

**MINUTES OF THE MANOR PRACTICE PPG MEETING  
MONDAY 30<sup>th</sup> April 2018 AT 1 PM  
HELD AT ASHFURLONG HEALTH CENTRE**

**Present:** Jo Twist, Sue Kay, Lindsay Higgs, Lynne Jackson, Gordon Barber,  
Andrew Pike, Tom Forrester, Dr Fraser Hewett, Julie Miller (PM), Anna Cinar

- 1. Apologies:** Dr Nigel Speak, Elaine Joyner, Cath Bogle  
**Non-Attendees:** Marie Hendrick

**2. Matters Arising**

Minutes of previous meeting approved and signed as a true copy.

Thanks to Lindsay for the detailed flyer signposting carers and patients for dementia support which AC confirmed had been circulated in the surgeries for patients.

The committee welcomed Lynne back to the PPG after reconsidering her original decision to resign.

JM confirmed she had received an email regarding setting up a redirection of emails to Jo with regards the PPG and would follow this up in due course with the website designers.

**JM agreed to speak to web designers to see if the website can be developed further and a filter added so that emails relating to the PPG or virtual members are directly sent to a nominated PPG member for action**

**3. Appointing Committee Members to PPG**

Andrew felt that, as a relatively new member to the PPG, he did not feel he could fulfil the role of Chair although is happy to support the group. Jo to consider taking on the role, on the proviso that members understand she may not always be fully medically fit for all aspects of the role and would depend on other members for support. As previously suggested by Sue, if each member took on a role, this would make running of the PPG easier and take pressure of any one person but it was agreed that we needed a Chair as a point of contact. Gordon suggested the idea of a 2-year rotation whereby each member would be expected to take on the position of Chair; however, committee members felt this could result in members leaving the group and felt that the post should be filled by someone volunteering. Appointments for Chair and Vice Chair still under consideration and will be discussed at next meeting.

**4. Meeting Dates & Agendas**

Jo kindly offered to take responsibility for preparing a meeting agenda. It was agreed that topics for the agenda would be emailed to Jo from members at least one week prior to the meeting and she would prepare and email out accordingly.

It was also agreed by the committee that once the minutes had been emailed out to members, it was their own responsibility to print these or read them prior to the next meeting, rather than having to photocopy duplicate sets.

JM confirmed that we had received interest from younger members wishing to join the PPG but due to child commitments were unable to attend during the day and asked the committee about alternating days and early evening meetings. A change of weekday was also discussed as Monday's are quite busy and difficult for surgery staff.

It was agreed that the meetings would now be held on a Thursday lunchtime at 1 pm but the group were not too keen on the idea of an evening session and felt this was where the virtual group could be more successfully utilised.

## **5. DNA Costings**

Lynne suggested that patients be made aware of the cost of not attending their appointments. This was brought up for discussion as to whether a definitive cost could be attributed to a non-attendance and this be added to the rolling screen for patients' information. JM agreed this was a very good idea as would focus patients' minds. Lindsay discussed the "nudge theory" so that the monetary cost was written as "your cost" rather than a cost to the surgery, which the committee agreed. Sue agreed to prepare a poster for the PPG noticeboard, once she had figures passed on to her.

The committee felt it was important to look into why patients DNA'd and after discussion, it was felt that primarily this tended to be patients who had booked weeks in advance and may have forgotten or felt better by the time of their appointment; another reason could be that it was sometimes difficult for patients to get through by phone to cancel. Andrew suggested that a text reminder system be set up which also allowed you to cancel by text.

Dr Hewett said it was important to encourage patients to cancel, even if on the day or a few hours before they were due to come as these slots could be filled by the triage doctor that same day, so it was never too late to cancel, and this message should be got over to patients.

**JM to work on how much money is wasted by DNA'd appointments and let Sue have these figures so a poster/notification could be prepared for waiting areas.**

## **6. PPG Name Badges**

Lynne thought it would be helpful for members of the PPG to wear name badges on coffee mornings, events, etc. JM agreed this was important and we would look to prepare these before the next event.

## **7. PPG Help Desk**

Another suggestion from Lynne was for there to be a dedicated PPG helpdesk at each Practice for information, signposting, etc. JM agreed this in principle but would need further discussions at the next meeting to put this in place and clarified it would be the sole responsibility of the PPG members to manage this.

## **8. Medical Tourism**

Lynne asked JM whether patients attending for treatment from other countries had an impact on the surgery with regards to costing and appointment availability. JM confirmed that such patients did incur charges set by NHS in some cases. However, we did not get many cases through our doors so fair to say this did not impact on the surgery or our registered patients

## **9. Practice News**

### Staffing

Dr Mira Pattni is now working at James Preston one day a week on Fridays and has changed to her married name of Dr Mira Roe.

Dr Caroline Wall gave birth to a healthy baby boy on 1<sup>st</sup> April 2018.

Dr Rosalind Goodgame is a new female GP, who started with the Practice on 28/3/18.

We have also employed three new receptionists across the sites which should help ease the workload.

### Patient Check-In Screens

JM confirmed that the new screens were up and running and there did not seem to have been any problem with patients using them.

### Harmonisation of Sites

JM confirmed that she was working hard on bringing the two sites together to run more in line as one Practice but at the moment it was not possible for staff at Ashfurlong to book patients into James Preston appointment slots and vice versa. Dr Hewett explained that this stemmed back from previous management decisions but was being worked upon.

### Triage Service

JM reiterated how successful the telephone triage service was proving to be which was corroborated by Dr Hewett. Jo said that the main complaints received by the PPG from patients was one of being unable to get appointments. Dr Hewett explained that it would be impossible to open the doors to 17,000 patients but that the triage system was aimed at getting patients the right help at the right time with the right clinician, whether it be a nurse, doctor, A&E referral, etc., and felt that this was working for most patients.

### Prescribing Safety

Dr Hewett explained that across all local surgeries, there was a new policy to upskill some of reception staff to deal with administrative prescription queries to manage scripts more effectively and this should not affect patients directly, other than to make things run more smoothly.

## **7. Any Other Business**

### Newsletters

TF was concerned that there did not seem to be any newsletters available for patients. AC confirmed that these were photocopied and distributed to both sites and the reception girls were then responsible for keeping supplies up.

**AC to speak to reception managers to ensure the information trays are regularly checked and refilled if necessary**

TF asked that we pass on his gratitude to the DN's for their immense support of late and also praised the reception staff for their continued support. **AC to pass this on to staff**

## **11. 2018 PPG Forthcoming Meeting Dates:**

Thursday 5<sup>th</sup> July 2018 at 1pm