**Wem and Prees Medical Practice**

**Patient Participation Group (PPG)**

**Minutes of the meeting held on Thursday, 27th March 2025 at 6:30pm in the Meeting Room of Wem Medical Practice.**

**1. In Attendance:**

Mike Crawshaw – Chair

Caroline Morris – Practice Manager

Andy Black

Lynne Hancock

Liz Parish

Sylvia Short

Yvonne Sidlow

Jan Thornhill

Apologies:

Marion Bennie

Sybil Farmer

Rachel Gascoigne (Does not attend /minutes distribution only)

Julia Goode

Mandy Meakin

Brian Pullen

Becky Riley- Beckett

**2. Minutes of the previous meeting held 30th January 2025**

The minutes were reviewed and agreed by group members.

**3. Review of Actions**

The following actions remain outstanding: -

Mike Crawshaw will issue any remaining name badges at the next meeting.

**4. Matters Arising**

There were no matters arising from the minutes of the previous meeting.

**5. Confirmation that all members are now in receipt of name badges (Mike Crawshaw)**

Mike confirmed all members present had received their name badges.

**6. Update on Dementia Awareness Training to PPG Members (Jan Thornhill)**

5 PPG members attended the training held on Saturday 15th March.

It was a really good session with lots of feedback and everyone participating.

Jan discussed some of the key points with the group:

- 3 main types of dementia. Alzheimer’s Disease, Vascular Dementia and Lewy Body Dementia.

- 40% of dementia could be prevented if people lived healthy lifestyles (alcohol intake, diet, exercise etc)

-70% of Alzheimer’s cases could be caused by an auto-immune condition

- ‘use it or lose it’- hearing, sight loss and social isolation are contributing factors, so it is important to have eye and hearing checks to correct any deficiencies

- genetic links,

- 1 in 4 hospital beds is occupied by a dementia patient

There is currently a great deal of research being done on dementia to identify the causes and possible treatments. Early diagnosis is crucial as medication is only useful in delaying the progression of the disease if started at onset. Sadly, most cases are diagnosed too late for medication to be beneficial.

Some new treatments are not available on the NHS.

In May there is the Alzheimer’s Society Dementia Week. Last year in her role as a volunteer for the society Jan attended Wem surgery one morning and Prees surgery in the afternoon to raise awareness of the disease and promote the services and support available to patients and carers. Jan is hoping to do this again this year.

**7. Summary of Practice data (DNAs, Total Triage etc) (Caroline Morris)**

**DNAs:** The most DNAs were from patients failing to attend blood tests. This is likely due to patients forgetting/ memory problems.

DNAs for appointments with ACPs (Advanced Care Practitioners) is currently 10%. This is a mystery as most of these are booked on the day.

**Total Triage:** Working well and Caroline explained that when the online request is received it is reviewed by a Duty Doctor. They then decide the next steps and advise the Duty receptionist to contact the patient with details. The Duty Doctor and Receptionist remain on this process for the whole day.

Liz raised the issue of requesting a phone call on the triage form but instead receiving a text message. There was a concern that patients may miss texts if they were waiting for a phone call and could lead to DNAs.

Some patients may also be confused about which surgery to attend if they are used to attending the nearest but are given an appointment at the other.

A question was raised over patients being able to tick for their preferred location, but it was felt this could complicate things.

**Out of Hours:** Another issue raised was not being able to complete the Total triage form at weekends or evenings.

On the NHS app you can navigate through to the form, then it tells you it is not available – could it state the times that the triage is open initially to save patients time in navigating the site?

Caroline explained the reason the total triage form is not available outside of surgery hours is to prevent many forms awaiting review the next morning. There was also a concern they could be inappropriately completed out of hours.

\***Action point -** Caroline will explore the possibility of getting a message added.

**Wound Service** - Caroline has requested PPG support with issues affecting this service.

Currently the practice provides this service through the Complex Wounds contract. A patient will be seen by the GP for 4 weeks then if further treatment is required, they will be transferred to the wound service based in Wem at week 5. However, when a GP refers patients to the wound service, they don’t always have capacity to see them and have a long waiting list. This results in the Practice nurses having to continue to see the patients without the funding to do so. Other patients then struggle to get appointments.

The wound service is run by Shropshire Community Services Trust and receives funding for a full-time service- they are currently only offering one day per week due to staffing issues. Caroline has escalated that 9 patients are currently on a waiting list. The practice has told SCST that they can no longer continue to see wound service patients.

It would be financially unviable for the practice to take over the contract as GP’s don’t receive the same level of funding as Hospital/Community services. Other practices are considering their position as the funding is insufficient and they are running at a loss.

Caroline has met with the ICB to resolve the issue and is speaking to them on a weekly basis. Caroline does not want to lose the service and hopes to see movement soon.

An Information letter will be sent to patients explaining they will be seen at the Practice for 4 weeks then from week 5 at the wound service. It will contain full details of how to complain and escalate delays in accessing the wound service.

The group suggested Caroline write to Helen Morgan raising the concerns of the practice and the PPG.

The seamless transfer at week 5 is not happening and the contractual obligations of the contract are not being fulfilled.

It was also suggested that the PPG could send a freedom of information request.

\***Action point-** Caroline to update the PPG at the next meeting

**8. Agreement and planning for proposed PPG Project Plan 2025 (All)**

a. Promotion, distribution and monitoring success of Total Triage Guidance Notes

A big push on social media is planned.

**Action point –** Mike to arrange Project Brief document to be sent to Andy.

b. Supporting Young Carers

Sylvia would like to meet with the appropriate people to discuss Young Carers in Prees as the Parish Council may be able to Help.

\***Action point** – Sylvia to contact Mike for the relevant contact details and progress.

**Action point –** Mike to arrange Project Brief document to be sent to Sylvia.

c. Promoting Health and Wellbeing initiatives

Brian is working on this

\***Action point** – Brian to discuss detail at next meeting

**‘I Can Live Life’** – Sylvia explained that she has been involved with this charity recently. It is a National Charity but worked locally on-line, Via Zoom meetings. Participants can have physiotherapy for 45 minutes followed by a 15-minute discussion on health and well-being. After 5 weeks further support is available on-line, or patients can attend RSH.

\***Action point** -Sylvia to send Mike the information relating to this Charity

**End of Life / Palliative Care** – Jan explained that SATH has been working with local charities etc on this issue. Hospices are massively underfunded and the care for this vulnerable group of patients falls on the community nurses. The working party is producing leaflets to support patients and families covering End of Life care, Palliative Care (Death reasonably expected within 9 months) and Post Bereavement help containing useful phone numbers.

It is hoped that the working party will take this to the GP forum so it can be rolled out across GP surgeries. Jan will receive copies of the leaflets and will share them with the PPG.

Mike will try to arrange a meeting with the EOL specialist nurses (Jules Lewis & Sarah Venn) and would like 2 PPG volunteers to attend. Jan has extensive nursing experience in this area and is keen to attend. Lynne has volunteered to accompany her.

\***Action point –** Mike to arrange a meeting with EOL specialist nurses/PPG members.

**9. Any other business**

* It was agreed that the issue of group members not attending PPG meetings in accordance with the membership rules will be added to the agenda for discussion at the next meeting.

*\*‘PPG Member Commitment- the PPG member will attend at least 4 out of the scheduled 6 PPG meetings per year. Failure to do so will mean that they are eligible for removal at the discretion of the remaining PPG members by means of a ballot. They will be informed of this removal’\**

\***Action point** – add non-attendance to the next agenda.

* Amy Keyland and Julie Keyland have stepped down as members of the group.

* Jan informed the group that Covid vaccinations for over 75’s or those with complex health needs were available from April 1st. These are not available at the surgery but will be available at locations in Wem and Whitchurch (Whitchurch Fire station, Green End Pharmacy)
* Caroline ended the meeting by thanking the group for their support and is enjoying working with the group.

**10. Date of next meeting: -**

The next meeting of the group will be held on

THURSDAY, 29th May 2025 AT 18:30

Meeting Room, Wem Medical Practice