

Churchmere Medical Group Patient Group

Meeting

Date: 26 April 2023

Venue: Senior Citizens Club, Pearl Yard, Whitchurch

Present:

Practice Representative: Elaine Ashley (EA), Data & Quality Assurance Manager, Jayne Hatcher (JH), Patient Services Manager

Whitchurch: Peggy Mullock (PM), Dorothy Wright (DW), David Cooper (DC), Fay Barrow (FB), Bev Duffy (BD), Pauline Speake (PS), Sarah Smith (SS)

Ellesmere: Anne Wignall (AW)

Apologies: Mary Goulbourne (MG), Carole D'Ammassa (CD), Tessa Lanstein (TL), Terrie Hewitt (TH),

1 Welcome (meeting opened at 1800 hrs)

Meeting was opened by PM. Round table introductions made. MG has resigned from the group but is willing to help with any volunteering when required. EA has emailed MG on behalf of the group to thank her for her time and contribution over the years.

2. Minutes of last meeting

Minutes of last meeting agreed and no matters arising.

3. Presentation by Val McKay (VM), Lead Cancer Care Co-ordinator, North Shropshire Primary Care Network

Unfortunately due to illness, VM could not make the meeting this evening. EA gave a brief overview of the service. Churchmere have 2 cancer care co-ordinators working within the practice who help patients newly diagnosed with cancer with support.

EA will invite VM to a future meeting.

4. Help Yourself to Health events

Prior to the covid pandemic, the Whitchurch patient group ran an annual event at the Civic Centre called 'Keeping Well in Whitchurch'. The event involved approximately 20 organisations who had a table display within the main hall. The groups encompassed all age groups ie. health visitors, Age UK, Dementia UK, hospice, men in sheds, walking groups, Red Cross, Minor Injuries team, GP health promotion teams etc

We aim to restart events in Whitchurch and Ellesmere on a small scale with the aim to develop and expand over the years.

AW did not feel that Ellesmere market had the footfall to ensure the event is a success. PM and DW confirmed that the Whitchurch market does not have great footfall but with good advertising, it should work well.

PM has booked the market hall in Whitchurch on Friday 1 September from 9-12 noon.

AW to check with MG if a date has been booked for Ellesmere a week or two after this. If not, AW will arrange a suitable date.

PM has also arranged for posters and information to be displayed about the event in Whitchurch during the month of August.

AW confirmed that there are notice boards in Ellesmere that we could use.

SS asked about the size needed for posters and it was thought A1 would be best.

EA will contact Sara Lanyon, QUBE and the practice Community Care Co-ordinator so that they can link in and support the patient group with organising the events.

The group will take this forward and arrange separate meetings to plan the events.

5. Update on new Health Centre in Whitchurch

EA reported that the steels are now in place for the new Health Centre and the development is on track for completion Summer 2024.

Discussed potential art work for double height wall in Reception area and whether we could invite the local school and/or members of the community to create a design which would reflect a theme. For further consideration.

FB suggested that a plan needs to be put in place to measure the expectations of the community for the new health centre. FB feels that patients will expect to be able to get an appointment much more quickly in the new health centre than currently.

Part of this will fall within the communications strategy that has yet to be shared with the group.

6. AOB

- AW discussed the new community cars group being set up in Ellesmere. This is a positive step for the community.
- AW updated the group on the food bank run from Our Space in Ellesmere. The foodbank receives donations from members of the public and small stores such as the co-op and premier. PM suggested having a donation basket in Tesco but AW reported this is not possible as Tesco support the Trussell trust. PM suggested arranging a meeting with the store manager.
- AW said that she had recently been involved with social prescribing and had meetings with Sara and Mitch. AW has developed a directory of services as she reported Mitch was not aware of local services. EA confirmed that the practice has a directory of services which is managed by our Community and Care Co-ordinator. EA will discuss this with the SP team. EA would welcome a copy of AW's directory so that we can add any new groups/organisations that we are not yet aware of.
- Communications – long discussion on communications and AW commented that TL has done a lot of work on the communications strategy. We look forward to receiving this in due course for discussion. FB was invited to join the communications group and has accepted.
- FB asked about KPI and data. EA confirmed that all data relating to the performance of the practice is available online but does take some searching. The practice does not have the capacity to provide additional data for the group. PM agreed that this information was not required by the group did not have any influence regarding this.
- DC asked that rather than having specific numbers of DNAs etc, that it would be useful to understand the themes ie what types of appointments were not attended. EA commented that many patients who booked a telephone appointment with a clinician then fail to answer. Patients are not given a specific appointment time but an approximate window for the call. The clinician makes two attempts to call the patient before marking this as a 'DNA'.
- Waiting times – DC asked about waiting times and EA and JH explained that this was related to the presenting problem. If a patient had an urgent problem then they would be offered advice usually on the same day. If a routine appointment, the patient would be offered the next routine slot.
- Telephone system – EA reported that we continue to receive positive feedback with the new phone system, especially the call back facility. DC added that he does feedback to people the number of people who are

available within the practice to answer calls as he feels that there is a perception that there is only 1 or 2 taking calls. PM had visited the call centre in Ellesmere and had been surprised at the number of staff available and JH confirmed that there are 14 workstations plus call handlers in Whitchurch. Suggestion made that we should communicate to patients the number of staff we do have who answer calls (linked to awaited communications strategy)

- Claypit Street – FB asked why the Claypit Street site is closed so often. EA added that this is due to needing additional PSA and admin staff to man the site. EA explained that members of the PSA team do suffer considerable abuse which in turn leads to high staff turnover. We are committed to supporting our staff and we do have processes in place for patients who display inappropriate behaviour. FB wondered if this was just out of a place of frustration as the patients were not listened to. DC commented that he had been told that if you make a fuss you are more likely to get what you want. All were in agreement that it was unacceptable for staff to be treated in this way but wondered if additional communications and explanations to patients would be helpful. EA and JH explained that the PSA works to strict protocols and processes to ensure patients are triaged to the most appropriate person in an appropriate timeframe. Patients do seem to remain fixated that only a doctor can sort their problem and it is this message that needs to be effectively communicated.

Date of next meeting: To be confirmed

The meeting closed at 7.50 pm