

Minutes of a meeting of the Fairford Patients' Participation Group held on 19 January 2023 at 1.30pm

1. Those present

John Read – Chair and Secretary
Cllr Stephen Andrews – patient
Margaret Bishop – Patient
Mary Ann Dibbs – W4W Wellbeing Coordinator
Jane Dibney – CDC Community Support Officer
Trevor Hing - Patient
Cllr Jennie Sanford – Patient and FTC representative
Andrew Slucock – Practice Manager
Carolyn Thrussell – Social prescriber
Alison Watkins-Nash – Patient (via zoom)
Shelley Welsh – Chair of the Friends of Fairford and Lechlade

John welcomed Trevor to his first meeting and Andrew, Jane, Carolyn and Trevor in their official capacities. He also thanked Stephen for setting up the zoom link.

2. **Apologies** – Judith Butler

3. **Matters arising** from the minutes of 29 September 2022

- a. **Flu vaccinations** - Andrew reported an excellent response to the flu vaccination programme. The same quantities of vaccine had been ordered for next year. Relatively few cases of flu had occurred but there were more cases of coughs and colds and some COVID as patients were doing less self-testing. A COVID Spring booster is expected, but no details are available yet. This is likely to be offered, primarily, through vaccination centres. =
- b. **B12 injections**. Andrew was continuing to examine how the six-monthly inoculations could be best booked, administered and patients reminded of their appointment.
- c. **FootFall system upgrade** – Version 6 would be available shortly. It was not known at this stage if it included a triage capability.
- d. **Time of GP call back** – The difficulty of predicting this would be mitigated by a decrease in phone consultations with a consequent increase in face-to-face appointments. A trial with some GPs is underway, however the surgery will not remove all telephone appointments,
- e. **Medical staff at W4W presentations** – Andrew agreed to pass on any request to the appropriate staff **Action** MAD/AS
- f. **Warm and Well bags** – The District Nurses had an oversupply of these.
Action – MAD to contact surgery to see if these could be redirected.

4. **Practice Manager's Report**

- a. **Appointments System** – This provoked a great deal of discussion. Andrew explained that he had contacted Rendcomb Surgery to see how their system worked and felt that the difference lay in the relative youth of the patient population there. He was meeting with other Practice Managers of the PCN

group to exchange information on the topic. Appointments were only booked two weeks ahead as this reduced the number of no-shows. Three receptionists were on duty in busy times to field calls. They needed to triage patients so that those needing a same day appointment could be seen. All urgent cases were seen on the day leaving routine appointments to be made up to a fortnight ahead. Appointments were released at night. SystemOne kept an audit trail of all reception call handling. The website could be used for booking appointments, but it was noted (by those present at the meeting) that there were very few GP slots available on any one day. **Action** – Andrew undertook to examine this. It was reported by TH that Hyperion House have been asked not to email GPs directly. Andrew explained that Emails could not be used to request information, help or make an appointment directly with GPs as this could lead to preferential treatment of groups of patients. All correspondence should go through reception. It was noted that there had been a great deal of adverse comment about the appointments system on FaceBook. Andrew had investigated this and found that the person who had made the original complaint had been seen appropriately, and was contacted to discuss the problem. Another person who had complained had already sent a “thank you” the surgery for the treatment she had received. Notwithstanding this the PPG members felt that improvements could be made and Andrew proposed creating a guide to help patients get the best out of the appointment system. **Action** – Andrew.

- b. **Staffing** – Two Advanced Clinical Practitioners were now in post – Rob and Tina. The practice is recruiting half an FTE pharmacist and one GP. The latter post had been advertised for several months, and is under review.
 - c. **Mission Statement** – Andrew had produced a mission statement which had been agreed with the partners and would be used as the basis to create a community feeling among the HCS team, and will be actively reviewed in staff appraisals.
 - d. **Reception display screen** – This was now working again and the PPG was invited to send material for this in PowerPoint form.
 - e. **NAPP fee and PPG website cost** – Andrew said that the surgery had agreed to pay for these, based on the £70 proposed. [Note: this cost is now £250, and is under review)
 - f. **GP details on surgery website** – It was felt that the description of the doctors as working ‘part time’ did not do justice to the volume of work entailed. Each 4 and ¼ hour session required an additional amount of administration work. It was felt that a better description would be ‘job sharing’. The surgery website would be reworded accordingly. **Action** – Andrew.
5. **Working for Wellbeing Report** – Mary Ann outlined the current and some planned activities for W4W and drew particular attention to the Warm Room Events programme, the new W4W website which had a comprehensive database of local, county and national level support service, the Hardship Fund, Youth Events, shopping and theatre trips, social driving and dementia singalongs. She and Carolyn Thrussell were in close liaison over individual cases of social and financial hardship.
6. **Friends of Fairford and Lechlade Report (FoFal)** – Shelley reported that four patients were being cared for at home and three were fast tracked. An article about

the End of Life team had appeared in the Wilts and Glos Standard to help increase awareness of FoFal. The Bereavement Café was well attended and was about to conclude its first year of operation. In this context the possibility of an end-of-life planning group had been discussed but the Bereavement Café had been seen as a priority. It was felt that progress ought to be made on end of life planning and Stephen kindly offered to contact the CDC person responsible for this and invite them to brief the PPG on what other areas were doing. **Action** – Stephen. Mary Ann agreed to sensitively get the views of Talking Café clients on the matter **Action** – Mary Ann. FoFal continued with medical driving which had been extended to cover delivery of prescriptions. The Lunch Club had been re-started and would take place in the Fairford Hospital. Funds continued to be available for a number of activities.

7. **Social Prescriber Report** – Carolyn explained that she was employed by the Gloucestershire Rural Community Council (GRCC) and that her work was funded by Gloucestershire County Council and the NHS. She undertook cases in the Lechlade, Fairford and Cirencester areas. Currently she had a case load of 7. She asked that the Surgery and Mary Ann refer cases to the GRCC and not directly to her. **Action** – AS/MAD
8. **Any other business** – There was no other business.
9. **Date of next meeting** – Thursday 27 April at 1.30pm in Beaumoor room