

Kintbury&Woolton Hill Patient Participation Group
Minutes of the meeting held on Tuesday 6th February 2024
7.00pm at Kintbury Surgery

Present Peter Mason (Chair), Dr Heather Howells, Gavin Smith, Sarah Garland, Alan Cox, Mike Stapley, Betty Taylor, Rosemary Cahill

Apologies: , Penny Brookman, Tony Garland, Jan Wells, Claire McGregor, Amy Tropman, Jean Partridge, Alan and Anne Budd, GillianGuy, John Willmott

Welcome Peter Mason welcomed Lynne Smith attending as visitor and observer

Minutes of meeting on 14th November at Woolton Hill were approved and signed.

1. Matters arising

Open Meeting Plans have had to be put on hold during the winter months. This is now to be put in hand, with all in favour of finding a really good speaker, advertising extensively locally, and on social media, providing excellent refreshments. The aim is still to increase recruitment to the PPG with some younger members, and the PC members were asked to look at their own councils with that in mind. Previously the Coronation Hall had been considered the best venue with the Kintbury Surgery being less well represented. **Dr Howells** felt that the open meeting would also offer an opportunity to highlight the additional services now on offer to our patient population such as the Diagnostic Physiotherapist, Mental Health specialist, Clinical Pharmacist, Social Prescriber and Care Team.

- 2. New Telephone System** This has now been installed by the company of our choice, with a number of new and helpful and popular features. Morning calls are now in a numbered queue with a call back option if patient would prefer. Patients requesting a call back will retain their position in the queue and will be called back automatically once they reach the front of the queue. **GS** explained that a maximum of two attempts would be made to call back such patients and therefore, it is important that any patient requesting a call back keeps their phone close at hand. The call back feature will be in operation until 17:30 each day although this may be adjusted once sufficient demand/usage data has been compiled. **GS** explained that the new system gathers data on call volumes, call back volumes and the number of calls that drop off the queue. This data should allow the Practice to manage demand at peak times and tweak appointment schedules to try and ensure that patient needs are met. **Dr H** explained that the new system would record all calls which will be very helpful for Receptionist training and for providing a record of the occasional 'difficult' conversation that staff might encounter. All calls are automatically after 6 months.

Waiting room TV screens **GS** reported that they should be back up and running again in the next week or so. The company that supply the Practice telephone system will be installing new 'clean' Broadband lines at both surgeries to allow the TV screens to be connected safely and securely.

- 3. Covid Report** Covid cases, probably involving the latest variant and other flu and virus related diseases are rising but will not be a regular Agenda item in the future as no accurate figures are now available.

4 Staffing update and recruitment

Mental Health Practitioner, Dr H reported that the Practice Mental Health Practitioner - Beccy is on Maternity Leave, but that leave will be covered by Jessica Perry who will start work at the Practice on the 13th Feb.

Kintbury Surgery Manager. Dr H reported that the Kintbury surgery Manager has recently stepped down. Interviews will be taking place over the next few days including internal candidates

Practice Manager is currently away on a sabbatical but will be returning to work in the next couple of days.

Pharmacy **Dr H** explained *Pharmacy First* is a new NHS scheme that will enable community pharmacists to supply prescription-only medicines, including antibiotics where clinically appropriate

to treat seven common health conditions. Patient's contacting the Practice requesting a GP appointment for these conditions may, in future, be offered a referral by the Practice to a community pharmacy. Patients can also self-refer to community pharmacists providing they meet the criteria for the seven treatable conditions. This scheme is only just starting, and the Practice will be liaising with local pharmacists to gauge what their capacity is to deal with referrals from local Practices. It is hoped that this scheme will eventually reduce pressure on GP surgeries and allow GPs to spend more time dealing with and diagnosing more complex conditions. An update will be given at the May meeting.

Reception training GS and Dr Howells provided details on a new initiative that will help receptionists direct patients to the most appropriate clinician. Receptionists will have access to a Care Navigation toolkit that will enable them to quickly identify who the patient needs to be seen by, quickly identify any 'red flag' symptoms and reduce the chances of incorrect information being given to patients. It should be especially useful to new members of staff.

Practice Clinical Pharmacist (Elan Ward) Dr H advised the meeting that he is now undertaking medication reviews (both face-to-face and by telephone). These reviews will be for patients with less complex medical conditions.

The Practice GP Assistant (Emily Archer) – will now be visiting patients who have recently been discharged from Hospital to ensure that medication lists are updated. Emily will also liaise with the Practice Care Team and GPs if additional help or support is required following discharge.

5. **Patient Panel** Minutes of the September meeting had been circulated. **RC** To attend Zoomed WB AGM on Thursday 16th with guest speaker Sarah Webster, Executive Director for the ICB in Berkshire West. Minutes of that in due course.

6. **Housing Developments** The known planned developments continue.

AC and MS provided members with an update on recent housing development applications across the Practice catchment area. **Wash Water** development has been approved. The developers proposals include the provision of a health centre. Concern is still about the number of new patients likely when developments are complete. Parish councils, through our PPG members are being asked to ensure that the Practice is informed of any proposed applications affecting this Practice area. It seems difficult for medical provision to be given the necessary priority with developers. Wash Water is not a good site as no public transport to be provided at all by HCC. **AC** explained that the decision to approve the development is still open to challenge although such a challenge would be very expensive.

7. **Members' Reports**

BT regretted lack of availability for smaller suitable properties where needed.

MS Highlighted the possibility of funding for security improvements for the Practice via a Thames Valley PCC scheme. MS will forward details following the meeting.

SG Neighbourcare drivers were being contacted to transport patients to Hospital and Drs' appointments. In some cases, these patients are not at all mobile and require a lot of physical assistance for them to be transported. **Dr H** agreed that such cases should not be referred to Neighbourcare. The *NHS Patient Transport service* might be the more appropriate route. Patients needing additional medical support during their journey to and from Hospital appointments can often access this service for free. Patients can book transport themselves, but the *Practice Care Team* will book patient transport on behalf of more vulnerable patients. In cases where patients are housebound and require a GP appointment, GPs will undertake home visits. **GS** agreed to see if the appropriate use of Neighbourcare services could be included in training for new members of the Practice reception team.

RC asked for a new PPG Secretary to be sought. First meeting taken in May 2011. Adds in Local Magazines recommended. **RC** to continue with her Ministry in the 2 Care Homes in Woolton Hill, and other necessary tasks until a new Rector for NWHB is appointed.

Date of next meeting at 7.00pm on 14th May at Woolton Hill