



Meeting of Patient Participation Group, Woodstock Medical Centre
The Meeting Room, Woodstock Medical Centre
Wednesday 29th January @18.30

Chairperson – Eleanor welcomed everyone to the meeting, introductions and apologies were noted.

Rameshwer Lal - Partner	Attended	Usman Rehman - Partner	Attended
Linda Butters – Area Manager	Attended	Gillian Walker – Practice Manager	Attended
Jennifer Boyd – Senior ANP	Attended	Tracey Forrest – Minute taker	Attended
Craig Cunningham –NHS	Apologies	Alistair Mackintosh - NHS	Attended
David Inglis - Primary Care Team	Attended	Eleanor McLean - Chair	Attended
Hazel Kay – Deputy Chair	Attended	Fiona Thomson – PPG Member	Attended
Neil Campbell – PPG Member	Attended	John Taylor – PPG Member	Attended
Ruth McCallum – PPG Member	Attended	Liz Forbes – PPG Member	Attended
Colin Angus – PPG Member	Attended	Alister McInnes- PPG member	Attended
Elaine Young-PPG member	Apologies	Leonard Gray – PPG Member	Attended
Elizabeth Hunter – PPG member	Attended		

Feedback from previous meeting:

- No feedback from previous meeting

New phone system:

- The new phone system has been well received, there is now a TV set up in the admin room for the team to see the how many calls and waiting time etc.
- Downside on the call back system with the calls not being picked up, phone system doesn't retry the call. Call back system has worked well for members of the PPG. Question asked as to how many rings does the call back offer? Will a mobile go to voicemail if not answered? Will the system call again if not answered? Question asked, if you are 5th in the queue and you use call back does your call go further down the line – no you stay 5th in the queue the system would call back when you get to position one.

Action Point – Gillian will find out how many rings it gives for the call backs, and see if the system will call back if the call is unanswered on landline. If not, Gillian will ask if this can be changed so that it does call back.

Staffing levels

- Doctors - Gillian (PM) advised that the Locum Doctors sessions have gone from 26 sessions a week to between 32/36 session a week.
- Admin – Gillian (PM) advised that a new member of admin is due to start on the 24th Feb and another person has just accepted a position and will start soon as well.
- No social media expert has been employed yet.
- At the AGM it was mentioned there were two full time GP's being interviewed. Alba have recruited 2 salaried GP's but not for the Lanark site.
- The sites went through a stage of moving staff to cover, we now try and avoid this as we want stability for staff and patients, staff will now work remotely if needed.
- Salaried GP for Lanark – it is difficult as some GPs don't want to travel.
- Alistair MacKintosh discussed the "Byres Road Effect" if GP trains in Lanarkshire they usually would stay in Lanarkshire. There is an increase of 6 surgeries that are taking on training doctors "ST3"
- Question asked if this was something Alba Medical Group would consider becoming a training surgery, not at the moment but will keep it in mind.

Reception staff experience

- All staff have a name badge and wear them.
- Gillian and Linda have spent a lot of time with admin over the past 4 weeks, and there is plans for staff training – to build up staff confidence, so that they know what to do and feel comfortable to ask for advice from colleagues and manager.
- Gillian advised that staff are getting abused out with the surgery, in their own time, which is not acceptable.
- It was pointed out a councillor did not get a reply – it was asked that all correspondence is sent to the clinical box for Woodstock Medical centre not to personal emails, if staff are off sick the surgery don't have access to their emails.
- Call backs from gps/admin – unless a specific issue GP unlikely to contact patient out with a booked call, GP will call once for a booked call back on the day. ANPs would call back for acute Ask my gp. Admin should continue to call until they get an answer, the surgery is starting to use the text message service, we propose to give appointment for CDM (**Chronic Disease Management**) clinics this was as the letters are being received late and results in missed appointment for blood appointments.
- There was a PPG member in at the front desk, staff member did not speak to the patient, took their name and date of birth, no eye contact, no chat. Dealing with the public is a huge skill. There is protected Learning afternoons three time a year where staff will be given training. Gillian (PM) will have standard operation procedures that will be put in place, annual appraisal of staff will be done.
- Communication – Alistair MacKintosh pointed out that in England there is an APP, for booking appointment getting blood result etc. unfortunately Scotland is behind on this technology. Colin suggested writing to the MSP re technology.
- There is a physio app "PHiO" for the physio depts.

At 7.15pm Dr Lal had to leave the meeting.

Ask my GP

- There is a change to the way ASK MY GP is working, this is to stop the bottlenecking, there will be 1 or 2 ANPs on call and then admin team dealing with Ask my gp. Our appointments used to be 60% pre bookable and 40% on the day, this has been changed to the majority of appointments being on the day, there are a few appointments bookable for that week or the following week. This way of working has made a huge difference. Acute and routine issues are being dealt with on the day. GPs see the most appropriate issues, and there is support from the Health board with the visits.
- Approximately 200 request a day booking in on the day then prebookable, all got booked very quickly, so lots of back logs, we didn't have the right balance, now we have more appointments available, and now no need for on call ANP to call patient, admin now do this and most appointments are on the day. this is an improvement to the system.
- Lanark is the only site dealing with Ask my gp out of the group, it offers much better correspondence between staff and patients.
- PPG member advised that a patient got a call from admin staff instead of a reply to Ask my GP, as its asks how you wish to be contacted.
- When the surgery reply it is seen on the surgery side that the patient has read the message that has been sent.
- The on call ANP is sitting in the admin area instead of the hub, which seems to work better.
- DNA's (**Did not Attend**) are higher than we would want them to be
- Two weeks ago 472 booked appointments with 14 DNA's
- We have 2 new ANPs who live local to the surgery.
- We now have 9000 patients signed up to Ask my gp, it was asked why two emails are sent to confirm you have put a request in – unsure as to why.
- The partners will continue to fund Ask my GP but likely to change to “Engage” as Ask my gp is not sustainable across all our sites. If we do move to the Engage system, the self-check in system would also come back to be used, this would reduce waiting times at front desk for booking in. These two system would overlap to give patient time to register on Engage.
- The change to the appointments system took place on Monday this week ANPs worked on Sunday to clear appointments, the decision was made the new system had to start, communications were sent to Eleanor (unfortunately she did not receive) and added to the website and facebook, PPG members saw message on the facebook page.
- Today Wednesday 29th Jan the surgery dealt with 175 patient contacts.

Prescription Process

- Gillian (PM) spoke about the exponential number of scripts that are received at the surgery, we have 7000 patients on repeat medication. All the team were dealing with script request over Christmas period. An issue has been identified and is being rectified.
- Repeat – amount of issues – medications out of sync, lots of drugs need to be reauthorized. There were backlogs of these as we had staff of sick. Currently working on a solution. Independent Pharmacist, is getting a plan in place to realigning medication and make everything 2 months and reauthorize for 12 months (where we can) and carry out reviews.
- 40% of patients have chronic disease so a lot of medication out of sync – if started on new medication this can also put patient's medication out of sync.
- It was advised that Lanark Pharmacy (MO) had a book of missing scripts
- England has electronic prescribing, Scotland doesn't.

- Question asked if a pharmacy can't get the medication would they contact the surgery, yes they should advise they surgery the medication is out of stock so the surgery can arrange another scripts
- Alistair MacKintosh advise that MSNs are sent out to community pharmacies to advise of shortage of meds and the pharmacy is given the authority to change to a drug they do have.
- Question asked as to why is it only 2 months' supply on a script – pharmacy can hold scripts also a compliance issue if more meds given out. If going abroad a 3 months' supply can be given
- Although it had been advertised re public holiday closures there were still lots of late requests for medication before Christmas.
- The abuse that staff take between 4pm and 5pm is unbelievable – resilience training is planned for the admin team.
- On Friday when the Red Warning was in place for the storm, the surgery took 97 calls, and numerous patients turned up at the front desk although the warning was not to go out.
- Patient services – Online prescription requests. This is the best way to order a repeat prescription it can be checked to see when put in etc. and can't get lost.

ACTION POINT – PPG will push the online scripts on **Facebook** and print poster out to put out in Lanark.

Physicians Assistant's in Practices

- We have 4 working at Alba Medical Group – Lanarkshire, but none are based at Lanark site.

Physical Activity Prescription (PAP) referrals

- Drs and nurses are still doing these referrals they should be posted to Lifestyles/Swimming pool

PPG posts on surgery website

- All updated on 28.01.25. August minutes were on the website but had been added to the bottom not the top of the list. Dates for the 2025 meetings are now on the website as well.

Criteria to refer to Minor Injuries

- This is not a standalone service, a patient needs to be triaged via A&E, over 12 years old and between 9am and 9pm, but must be seen by A&E first.

Health Fayre

- Last Year health fayre on the 7th Sept was well received by the public. The surgery will fund another one this year, Hall hire, tea and coffees etc. Needs to be advertised better.

Terms of Reference (ToR)

- Discussion had on what happens, do members all stand down or do 50% stand down then another year 50% stand down. If there is a vacancy does the person apply in writing?
Action Point: To be discussed in more details by the members of the PPG not the surgery.

AOB.

- Chair mentioned she has heard that 300+ houses are being built at the barracks, 28 flats at St Marys, 41 flats at the old school area. Planning dept. don't consult Health board before planning is authorised. This needs to be taken to MSP, its only Government that can help.
- The surgery used to have a box where we collected old spectacles and they were then taken to Wishaw General Hospital, this stopped in Covid time, can this be restarted?
Action Point– Alistair and David will check to see if it can be restarted.
- It was asked what is a review letter? These are Chronic Disease Management letters, diabetes, asthma, bp etc.
- Communication boxes – (this is communication about the surgery but not a complaint) Colin spoke about reports from the boxes and passed these onto Gillian (PM) to address.
- From one of the reports it was asked what the acute and routine turn around was:
- Acute are always dealt with on the day, routine could be 48-72 hours (but as discussed earlier this has now changed)
Action Point– Colin is going to check with Maureen to see if communication slips can be put into the health centre.
- CLiC - Clydesdale in Conversation - colin spoke about this, and passed a poster to Gillian to put up in the surgery
- Linda (AM) asked how does David and Alistair feel the surgery is being manage. You can see the difference, lots of changes, but is moving in the right direction, communication is people will listen to other people all the historic negativity, there are ingrained believes of a bad surgery. It was a slow decline the proceeds the current partners by a decade, GP practice has changed, and lots of change with positive outcomes. NHS Lanarkshire is right behind the practice. There has been a remarkable change in the last 5 years.
- Plans to have a newsletter. With stats, staff sessions a week, you said we did. Push the positive message. Where does Gillian (PM) start lots of small fires burning – how do you balance things?
- Eleanor asked if it was felt the PPG was worthwhile, yes its worthwhile it helps to promote the surgery.
- The action group have sent 1 email to Gillian (PM) to ask what the circumstance for Ask my gp being switched off at Christmas eve.

Eleanor thanked everyone for coming to the meeting and the meeting was closed.