

Manor View Patient Participation Group (MVPPG)
Minutes of the Fourth AGM

10th October, 2018, 7 pm Bushey Medical Centre

2017/18 Committee:

Joan Manning (Chair), Colin Stodel (vice-chair & Social Media), Brian Richards (Secretary), Ruth Waxman, Frances Williams, John Pallant, Linda Loader, Maxine Norris, Jane Gibson.

1. JM Welcomed all and thanked them for attending. There were 20 patients together with Dr Bhatt (Partner), Dr Rauf (Partner) and Liz Webb (Practice Manager), Colin Stodel (vice-chair and IT Lead), and Joan Manning (Chair).
2. Apologies were received from Ruth Waxman and Maxine Norris.
3. The Minutes of the AGM on 19th September 2017 were accepted.
4. Resignations were received from the 2017 committee for various personal and work commitment reasons:
Brian Richards, Colin Stodel, Frances Williams, John Pallant, Jane Gibson.

Thanks were expressed for all the work that had been done through the year - Colin has been a stalwart and set up our social media facilities, as well as attending meetings, organising the children's painting competition and being a very good vice chair. Brian has produced excellent recorded minutes of our meetings. The committee is sad to lose all of you, but it has to be appreciated that we are all volunteers who give up our time and energy and sometimes these can be spread very thinly.

JM stated that this obviously means that we have seats round the very informal table if anyone else is interested in being part of this small committee. The task is not exactly arduous, but can be as busy or fulfilling as you care to make it. All help is appreciated as JM would dearly love to stand down as Chair – Like the others her days are very full but she is happy to carry one working and to help whoever offers to take over. She has been informed that if the PPG does not have a committee they could revert to being a “virtual” group again – that is just being kept informed of things by email from the Practice – but that would mean losing patient face to face contact with the Practice and a loss of an important interface between staff and patients.

There was a form on the table for anyone interested in helping.

Before presenting reports on the PPG's work over the past year, two groups of guests were introduced to those present:

- Representatives came from Purple Star Strategy Project, to award Manor View Practice their accreditation for outstanding services to patients with learning

disabilities. Natasha Colins accompanied Carol Lee MBE (2001). Carol was the first learning disabled person to receive this wonderful award and has been part of the Purple Star Steering Group. Photographs and a short write up can be seen on the Purple Star Web Site. Congratulations were offered to our staff for going 'above and beyond' when treating our learning disabled patients – listening, caring and even consulting in the car park when the patient is too frightened to come into the Medical Centre!

- Steve Craker came to introduce the Hertsmere Wellbeing Gateway Service. There is a representative working from Manor View Practice on Tuesday afternoons, who can link patients with extra services to support and improve their health, wellbeing and independence. Help can be offered with Social Advice, Support for physical or emotional difficulties and/or keeping active:

housing, benefits and financial support; getting involved with local groups; employment training and volunteering; education and learning; counselling and many other services. We hope this trial run will be successful.

5. JM then reported on the activities of the PPG over the past year:

- a. We had 5 meetings of the PPG committee where anything and everything was discussed over a (non-alcoholic) drink and cake. Very informal, as you can see.
- b. There were 5 meetings with Dr Davis (or latterly Dr Bhatt), Liz Webb, Colin and JM.
- c. There were 4 newsletters (all available on line).
- d. We had 3 brilliant talks:
 - o December was by Saul Gaunt a Paramedic entitled "Could you cope with an emergency?"
 - o March was by Sharon Keany, a Therapist on "Sleep Science"
 - o June was given by Mr Appel (Optometrist since 1946), Dr Rabinowitz (General surgeon at Watford Hospital) and Natalie Fitzpatrick ("About Me" Genetic/Genomic project UCL) – "The NHS Past, Present and Future".

Each talk attracted about 30 attendees and again the content can be read on line.

We thank all the contributors, who give their time for nothing(!) and are hugely entertaining and knowledgeable. I'm sure those of you who come along will agree.

- e. CS and JM were invited to the official opening of Bushey Medical Centre on 28th September – very nice.

- f. CS and JM have attended numerous talks, groups sessions etc. that the CCG is always offering to patient groups. Having said that, if any of you are sufficiently interested you can get invited by looking on the CCG web site and checking out their Patient opportunities. They are pretty informal but informative and often a good lunch or tea is thrown in too.
 - g. We did one cake sale, raising money for our Carers. The Practice added money to the proceeds and we were able to entertain 21 of our lovely carers to lunch at Reveley Lodge on 5th December. It was a great experience. Everyone enjoyed it and I think you will agree it was a worthwhile use of donated funds. Thank you to everyone who made cake, bought cake, and to those who donated but didn't feel the need for cake. Thanks also to Liz and Dr Moore who organised it.
 - h. Ruth Waxman runs our Diabetes peer support service. A brief report is attached hereto. (appendix 1)
You may shortly see a small poster in the Practice inviting newly diagnosed diabetics to speak with Ruth.
 - i. Colin Stodel's report on Social Media is attached hereto. (appendix 2)
 - j. We ran a small painting competition for the children, celebrating 70 years of the NHS. We didn't get a great response, but there was one winner who was presented with his voucher. Thank you, Colin for organising this.
 - k. Visitors Book Project: This is a small, funded, project we have been running for the past 9 months, offering a visitors' book to people who are coping at home with either caring, long term conditions or other difficulties. In brief, we wanted to see (or expose) just how difficult it can be shouldering responsibilities, coping at home including juggling appointments, treatments and care. We ask the participants to keep a log of how many contacts they need to keep everything running as smoothly as possible. After approximately 6 months, they complete a small questionnaire about their daily lives. We recruited 12 patients/carers (we hoped for 15) and are just in the process of carrying out the questionnaires. More information is available to anyone who wants it. Grateful Thanks to John Crawford and Judy Smith, without whose help a lot of this would not have been possible. Results will be available later in the year.
6. The floor was then opened for questions from the patients to Dr Bhatt, Dr Rauf and Liz Webb:
- Q. re appointments – the system seems to be worse now. Why?
 - A. Appointments: It used to be possible to book 6 weeks in advance but we had hundreds of DNAs (did not attend) This has now been resolved. We offer outside of regular hours and pre-bookable: 3 evenings a week, once a month on Saturday morning/Sunday morning. Next day bookable. Drs can book a follow up appointment before you leave if they need to see you again. Also, WEA (a

group of Watford Practices) offer appointments every weekend, not always at our Practice but your notes will be available to the GP covering (also having DNAs even when booked the day before). There are telephone consultations via the daily duty doctor if the problem is urgent – a patient can be called in for an emergency appointment.

- Q. Group Appointments: As heard in the news recently. Will you be arranging group consults with patients with similar conditions?
- A. At present we think advice should be personalised and individual. Clinical cases can be difficult.
See above – phone appointments are proving popular and successful – we can ‘see’ double amount of people.

- Q. Not all patients are computer literate so some don’t know what is happening in the surgery. Why can’t you send out info by post?
- A. About 50 people do get the newsletter by post. We can’t send letters all the time – suggested option to share info with someone who has a computer (from patient).

- Q. How do I see Dr Bhatt? – Despite telling the receptionists that I need to see a particular Dr (Dr Bhatt) I am told to phone today, tomorrow, but cannot pin down an appointment. And why do the receptionists have to ask some of their questions?
- A. Receptionists are not clinicians, so are no perfect when directing patients but are trained in how to speak with patients. Often all available slots have been filled. If you call back, one may become available. We know it is difficult but we do try.

There then followed a long discussion/conversation regarding appointments and the current system including:

- On line booking used to be good. New Patient Access is not so good. Examples given of only being offered a nurse appointment available in November (earliest). But the patient came to surgery and got seen the same day.

- Phoning surgery is difficult.
- Urgent appointments not available as patients were abusing them and using them for anything. Receptionists ask questions to try to direct the patient in the right direction. Drs know about and understand frustrations.

- We handle up to 1000 calls a day. We have increased the number of phone lines. We appointed two nurse practitioners in the last year to relieve some of the pressures on the GPs so the GPs can concentrate on more complicated clinical issues. Appointments were being used for wrong things. Patients need to get used to the expertise of our nurse practitioners.

- Drs appreciate that on-line system is not perfect. Appointments are only released as seen fit on line. In future the Practice will be looking at making more available. You can request call back by duty doctor if urgent and if there are no

appointments available over next 48 hours. Drs can over-ride the system but receptionists can't.

- Weekend and evening appointments can be booked 2 weeks in advance via reception – not advertised or booked on line. Weekends are less pressurised and there are no problems parking.

- Q. Are there plans re: ear syringing?
- A. The Practice was advised by head of ENT that syringing is not appropriate and not always the right thing to do clinically. (possible damage to ear-drums). We can refer you to hospital – but there is a wait. New ENT service will be available from Jan 2019. You can either choose to pay (about £85) or you can be referred. You should not be told there is no service. It is now done by suction not syringe.
- Q. Has anyone looked at practices joining forces to look at providing service?
- It is possible.
- Q. Hearing aid batteries – at the old surgery we could get hearing aid batteries, but not here.
- A. At the old premises NHS Community Trust had rooms on the ground floor and provided the services. They are not located at these premises. However, we are hoping to start providing this service ourselves within the next 4 – 6 weeks because it is not very convenient to try to drive and part at the hospital just to pick up batteries.
- Q. What is Connect?
- A They are a company who provide our Musculoskeletal (MSK) services. We get very little say as to what happens. If you have an MSK problem we have to refer you to them and they then contact you direct. Doctors can no longer send a letter to a specific doctor. We can't order X-rays or scans. We are stuck with the system which isn't efficient. Several meetings have been held with other surgeries and Connect and there have been slight improvements.

nb: There are lots of frustrations within the service in general, and that is why a lot of GPs are leaving!

7. Thanks were given to Dr Bhatt, Dr Rauf, Liz who gave up valuable time to answer our questions. The PPG wishes also to thank all attending patients. The meeting closed at about 8.30 pm

Appendix 1: Diabetes Support:

The Peer Support is still proving to be very helpful for the patients. Most people I have seen are more realistic and are keen to know how they can control their diabetes. But a few others don't want to change the habits of a lifetime! The feedback score for the past few months has averaged 10 – which is brilliant. One person commented that the session helped get things into perspective and took away the fear of having diabetes. All very positive.

Ruth Waxman
October 2018

Appendix 2: Social Media

Continuing efforts were made on establishing a firm base on Face Book as this initially seemed the best platform to grow on. We regularly re-published information as sent from the NHS and the CCG and in general the patients appreciated the information source as useful. Growth on this medium has been extremely slow.

The usage of Twitter as a social media platform is now in an experimental stage and it is hoped to report on this at a later date.

Colin Stodel
October 2018