

**Abbey Medical Centre  
Patient Participation Group Meeting  
Thursday 4th July 2024 18.00 - 19.30  
On Line Teams Meeting**

**Apologies:** Colleen Crawford,

**Deb Saunders, Richard Dickson, Jackie Llewellyn, Clive Reynolds, Fiona Riley**

**Attendees:** Ryan Smith - Practice Manager (RS), Stella Moore (SM) PPG Chair Louise Griew - minutes, joined slightly late (LG), Shenaz Appebai - GP partner (SA), Lesley Holiday (LH), Mary McGrath briefly at start (MM) Jackie Prestwich (JP) Dilys Skinner (DS) Michelle Walsh (MW), Helen Braithwaite (HB) Jean Currie (JC), **Ann Mawdsley (AM)**, Chris Edgerton joined later (CE) **Nikki Bowles – Operations manager (NB)**

SM welcomed everyone to the meeting. Stella confirmed that she had sent flowers to Deb. The wellbeing walks were discussed first as MM needed to leave.

**Wellbeing Walks** - MM sent a report (attached). There are currently 22 active leaders, aiming to roster 6 each week. 20 are formally trained and 16 have completed First Aid training in the last 3 years. There are around 25 regular walkers. A drop in numbers of walkers in May meant fewer leaders were needed but numbers have picked up again since. General and First Aid training of leaders has been done by AMC up to now but the Ramblers Association are now requiring a 6 hour training at Chase Meadow. This was deemed inappropriate for our group.

A Garden Party for walkers and leaders will be held in Mary's Garden on July 26th. Mary thanked Sarah Jackson, who is stepping down as a Leader.

**Ryan confirmed that he would still carry out first aid training in the short-term.**

**Minutes and actions from last meeting**

Website - Newsletter now on website. Physio self referral – now clarified

Patient surveys – Stella had some positive feedback from welfare calls and shared with us a negative comment from Healthwatch which has been followed up. Stella asked that any patient feedback should also come with the patient's name, phone number and DOB if possible.

Patient access to records Nationally- patients can now access the text of results from scans etc, but can't see notes on consultations. Some issues still being worked on **Nationally.**

Garden maintenance – thanks to RS+son for putting turf down, and to volunteer waterers. AMC now employs a gardener to do maintenance. High quotes for bollards means we are looking at cheaper solutions.

Pharmacy 1st update - After the telephone triage was changed, uptake increased to about 10 a week. More work is needed to promote this further. HB used pharmacy First, and was referred back to GP as pharmacist could only prescribe limited range of drugs

Attendance Allowance – info given out by social prescribers regularly

**Staff Updates**

RS reported that Angie Newton(AN), an experienced manager currently running large practice and PCN in Birmingham, will be replacing him as Practice Manager from 27/8.

RS will work alongside Angie until 30/9. SM assured the PPG that Angie is very positive about our vital role at AMC.

1 Dr Sanna Qqodrat is on maternity leave. Dr Balasubramanian left as is being replaced by GP registrar Dr Muhammed Tabraiz from 1/8. Hannah Richardson has moved on and we will be advertising for a replacement  
Deputy Practice Manager Libby McIntyre is leaving tomorrow to become PCN manager in Arden. SM thanked Libby for all her help with PPG projects.

### **Progress of working groups:**

#### **Menopause group –**

As Deb Saunders is unwell, LG and RS met with Charlotte Tayte (CT) our PCN Lead Social Prescriber, Nikki Bowles (NB) and Rebecca Jacques(RJ) GP specialist, to plan the interim running of the group. This group will convene again from August and run monthly. LG , NB, RJ and 1 or 2 others will facilitate this on a rota.

**Wellbeing Calls/Carers Project** - SM, LH, **another volunteer** are undertaking weekly calls. This evolving initiative has greatly added value to patient experience at AMC. Weekly meetings with NB, SM our Care Co-ordinator Hannah, CT and other PCN staff enable efficient and relevant interventions to be put into place. SM and RS are helping Shipston Medical centre to set up their own calls. LH said some calls challenging, a bit like counselling – patients are grateful for a listening ear. SM is also getting +ve feedback about the surgery and social prescribers.

#### **Finances at AMC and BMA action** - RS/JB

RS explained there is a BMA campaign as two years of imposed contract and low pay increases, have led to unrest and concern for the future of the NHS. Finances are strained and many other practices are going under. AMC would like to support the campaign but wants the patient group input. RS provided links to enable PPG members to view prospective BMA messages and to feedback our views. [Support your surgery \(bma.org.uk\)](https://www.bma.org.uk), [Patient engagement toolkit \(rebuildgp.co.uk\)](https://www.rebuildgp.co.uk)

JP advised we needed to look at National context. Abbey MC triage system allows attention from a GP same day, if needed, which mostly compares favourably when you look at National picture. Continuity of GPs is also important and harder to achieve. SA commented BMA messages are very stark. GPs at AMC strive to offer the best they can to look after patients within a difficult environment. Drs don't want to strike but want to draw attention to poor primary care funding.

**Action: all to look at Rebuild GP material and give thoughts to SM.**

**Website development** – LG said the area of the website which has information about staff could have information concerning the conditions covered/ specialisms of nurses, allied health professionals and doctors. The working days of part time staff could also be shown. This would make it easier for patients to identify who could help them. RS agreed website can be updated although most GPs are generalists, but some specialisms naturally evolve - 75% of RJ's workload is already menopause!

Clive Reynolds has said wellbeing walks are not very visible on website. NOW ADDRESSED.

**Action: RS to initiate website updates on staff and walks**

#### **New housing developments and their effect on AMC** -

DS - hundreds of new houses being built – any provision for more GP facilities?

RS been asking for an extension, or a satellite surgery, for 3 years. He spoke to WDC recently who will conduct a feasibility study for new surgery which will end next year. Probably 2027 before anything happens! All requests for more facilities have been denied. Space is limited in surgery with some staff working from home.

### **Covid and Flu Vaccination Programmes –**

RS reported that the team (200 strong) - completed spring boosters at the end of June 2024 – 8000 jabs were administered, mostly at methodist church. 500 vaccinations County wide were carried out for the housebound. Covid boosters start in September, following the same model. Flu programme is delayed until Oct. Offering private vaccination at surgery weekly for £89 for people not eligible on NHS e.g. people with vulnerable family members.

### **PCN News -**

RS reported: The PCN manager has moved on, but deputy - Emily Marshall - has now stepped up. Pool of PCN staff is constantly evolving; paramedics work in surgery in mornings and do house calls pm, pharmacy technicians do medication reviews and deal with queries e.g. if drugs unavailable. Recent meeting with the Director of public health highlighted child weight management as a future emphasis. Our PCN is one of the leading PCNs for % of health checks 45-74 yr olds. Thanks to NB for organising this programme.

### **Development of other PPGs in the PCN –**

SM reported that many patient groups are struggling in South Warks. We are the only one thriving in our PCN. She attended re launch meeting at Avonside MC PPG to offer her support and is going to Priory MC soon, to do the same. Castle MC staff are working to revive their PPG too.

There was a discussion as to why our PPG is a success. It takes time to build trusting relationships.

SWPE - SM is part of a working party who have collated SWPE members comments on what makes a successful PPG - to be shared across all PPGs in S. Warks.

LH – we need to bring in younger people though. It was agreed we want to increase our membership and improve diversity of patient representation. SM TO WORK ON THIS.

### **A.O.B -**

#### **Kenilworth Heartsafe training –**

RS - There are now 30 defibrillators in the community up from 4 when this started. Priory theatre recently acquired one and people being trained.

**Doors at surgery –** MW said automatic doors are great but doors to the corridor with consulting rooms can be awkward for people with mobility issues e.g. walking frame. RS replied that doors were wedged open at the start of the day, but that these were gradually removed. RS and NB to follow up.

**Action: to consider if/how access to consulting room corridor can be improved**

**Appointment call queues: MW**

Even a call at 8.30am can result in queue place of 30. Patients can't always opt for call back if going to work. RS - we sometimes have 100 call at once. Some people call about non urgent matters first thing despite phone message to explain when to ring. There are some overspill appointments with duty doctor for urgent cases, but these are carefully allocated on a needs basis. Also out of hours options are available. A few pre-bookable appointments are generally for discussing results. HB recently spoke to an 88 year old – not able to call at 8.30am – calls later but then can't get appt as won't say it is urgent. RS encourage him to say urgent. AS Receptionists do sometimes ask GPs to follow up with people who have asked for appt. and they are experienced at sorting people out if they feel there is a need to see a GP.

CE - Healthwatch had links with young people in past – can they promote PPG?

**BP monitor availability –**

CE said asked to borrow one recently but was told to purchase own. RS - We have got 5 left of 20 we bought - £20 deposit does not work so is not keen to replace machines.

CE - Machine in the waiting room not very user friendly and no good for repeated readings in a day. NB It has been calibrated and repaired recently.

PLEASE TRY THIS OUT AND LET ME KNOW WHAT YOU THINK - SM

**Action points**

1. **Patients to look at Rebuild GP material and give thoughts to SM.**
2. **Surgery to update website re staff and walks**
3. **Surgery to consider if/how access to consulting room corridor can be improved**

Louise Griew July 2024