**DRAFT Minutes of Whitwick Patients Participation Group Thurs. 10th January 2019**

Next meeting Thursday 11th April 2019 2pm.

1. **Present:** Paul Siddals, Karin Siddals, Mike Kirkman, Roy Hill,Sarah Chalmers, BobReddington,

Celia Foskett, Jenny Toal, Peter Walker, Lou Carter, Shirley Edwards (who was warmly welcomed) **Apologies**, John Wilton, Mirabel Wilton.

1. **Elect Chair & Secretary**. Paul Siddals was elected Chair and Roy Hill was elected Secretary. Lou was thanked for her work over previous years.
2. **Minutes of last meeting and matters arising:** The minutes of 4th Oct 2018 were agreed.

**Practice Letters.** **Sarah to send out more practice letters to the PPG to review**.

**Inter-practice Referral.** **Sarah to obtain updated clinician list from Mel Arnold of NWL GP Federation**.

**Exercises to** **prevent falls.** Roy has sent out the letters about exercises.

**Third Party Prescriptions:** The Federation is to trail a pilot scheme to not accept third party prescriptions (like Pharmacy2U). This requires the co-operation of our neighbour practice and if this is forthcoming, our practice will participate in the roll-out of this scheme.

1. **Practice news.** The practice is considering employing a Nurse Practitioner and an Emergency Care Practitioner (part-time) to relieve the pressure on GP appointments. Sarah C is pursuing our use of the empty large treatment room to ease accommodation pressure. Nurse Sarah is doing a prescribing course. There is no date for the practice appraisal by the CCG.
2. **Did not attend (DNAs).**  It was agreed that the practice instigates a DNA register of patients missing 2 or more appointments. Those patients would be required to confirm future appointments 24 working hours before the appointment. If they didn’t they would lose them. **Sarah to circulate the amended procedure for agreement.**

1. **PPG Membership.** Whilst all patients are welcome to join the PPG, we need 3 new members who are IT connected, enthusiastic about the practice and prepared to take positive actions for the PPG**. Sarah to invite 3 active & interested patients who are nominated by the GP’s to join us*.***
2. **New Building.** The business plan for the new building to facilitate the practice’s growth and additional treatment has been submitted to the CGG. The capital funding will be by commercial borrowing by the doctors, independent of the NHS. However, the CCG need to agree to pay the rent on the new premises. The probability of success is low without the agreement of Drs Patel and Tailor to move to the new premises, so discussions about this are ongoing. A meeting has been arranged with the CCG for 21 Jan to discuss it further. **Paul to attend and represent the patients.**

1. **Issues for CCG.** Paul wrote to the CCG about the 3 issues below and received an apologetic reply (circulated).

* **Ear Micro-suction:** The best way around the system is to ring Loughborough Hospital for an appointment. Caroline Moreton can organise the referral.
* **Hearing-Aid batteries:** Sarah is arranging for the practice to provide these.
* **Cancelled Integrated Locality Meetings:** Jenny attended the last meeting.

1. **Objectives of PPG for 2019.**  These were agreed as follows:

* Complete PPG self-appraisal for 2018. **Paul to draft and circulate.**
* Meet every 3 months.
* Increase active members by 3.
* Continue to attend CCG appraisal, WLPPG Network, CCG AGM, NWL Locality PPG, Integrated Locality Team, Loughborough Urgent Care Centre – Patients’ Group and other events that we become aware of.
* Repeat patient satisfaction questionnaire by interviewing all patients who attend on one day, and analysing the results.
* Send monthly article to “Community Voice”, and a quarterly one to “Thringstone Bauble”, including one on the benefits of a PPG and one on the practice pharmacist and other roles.
* Consider a health event, possibly a coffee morning in the health centre on physical and social activity
* Actively support the plans to build a new health centre.

1. **Patient Questionnaire.** This was very successful and Jenny was thanked for organising it. The 2 main problems that emerged were patients being unable to get through on the phone to make urgent appointments and the shortage of GP appointments. Satisfaction with treatments was high, and comments about staff were all positive. We agreed to repeat the questionnaire after the current system has been changed.  **Jenny to send results of survey to Sarah.**

**Sarah to discuss changing the appointment system with GPs, and possibly creating more appointments**.

1. **Older Adult exercise class/exercise referral.**  The exercise class to promote physical and social activity amongst older people at Charles Booth Centre in Thringstone is led by Chris Mawbey (NWLDC). It is excellent, but attendance is poor. We decided to discuss at our next meeting a possible health education event on physical and social activity led by Chris Mawbey, maybe in the form of a coffee morning at the health centre**.**
2. **WL PPG Network 2.11.18.** Power Point had been circulated. Next meeting is on 24.1.19, everyone is welcome.
3. **NWL Locality PPG 12.11.18**. Notes have been circulated.
4. **Integrated Locality Meeting**. Jenny explained that the ILT were still working out who should do what.
5. **DHU and Urgent Care Centre Update.** This was cancelled. The next meeting is the end of January.
6. **81 North Street.** Nothing to report, remove from agenda.
7. **AOB and items for next meeting:**

* New active members (see item 6)
* Agree date and details of health education event (see item 11).
* Agree date and organisation to repeat the patient satisfaction questionnaire (see item 10).

1. **Date of next meeting April 11th 2pm**. **Sarah to book the room.**

**Terms of Reference of Whitwick Health Centre PPG, Drs. Virmani and Bedi.**

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| 1. Contribute to Practice decision-making and consult on service development and provision. | 8. Give feedback to NHS trusts on consultations. |
| 2. Provide feedback on patients’ needs, concerns and interests. | 9. Liaise with other PPG’s in the area |
| 3. Challenge the Practice constructively whenever necessary | 10. Appoint a chair and secretary annually. |
| 4. Communicate information about the community which may affect health care. | 11. Attend Practice appraisals. |
| 5. Give patients a voice in the organisation of their care. | 12. Help prepare patient questionnaire. |
| 6. Promote good health and high levels of health literacy by encouraging and supporting activities within the Practice and promoting preventive medicine. | 13. Contribute to Practice action. |
| 7. Influence the provision of secondary health care and social care locally. |  |