

Woodstock PPG AGM

Held at the Surgery on Tuesday 9th January 2018 at 7 pm.

Present: Dr Trevor Turner (TT) Dr Helen Roskell (HR) Sue Kavanagh (SK), JB, (PC), GK, PH, HVO

1. Apologies: received from MA, PC, AC, ADN, GF, JH, MH, ZH, AM, DM, CR, SW
SK reported that DM would like to be co-opted to the PPG.
2. There being no other nominations, PC was postponed and seconded as Chair for 2017; and Matthew Houston (in absentia) was proposed and seconded as Secretary
3. The Minutes of the AGM held on 17th January 2017 and of the PPG meeting held on October 10th 2017 were approved without amendment.
4. Reference was made to the Stroke Club; concern had been expressed that the PPG was unaware of it; SK reported that patients had been referred to it; the club met fortnightly; travel could be arranged and lunch was provided.
5. SK reported on the activities of the Practice. The (virtual) membership of the PPG was 189 (virtually all by filling in the Patient Questionnaire when joining the Practice); the age range was from 8 to 89 and there was a varied ethnic mix. The Facebook Page had 188 friends in the community (probably not the same as the PPG membership). The website had over 89,000 unique hits. The Wellness Awareness Day in May (organised by the NE Locality Health Forum and assisted by the Woodstock and Kidlington Rotary Club) had produced a good turn out, and it was hoped to expand the Day in 2018. Flu clinics had been run on Saturdays and in the villages. SK and TT had attended the Town Meeting held in October 2017 and Blenheim had stated publicly that it was inconceivable that they would not build a new surgery in Woodstock." SK asked the residents of Woodstock to bear this in mind in the context of planning applications and s 106 agreements. SK reported on changes in personnel; 'two new evening receptionists; a new practice nurse had started'; and a former receptionist was training for the Physicians Associate qualification. Year 5 Medical Students continued to be trained. The Surgery had continued to work with the NE Federation; this had meant that same day appointments might be available at the Kidlington Hub; further, evening and weekend appointments might be available at Kidlington, Bicester and even Banbury. Housebound patients might find that they would be visited by the Early Visiting Service rather than the GP; this meant both the GPs' time could be saved and also that the patient might be seen earlier in the day than would otherwise have been the case. 52314 appointments were attended; 732 patients had made 2258 appointments on line, and the practice was keen to encourage this, also that patients should sign up to view their medical records. PPG members were asked to encourage others to use the service [In reply to a question from PC it was noted that there were appointments – at certain times,

for example, that could not be booked on line]. At present, a patient could not access his or her results on line unless a doctor had previously approved such access. It was hoped that the PPG could produce a poster to be exhibited in the Surgery, possibly on a board to be erected in the Practice Nurse waiting area. The purpose would be to try to enlighten those who cannot (or will not) use the Surgery website, Staff time is very limited, and it is thus difficult to keep exhibits up to date. A series of very helpful and attractive advice books from Age Concern could be ordered in; this is not part of the NHS Ordering system, and the PPG, who welcome the availability of the literature, could assist by ensuring a regular stock is available for patients. (HO?). Two attempts had been made to mend the lighting over the PPG Notice Board. Both had failed: it was apparently very difficult to get behind the socket. It was thought that the this board was not placed where the notices could readily be read. Hence repositioning the board in the Practice Nurse waiting area was something that the meeting hoped would be favourably considered by the doctors. Local groups could continue to be advertised on a suitable PPG Board.

6. HO reported on a survey carried out by IPSOS MORI; about 250 patients from each local practice were questioned anonymously; the results are in the annexed paper, to which HO referred at the meeting. The main point was that the Woodstock surgery had scored very well (all results were over 80% whereas **some** other practices scored less than 50%). Further, in most categories the satisfaction levels had increased in 2017 **over** 2016 and 2015.
7. There was further discussion of the Wellness Day; it was noted that Age Concern and Alanon Family Groups were involved; and HR suggested that more stallholders should be encouraged.
8. It was noted that there had been articles (about every quarter) in the Woodstock and Bladon News. There had been positive feedback about these. (The article about the Blandford Fly had particularly attracted attention). It was hoped that there could be analogous publicity in the village newsletters; PH indicated that she and Zandra Houston would try to progress this, and possibly draw up new submissions to the Woodstock and Bladon News based on some of the communication needs exhibited in these Minutes.
9. JB raised the question of how individuals who had had blood (or other) tests receive **their** results. From comments he had received it was not always clear to individuals (particularly the more elderly) how the system worked, HR explained that the results arrived in the surgery and were seen by a doctor, There were between 60 -80 test results a day. Responses might be that the patient should be invited to attend a “same day” appointment, or that the patient should be informed that it was a matter that would be dealt with at the patient’s next routine appointment. In many cases, however, **when** there was nothing significant, the surgery would not contact the patient. There was a notice near the nurses’ treatment room which indicated that test results would normally be available within about a week; and that the patient should contact the surgery, either by phone, or by calling in, to find out the results. If the patient felt it appropriate, hr or she could then make an appointment. It was accepted that for some patients this process might be difficult; although some

patients are able to access test results through Patient Access. There was general acceptance of the view that, at least in the vast majority of cases, the responsibility should be on the patient to access his, or her, own results. It was suggested that notices be designed and pinned up to emphasise the responsibility that now rests with the patient. There might occasionally (TT thought less than 0.1%) be cases where results were lost; and very occasional examples of tests being attributed to the wrong patient (where the names were similar/identical). It was agreed that the matter should be further considered at the next PPG meeting; it might be that the doctors might have further ideas to bring forward or comments to make.

10. In the course of the above discussion, it was noted that letters from a hospital relating to a patient might occasionally not reach its proper destination. PC commented that he had heard of a **case** where a letter **from** a consultant had reached the surgery but had not been actioned. It was pointed out that letters from consultants might not always be sent on the date they were dictated; and SK stated that there might be a 2 -3 week delay in processing Specialists' letters within their hospital. Upon receipt, the Practice scans each letter and forwards it to the patient's Doctor, who then assess the appropriate level of urgency for dealing with the matter. If a patient was concerned that a letter from a hospital specialist had not been received or actioned, TT suggested that the patient should phone the surgery, and, if necessary, make an appointment. SK also referred to the system of "Choose and book" which allowed (as its name implies) to choose and book a hospital appointment.
11. The meeting then considered how the PPG could help the surgery and the patients over the next year. SK repeated her comments under Minute 5 above that one of the most helpful things that the PPG could do was to encourage wider use of Patient Access. She also stated that she had an aspiration that the PPG could help to transport patients to hospital when (as was increasingly the case) no NHS transport was available. PC and others pointed out that with the roadworks in Headley Way and environs, access by car to the Oxford hospital sites would be extremely difficult for the next six months. It was agreed that with this challenging outlook it would be best to review the possibilities for patients' transport after the completion of the roadworks.. PH had details of how access to the sites would be maintained for public transport; and PC and others pointed out that there were now bus services from Woodstock to the hospitals, with a change of bus from the 7 or the 500 to the 700 service either at Water Eaton or in in Summertown; apparently bus access to the hospitals over the next six months was likely to be much less affected than transport by car. It was agreed that it would be helpful for the surgery to publicise the availability of public transport from Woodstock to the Oxford hospitals. PH and JB agreed to produce a draft notice to be submitted to the doctors with a view to be it being exhibited within the surgery, and possibility in the Woodstock and Bladon News. Although not mentioned at the meeting, there is now a bus every half hour from Oxford to Witney, which stops fairly close to the Witney hospital].

12. The meeting then considered involvement of the PPG in Healthwatch Oxfordshire and North East Public and Patient Forum Meeting (NEPPF) and other forums

- (i) HO reported that Healthwatch Oxfordshire was a body that supported PPGs and PPG forums and was concerned with health education; it was not a complaints body,
- (ii) JB stated that meeting of NEPPF was now to take place on 31st January, the **December** meeting having been cancelled because of the weather. It is vital for the Woodstock Surgery to have its needs recognised on an equal basis to other deserving NE practices. The inadequacy of the present Woodstock Surgery, both in terms of building suitability, coupled with the anticipated growth in the Patients' list, and the use of questionable empirical evidence required that all concerned should promote the best interests of Woodstock patients. HO concurred; and it was agreed that the PPG would try to be well represented. There was concern that the perceived and considerable future problems with health care in Bicester would mean the problems of Woodstock were not properly recognised. JB and GK indicated that they had considered preparing a paper; but considered that the forum at the end of January would provide a better opportunity for the needs of Woodstock to be prioritised. The hope was that OCCG and Blenheim would be encouraged, putting matters simply, to get their act together. The emphasis was that Woodstock should not, by its place in the alphabet, be placed at the end of any priority list.
- (iii) HO spoke about the NE Locality Community Service. This involved Health, Social Care, Age Concern and the District Nurses, amongst other bodies or groups, and ensured that there was single point of access for urgent care issues, which could be accessed by any of the appropriate professionals. It was agreed that information about this could be placed on the surgery website.

13. It was agreed that the next meetings should be as follows:

- (i) PPG AGM: 8th January 2019, at 7 pm in the Surgery
- (ii) [Ordinary] PPG meeting on 17th April 2018 at 7 pm in the Surgery.

14. PC thanked all those attending, especially TT and HR, and SK.

The meeting concluded at 8 30 p.m.|