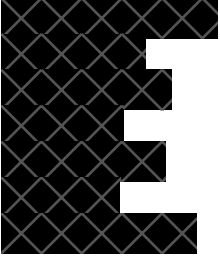


**Woodstock Lanark Patient Participation Group
Meeting Friday 6 May, 2022**

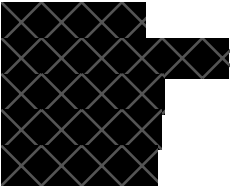
Minute

Present

PPG



Woodstock Medical Centre staff



NHS Lanarkshire



1. Apologies



2. Notes of Previous Meeting – 22 November, 2021

Accepted as accurate record.

3. Discussions with MSP

BK asked CC for an update on the discussions he had with the MSP re service provision and ongoing work with the practice re service improvements.

CC had advised the MSP and, similarly shared with the group, that access to primary care in general and General Practice in particular was a nationwide issue and many difficulties pre-dated the pandemic which had exacerbated the situation considerably.

He had gone on to share a range of indicators which could be used by the Health Board to ascertain if a practice was seen as an 'outlier' in terms of comparing performance against other practices in Lanarkshire and or the locality in which the practice was based. Whilst there were often reasons why a practice may not be performing well in one area or another, when looking at the data for the Lanark practice, there were not any areas where the practice was a significant outlier.

Given some of the ongoing social media posts etc, it had been thought that 'access' to the patients in Lanark may have been less than in other areas. However, when looking at the type of data that may have evidenced 'access' as being an issue that was an outlier, there was no evidence of this. For example, rate of patients going directly to A&E; patients being referred to A&E by the practice; numbers of specimens being generated; rate of prescriptions; etc all showed the practice to be performing in a range that would not give rise to concern.

Dr A provided some further info on why some GPs/practices may have higher rates of prescribing; specimen collection and so on. That said, it was a useful suite of data to be able to provide opportunities for further discussion with a practice where, for instance, they were the highest or lowest generator of specimens, use of a specific drug and so on.

In response to a question from BK, CC indicated that there were no 'targets' set by Scottish Government (it is a nationally negotiated GP contract) re the rate of appointments, or indeed, face to face appointments, provided by a specific practice. Dr A confirmed that there was a 'guideline' number of appointments that should be provided by a practice based on the number of patients and the Lanark practice was currently providing more appointments than the suggested rate.

CC also highlighted – and recognised – the work done by the extended practice team in Lanark to completely review the repeat prescribing process and also the number of prescriptions which were being reviewed.

It is good practice to review the 'repeat' prescriptions which patients have and, where required to change some medicines for a range of reasons. This can range from patients who may have been on a high dose of pain relief having to have this reduced over time through to medicines going 'off patent' whereby the same drug can be purchased at a significantly reduced price than the 'branded' version.

In response to a question from HK, Dr A advised that there should be a discussion between a member of the practice team and the patient where changes to the medication on repeat prescriptions were being made.

CC also noted that he had been made aware of staffing difficulties in a number of pharmacies across Lanarkshire and it would be wrong to assume that any/all delays in processing of repeat prescriptions rested with the respective GP practice.

4. Practice Update/Revised Patient Information Leaflet

Dr A/TF had shared the latest version of the Patient Information Leaflet. (Attached for ease of reference.) From this, it could be seen that there has been a significant increase in the number of GPs supporting the practice; new clinical support staff; and also an increased range of 'senior decision makers' who could also support improved access for patients. This would shortly be enhanced by the recruitment of a further Advanced Paramedic who would be able to see and assess patients.

In discussion, it was agreed that the practice leaflet is available online and copies could be made available in local pharmacies, noticeboards etc. All new patients to the practice are also given a copy of the practice leaflet.

Dr A also advised that the practice was looking at the potential to increase the number of pre-bookable appointments beyond those currently available – which tend to be following an initial consultation with a GP/member of the practice team.

The next Patient Newsletter was also shared and noted by the Group.

CC indicated that NHS Lanarkshire was in the process of introducing a new GP IM&T system across Lanarkshire. This new system would have more 'digital' functionality which could support a range of initiatives to allow direct access to the public across practices depending on the systems working in each practice.

CC also highlighted that the new IM&T system should also mean improvement to the current telephone system which, in itself was not at fault for access issues.

In response to a question from NC, CC confirmed that there would always be an option for anyone without access to digital means to access practices.

CB also noted that the new call system appeared to be working well, albeit there was some discussion around ensuring signage was maximised to ensure anyone attending would know how to access same. CB would action accordingly.

5. PPG Leaflet/Update/Communications

It was agreed that there should be a PPG leaflet which could be posted on the practice website/noticeboard which would contain a generic e mail address which could be accessed by the PPG

such that if there were any new issues emerging, these could be themed and considered at future meetings.

After discussion, it was agreed that it would not be a good idea to share the names of all the members of the group as they should not be getting approached as if they had any responsibility in the 'running' of the practice.

It was also agreed that if anyone did approach a member of the group with a concern or complaint, they should be directed to the practice via the existing suggestions/complaints procedure. This is covered in the practice leaflet and is also available on the practice website.

EM also advised that she had recently accessed direct support from the local pharmacy via the 'Pharmacy First' scheme which meant she was able to get what she required without needing to go to the GP. In turn, she asked if this service was being communicated sufficiently well.

It was noted that the scheme was pushed through all the NHSL social media platforms regularly as well as being referenced on the practice website. Care navigator staff on the reception desk in the practice would also seek to identify things which could be managed directly by the pharmacist – or indeed the optician, dentist – and advise the patient to access accordingly.

It was agreed that regardless of what was already happening, this should continue to be pushed at every opportunity.

It was noted that the windows in the seating area provided a good opportunity for information to be shared with people outside the building. It was agreed that the PPG make use of one of the windows to publicise its work, share minutes etc with the community. BK/TF to action.

6. Future Work Plan for PPG

BK suggested that moving forward, the PPG should identify a range of issues where there was opportunity to share progress/developments with the local community such that they could better see the range of improvements made by the practice over the past two years and beyond. It was agreed that the Partners and Practice staff would identify key targets to work towards in the forthcoming year in advance of the next meeting of the PPG to allow an action plan to be devised.

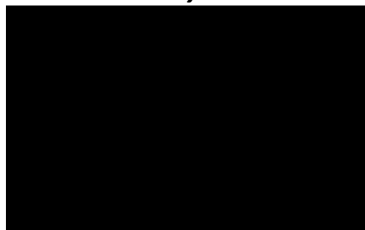
In the absence of ID, CA asked that a member of Heath Improvement Scotland be invited to attend a meeting to give information and support on how the PPG might best work in partnership. It was agreed to invite someone from HiS with direct responsibility and experience of PPG's to a future meeting. ID to be asked to action.

7. Date of Next Meeting

It was agreed that meetings should be bi-monthly and a quick survey of all members would be undertaken to seek to ascertain the most appropriate meetings going forward. It was agreed to aim to have the next meeting around the last week in June.

***Minute of Meeting held on 6 May 2022 agreed by members
following the process laid down in the PPG Terms of Reference***

18 May 2022



Chairperson