

Dawley Medical PPG

Minutes of PPG Meeting 14 December 2018

Attendees: Joan Noel (Chair), Simon Meadows, Patrick Spreadbury, Sue Woodvine, Dr. N. Yomi –Adeleke (Dawley Medical)

Apologies: Juliet Esp, David Noel

JN expressed some concern that so few members were present at the meeting.

Minutes of the meeting 14 September 2018 were agreed as true record of that meeting.

PS suggested there were a number of matters arising from the minutes of 14 September 2108 meeting and the Core Group meeting of 28 November 2018 which would be best deferred until Dr Adeleke arrived at the meeting.

PS raised some other issues in the Core Group report 28.11.2018.

Patient Access

- Patient Access app would be introducing some new features in the course of 2019 including a new video feature to allow video consultations. It is not currently known how widely this will be available as it depends very much on the broadband infrastructure available locally and the compatibility of equipment at both the practice and patient end. Anyone wishing to find out more can find further information on the Patient Access website.

MJog Text Messaging

- There is an upgrade to the MJog messaging app currently being used by practices across T&W to inform patients of appointments and send out other information. If patients with smart phones are already receiving MJog text messages but have not yet signed up to the new version (MJog Smart) they will need to sign up to get the full benefit of the app. Posters will be placed in Reception giving patients further details. Further details of the app can be found via :

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKewjbtcr6ssffAhUdSxUIHePHDLIQFjABegQICBAB&url=https%3A%2F%2Fwww.mjog.com%2Fmessenger%2F&usq=AOvVaw1LLaimkxhX8w-CPWSFbgSI>

Dr N Yomi-Adeleke arrived at meeting

NHS/Cancer UK Smear Test Video

SM had expressed some concern at the Core Group meeting about the graphic detail shown in a video on the Jayex screen in Reception raising awareness of cervical cancer and advising younger women to present for a smear test. SM thought some parts of the content of the video were not appropriate for showing in an environment where there were young children present, especially girls, as it could possibly give rise to difficult and embarrassing questions and maybe at a later stage inappropriate experimentation. PS had subsequently looked at the video and felt the content was very informative and sympathetically delivered and not inappropriate given the context but had agreed to raise the issue with the relevant staff at the CCG. SW and JN, although not having seen the video at this point, both had some reservations about the video in view of SM's comments and wondered if those parts could be edited out. Dr.A explained that the video had been provided by the NHS as part of the cervical cancer awareness and smear test screening programme and was sent to all Practices to be shown on the Jayex screens where available. He did not feel that the content was inappropriate and that, in the light of the current National Sex Education curriculum, primary school children are aware of both male and female anatomy. Was the embarrassment due perhaps to parents' reaction to possible questions asked rather than the content per se? Much depended on how open and factual conception and birth etc are dealt with in the home environment.

.PS had followed up SM's concern with the CCG and had received a response saying there had not been any other complaints received from local surgeries and that the national organisation, having been contacted by the CCG, was not aware of any relating to the graphics and detail of the smear test shown in the video. PS agreed to refer the matter and PPG members' concerns to the CCG again.

SM wondered who would ultimately be responsible if there were cases of experimentation by children after having seen the video.

JN/SW wondered if the showing of the video could be restricted to those times when there were specific female clinics. Dr A said this would be very impractical for the Staff at the Practice if they had to edit videos on a regular basis on the basis of one complaint. There is never a time when there are not children in the waiting room.

Given that there were considerable differences of opinion amongst members and lack of any common ground it was agreed to close this item with no further discussion.

Surgery Car Park

As a result of many complaints about the condition of the upper car park and the risk of possible litigation against the owners (Matrix) if remedial action not carried out, Matrix had cordoned off the upper car park whilst negotiations on future use of this car park are ongoing..

Refurbishment of Reception/Practice accommodation

Dr A informed the meeting that negotiations are still ongoing with the CCG on finalising the financing of the refurbishment programme. There is still a shortfall in the total funding which is currently being addressed to find a possible solution. It is hoped this will be resolved early in the new year.

The planned separate entrance to be used by violent patients is on hold until the above financial situation has been clarified. Currently violent patients can only be seen by a GP under third party supervision and only by prior arrangement.

Extended Access to GP Appointments

PS had informed the group that, as of beginning of December, the scheme was now fully operational across T&W with all but 2 practices (Charlton and Sutton Hill) delivering at least part of the agreed EA appointments during the period 08.00 – 08.30 am and 06.30 – 08.30pm weekdays. (Charlton patients are being directed to Donnington practice and Sutton Hill to Stirchley practice.). Appointments which cannot be delivered by individual practices will be provided by the TELDOC Hub Monday – Friday and the weekend hub (Saturday/Sunday 8.30am – 12.30pm) at Marden Practice in Shrewsbury. Posters with the relevant information and telephone numbers for patients should now be displayed in all practices. PS stressed that the extra appointments are for pre-bookable appointments only and not for urgent on the day appointments. These would still have to be directed to the patient's practice or NHS111 out of hours.

Dr A informed the group that the EA scheme is not working properly due to a number of logistical problems. Demand still cannot be met by the number of extra appointments created. He said that a number of changes to the allocation were being made over the coming weeks. He stressed that the scheme had been mandated by NHS England and implemented 6 months earlier than originally planned without full consideration of the supply of GPs and the demand of patients.

A discussion ensued amongst members and Dr A on how to prevent patients making appointments on a very regular basis 'just in case' they might need one. Dr A said that the doctor cannot cancel patients' appointments just because they might be regular attendees not necessarily needing a GP appointment. It is estimated that approximately 32% of appointments are from regular attendees.

In the absence of Mrs Keeling and her letter at the meeting, it was agreed that the agenda item (What is the purpose of the PPG?) she had submitted via a letter to the Practice should be deferred to the next meeting in March.

Meeting schedule 2019

After a brief discussion about the best times to meet with a Dr available to attend if not out on call, it was decided to try to keep meetings to a Wednesday lunchtime:

Wednesday 20 March 2019	13.00 – 14.00hrs
Wednesday 19 June 2019	13.00 – 13.00hrs
Wednesday 18 September 2019	13.00 – 14.00hrs
Wednesday 18 December 2019	13.00 – 14.00hrs

The members present wished to thank the Practice for the mince pies and drinks.

Patrick Spreadbury (Minute taker)

14 December 2018