

# **Kintbury & Woolton Hill Patient Participation Group**

**Minutes of the meeting held on Tuesday 4<sup>th</sup> May 2021**

**at 7.00pm on TEAMS**

**Welcome** Peter Mason

**Present** Peter Mason (Chair), Dr Heather Howells, Gavin Smith, Rosemary Cahill, Claire Leach, Chris Turner, Amy Tropman, Penny Brookman (now on Teams), Jan Wells, Sarah Garland, Betty Taylor, John Wilmott, Elaine Brichard.

Tony Garland and Jean Partridge are unable to attend virtual meetings but will continue to receive both Agenda and Minutes as usual.

**Apologies:** Gillian Guy, Claire Leach, Anne Budd, Tony Garland, Jean Partridge.

- 1. Minutes** of the meeting on 16<sup>th</sup> February had been circulated and a minor amendment will be made before signature later by **PM**.  
There were no Matters Arising not on Agenda.
- 2. Covid Report** Cohorts 1-9 will have had both jabs by mid-June at the racecourse, after which mass vaccination centres will be used. The Surgery will contact the initial cohorts for second jab. Remaining cohorts will be contacted by the NHS to make appointments elsewhere.  
There are currently no Covid cases in the Practice. A hot room is kept at Kintbury should a Covid patient need to be seen face to face, to enable sanitation after each appointment.  
SG and CT were assured that Covid vaccination information is recorded in a patient's medical records following vaccination. This applies, not just to patients attending the Racecourse vaccination centre but also to patients that have their vaccination at one of the National centres.  
Dr Fox runs a regular check of the age groups to ensure that everyone entitled to a Covid vaccination has been invited for one.
- 3. Staff update** Salaried GP **Natalie Barclay** now works two days a week (Tuesday and Wednesday) and has settled in well.  
**Ore** Ojuri has commenced work with the Practice as a Pharmacist. Ore has had some patient contact and is currently working mainly with the dispensary. She is qualified to conduct structured medication reviews for some patients.  
Kintbury has a new Receptionist – **Kay Waters**. The Practice is also in the process of recruiting additional Reception staff for both Kintbury and Woolton Hill.  
**Dr Oakley** will provide some locum cover during May.
- 4. Housing Developments in Practice Area.** **RC** was in contact with relevant Parish Councils with developments of at least 15 – 20 houses being investigated. Currently 2 sites in Kintbury, 1 in Highclere, with a site alongside the Junior school under review. Updates kept under review. Burghclere is working on a Parish Plan. Sandleford development will also have an impact on the Practice.
- 5. Patient Survey** The Practice is keen to undertake a patient survey in order to establish how changes made to clinical services during the Covid Pandemic have impacted our patients. As yet there is no pressure on the Practice to produce a survey and it was hoped that it might be sent out in the Autumn. The PPG was asked to help formulate relevant questions for the survey.  
**HH** outlined some of the new ways in which the Practice is now working might feed into the questions posed by a survey. These included video consultations, texting re dispensed medication etc. The appointment system that has been in place during Covid has ensured that patients have been able to have a phone consultation on the day if ringing before 10.00am. The practice also has a Duty doctor covering the afternoons to ensure that patients with urgent medical issues that have arisen during the day are still able to access a GP on the same day. All appointment are now triaged.  
Going forward the Practice hopes to re-introduce pre-bookable appointments for less urgent medical issues. Where necessary GPs are still seeing patient's for face-to face appointments.  
**Medication reviews** started again in April and are now being undertaken in the patient's month of birth. For some patients this might mean that a second review is undertaken during the first year of the programme but in the long-term, patients will be able to have all of their medical conditions reviewed, together, during one annual appointment.

Patients will be contacted by the Practice over the next year and asked to book a Care planning appointment for their review with a Practice Nurse. The Nurse will then arrange a follow up review (normally by telephone) with a GP.

**Extended hours** will now be in place again, including Saturdays and late evenings. Initially these sessions will be used to clear waiting lists for Contraception clinics, Minor surgery, joint injections and Medication reviews. It is anticipated that Minor Surgery will recommence during July.

There is a backlog of physical and mental health problems with patients not wanting to burden the doctors, but now need to be encouraged to do so. It is hoped that a Mental Health Practitioner will be allocated to work with every Practice.

6. **Patient Panel** RC had been attending the Zoomed meetings, which are primarily giving information, both printed for circulation to PPGs and by talks from the people involved in the many aspects of Health and Wellbeing. The area covered is now extensive. The meetings are well chaired and Minutes come out fast and accurately, so that we can all read selectively without using excessive paper by printing everything we receive.

7. **Members' Reports**

**SG** asked about Ear Syringing. This stopped with Covid but will not restart in the Practice as it is not included in the General Practice contract and because Practices have to pay for additional indemnity for Practice Nurse to undertake the work. In addition the existing ear syringing equipment would need replacing. Mary Hare or similar organisations in Newbury do offer this service, generally with a charge.

**BT** had been advised to ring back later whilst in the telephone queue to the surgery. This was due to the large number of calls in the queue at the time. HH advised calling at a slightly later time, (but before 10.00am) if needing doctor's advice.

**JW** mentioned how impressed she was at being able to call on the day and have her problem dealt with on the day by the Dr.

In his absence **TG** asked that the telephone introduction message be shortened from 2.5 minutes. There had been some information which had been required but this was now to be checked to ensure that only the essentials are given.

GS directed all members to a recent email giving links to many of the services now available. Some of the information links concerning dementia were not fully reliable as yet.

**Date of next meeting Tuesday 3<sup>rd</sup> August.**

There was some discussion as to when meeting in person might be possible. Once allowed, those in May and August might be considered. The problems of dark driving in country lanes suggest that meetings might be safer if held digitally in November and February.