**PATIENT PARTICIPATION GROUP MEETING**

**DATE: Monday 8 June 2015**

**TIME: 18.45 - 20.00 hours**

**PLACE: Oakwood Surgery – Meeting Room Left**

**Present:**

Sheila Ormerod (SO) (Chair)

Andrew Hughes (AH) (Vice - chair

Jayne Bouch (JB)

John Marsh (JM)

Norman Windsor (NW)

Peter Burrows (PB)

Carla Tucker Practice Quality Supervisor (CT)

Dr Butt

Dr Dar

**MINUTES OF THE MEETING**

**Agenda item 1. Introductions**

There were no introductions at this time

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**Agenda item 2. Apologies**

Marilyn Bingham (MB)

Peter Sutcliffe (PS)

Jack Heeley (JH)

Alan Nash (AN)

Yvette Price- Mear (YPM)

Pamela A Stewart (PAS)

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**Agenda item 3. Consider and agree minutes.**

These were agreed to be a true record. Proposed AH seconded JM

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**Agenda item 4**. **Matters arising**

AH asked if there had been agreement on the cost on DNAs being shown on-screen in the surgery. CT replied that this has not been agreed.

AH asked if “satisfactory” for telephone service was good enough. CT said all issues now resolved.

AH will attend Arthritis Care meeting 24 June.

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**Agenda item 5. Patient Participation Enhanced Service**

PPG members discussed ways of achieving this goal.

PS suggested an open day with PPG members attending to encourage wider membership, holding it during child vaccination clinic might attract a different age range.

AH suggested that a “flu jab clinic” might make a good basis for an open day.

JM thought that a FFT open day might work well.

It was agreed that a winter PPG questionnaire would be compiled and implemented.

Members to consider 3 questions for the questionnaire. **Action CT/ALL**

CT suggested an aspect to consider would be carers and their needs. Ideas for August meeting when questionnaire will be an agenda item.

**CT has provided the following detailed notes for information/action**

Ideas for increased and improved interaction between the PPG and the patients:

**PPG Questionnaire** compiled annually (3 questions) + FFT (Friends and Family) questionnaire

Ø Active, face-to-face, in-practice exercise, to be conducted twice a year

Ø **Please have YOUR 3 questions ready for the August PPG meeting**

**PPG leaflet** – quarterly

Ø Please give some thought to ideas for content

**Woodhouse Warbler** articles:

Ø Continuity

Ø Meds over the counter – Dr J Dar / Dr KB – Pharmacy First

Ø Jigsaw – Friendships Service

Ø Highlight GP telephone consultations (helpful for HB and F/T working pts)

Ø Promote the benefits of EPS (Electronic Prescribing Service)

**Website & Electronic screen** in waiting room – Add relevant information as and when required

**Open Day + FFT questionnaire**: A focused piece of work – a drop in session (one a month?)

 Ø Involve a local community group

Ø Involve a voluntary sector group (Breathe Easy / Arthritis Care)

Ø Involve carers

Ø Campaign to highlight incorrect use of A&E attendance (e.g. Millview surgery)

Ø Promote the benefits of EPS (Electronic Prescribing Service)

Ø Raise awareness of the benefits of sharing out and in, of patient information, with other care providers.

Ø Fire safety awareness

**Recruitment strategy**. Ideal practice would be to always ask patients if they’d be interested in joining the PPG (Perhaps document range of patients asked to demonstrate trying to be representative)

Representing practice population – how can we engage with:-

Any under-represented and seldom heard groups

Patient with mental health conditions

How best can we seek children’s views?

Action plan for improving practice and implementing changes:

**Based on feedback, the PPG should agree 3 clear priorities for improvement.**

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**Agenda item 6. DNA and FFT results March - May**

March 303

April 250

May 208

**FFT results March - May**

|  |  |
| --- | --- |
| Response | Recommendation level |
| 1 | unlikely to recommend the surgery |
| 6 | neither likely or unlikely to recommend |
| 24 | likely to recommend |
| 15 | highly likely to recommend |

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**Agenda item 7. Millview Surgery’s Campaign.**

Millview Surgery’s recent successful campaign highlighted how NOT to use/abuse A&E services.

PS commented that at A&E a triage process will be implemented to decide if it is an A&E issue or if the patient should be seen at PC24.

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**Agenda item 8. Thanks to Warbler**

The PPG expressed their thanks to Lee Chapman for the excellent production of the latest Oakwood Surgery newsletter.

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**Agenda item 9. Any other business**.

**CQC inspection**. JM asked if the CQC inspection was likely to be held soon. CT informed PPG that no date has been given at present..

Dr Butt commented that CQC will be visiting at some stage and two weeks’ notice will be given to the surgery.

Some discussion followed. JM was concerned that patients’ voices are heard. CT commented that the PPG Chairman will take part in the presentation to the CQC.

Dr Butt suggested that the presentation details be circulated to the group. This was agreed.

 **Action CT**

**Patient MOT.** JM queried the process of the annual MOT which should take place in the patients’ birthday month. CT explained that there are 3 opportunities for patients to take advantage of this long term condition review. Any patient not responding to the initial invitation will receive a second invitation. Finally if that fails then the patient will be contacted verbally. CT explained that will be invited to attend around the month of their birth

In order to complete these checks within the financial year some invitations may go out prior to the patients’ actual birthday e.g. a birthday in March might be flagged up in January of that financial year.

**Podiatry Service**. JM also queried availability of podiatry services, within Sherwood Forrest Hospital. Dr Butt explained that there was a chiropody service for diabetic patients. A wider NHS chiropody service ceased some time ago.

**Electronic Notice Board**. PS asked if the Deaf foundation service could be publicised on the surgery electronic notice board. CT replied that this already happens.

PS asked if the Park Road Centre services could be publicised. **Action CT**

**COPD.** PB informed the PPG of a new COPD exercise class to be held at The Towers in Mansfield. A one hour session costs £3. There will be 6 sessions the first of which will be held on the 7th July.28-30 patients can take part and the instructor is fully certified to do the training.

People with chest infections can proceed at their own pace. Patients will be referred by rehabilitation centres but GPs should also be able to refer.

Dr Butt commented that pulmonary rehabilitation is a high priority and he would strongly endorse the service.

AH commented that COPD is just starting out in the venture and GP input will be helpful. He again recommended the Arthritis Care Aquarobics group at South Forest which offers similar activities for people suffering mobility problems.

**Continuity of care**. AH asked Dr Dar about continuity of care for patients. Dr Dar explained the system used by GPs at the surgery which ensures that patients are seen in an appropriate time scale.

**PPG support**. AH asked Dr Dar and Dr Butt how the PPG could help the GPs. One issue highlighted was those patients who attend solely to get a prescription for over-the-counter medication. Pharmacy First can fill this role.

Information about this will be the subject of the next Warbler article. **Action CT/SO**

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**Agenda item 10. Date/time of next meeting; Monday 3rd August 13.00 - 14.15 hours**

**At the meeting held on the 03.08.2015 the above minutes were agreed as a true record.**

**Signed by S Ormerod**