principle the Practices should print them.

*Other* LD queried NSP sending texts now it costs the Practice money, but CL observed people note texts more quickly than emails, and cost of texts is small compared to compared to a patient missing an appointment.

#### Treasurers report

Current Balance is £285.33

#### AOB

CL thanked the meeting for the support of the PPG.

**Next Meeting** 2.00 pm Thursday 5th September

**Joint Meeting with CSP PPG.** 1.00 pm Monday 2<sup>nd</sup> September