

## **Patient Participation Group Meeting**

**Monday 20<sup>th</sup> November 2017 at 6.30pm**

**Conference Room**

### **MEETING MINUTES**

#### **Present:**

JF (Practice Manager), CM (Minutes), LL (PPG Chair), DH, IH, HJ, GT, JB, YH, KH, SC, MB

- 1. Apologies**
- 2. Notices of leave**

#### **Matters Arising**

##### **1. Action log**

- Action log was reviewed and updated. The meeting minutes were agreed to be a correct account of events.

##### **2. Patient Experience**

- Completed in review of action log. JF prompted any feedback on the data presented.

##### **3&4. Addition of a possible smaller committee meeting, Expenditure (fundraising)**

- The smaller committee suggested could be focused on the planning of the fete (20.05.18).
- Members that expressed their interest in such were: IH, LL, TF (from previous meeting), KH and YH.
- SC willing to provide oversight / advice (school based occupation) but not participation.
- Committee to be formed as soon as possible.
- **AP** – JF suggested demonstration from Lives at the event. Possibly same demonstration they could demonstrate training for the use of the defibrillator (PPG bought 2 for the community in the past)
- Medi-dogs organisation talk possibly
- Aim to target broad margin of people – appeal to all
- Music, dancing, face-painting, dancing, school involvement, entertainment
- Could sell strawberries and cream, have bunting and balloons as decoration – aiming for English summer fete style event
- Upon questioning of space from the members, JF stated that the event can extend to the front car park and back.
- Asking for volunteers also discussed
- Possible joining with the Hub and town council
- LL to talk to organisations
- **AP** - GT to talk to town council
- DH – update on Air / Army cadet inclusion – possibility of a climbing wall.
- **AP** - Require risk assessments and Public liability insurance from SMG
- Army cadets may hold a recruiting stall
- Both usually bring own tents

- Fundraising and community based – agreed to aim for medical equipment additions (see action log)

## 5. Update from JF – Rotas

- JF- staff training period now over.
- HCA rotas added every evening till 8pm to perform Health Check Reviews and Wound checks up to February 2018
- Possibly bring a 'dashboard' document to a PPG meeting upon request from the members to help with their knowledge of the organisation.
- GP rotas – put on up to Jan 18. Differs on the Christmas week. Over this period a triage list is put in place as can't predict demand and GP holidays booked.
- Month and a half in advance as DNAs spike if booked too far in advance.
- Sometimes lack of rota dependant on GP- lack of communication between departments – same as for period for prescription issued and reviewed. Looking at the balance between face to face and telephone appointments for medication reviews.
- Doctors talked to regarding the communication issues regarding rotas.

## Reception

- Reception – training ongoing – PPG praised receptionists
- LL – to recognise reception achievement. Employee of the month system or disk system possibly (put in box if had good service).
- Possibly add a 'know your receptionist' board, could tick under their name when received good service.
- **AP** -Could display one bad comment and two good comments about the practice on a board in the waiting room. With the bad comment also display the change made as a result of this. Could be derived from the suggestion cards received.
- JF- would build a link between patients and reception staff, recognition for good service would be a positive change.
- Staff performance scheme queried – JF stated it was different between clinical and non-clinical staff. Financial reward – with QOF bonuses, incentive via staff days out / parties. Staff can give feedback via staff suggestion box.

## 6. OAP consideration of Health Checks (JB)

- Suggestion of health checks to be offered on the focus group of 80+ years old
- Consider – appointment slots possibly
- JF – new fragility service mentioned. But for the otherwise well (not on any chronic disease or fragility registers) there could be the prompt for a check-up.
- **AP** – to have a trial run of this idea, send letter to a sample group of patients and receive feedback from it.
- Mentioned that the mind-set of older generation, and reluctance to go to the GP may be a barrier.
- Could have child involvement in the designing of a card to send to them inviting them to attend the health check.

## 7. Possibility of an in house chiropodist (JB)

- Possible focus on older age range 65-70 years old.
- Mentioned it could be a private service – If patients are willing to pay
- **AP** – for practice to look into this possibility

## 8. AOB

**JB – form a charitable trust** – possible use of returned medication to be donated to those in need – third world countries.

- **AP** – possibility to look into, criteria would need to be met but possibility of SMG being a collection point for outside charity to collect and distribute.

**IH – charity scheme suggestion for the homeless** – coats and scarves donation, currently in progress in Lincoln

**YH – DNA appointments raised as an issue** – possible introduction of fines for non-attendance

- JF – warning letters sent if don't attend appointment and did not cancel / no contact
- Practice has focused on cancelling via text (as shown by the presentation mentioned in the action log).
- JB - Suggestion of repeat offenders – 8 day removal from practice
- **AP** - JF – to decide what is reasonable between management and PPG members – to discuss protocol / standards, could also look into attendance in records
- LL - Mentioned that difficult situation as repeat offender may have dependants affected if practice choose to remove them
- JF – removals have to be passed by NHS England
- MB – privatisation of the system would combat this problem – but this is a NHS wide issue and not a goal that can be achieved by this meeting

## SC – suggested changes

- **AP** -removal of flu clinic October dates needed – found on the waiting room screen, also needs to update the screen for other aspects such as the clock. JF explained there was an issue with the firewall in terms of updating the screen, but once resolved they will be updated.
- **AP** - Website should be updated with links to various clinical pathways – such as cancer pathways
- **AP** - Facebook / social media presence needed – appointing needed of a staff member to oversee this
- Some people say they don't like their name being displayed on the screen when calling for appointment
- Seating near the queue in the waiting room should be moved.
- **AP** – agreed that the seating should be moved to a more appropriate location

## Difficulty of hearing clinician call the patients in the waiting room

- Mix between name display system and clinicians calling – needs to be more permanency between either approach
- **AP** – to discuss issue with Reception Manager and discuss next meeting

## 9. Next meeting date: 18th December 2017 – 6:30pm

- PPG members alerted of next meeting date.