## Long Bennington Medical Centre Minutes of the Patient Participation Group (PPG) Tuesday 28 July 2015 at 6.30pm

Attendees:	Dr E Montague Alison Lowerson Karen Turner	(EM) (AL) (KT) (AM) (KR) (KB) (CB) (RM) (PW) (JD) (JC)	GP Partner Practice Manager Deputy Practice Manager Patient Representative
Apologies:		(AH) (MP) (MM) (MG) (MW)	Patient Representative Patient Representative Patient Representative Patient Representative Patient Representative

## Introduction:

AL gave a general introduction to the meeting about the Practice. AL advised that the meeting is an open, safe & honest environment and that all views will be valid and listened to. AL discussed the need to organise how the PPG would work in practice i.e., how to document the meetings, the frequency of meetings etc. AL asked if the patient representatives would prefer to have anonymised minutes produced for general publication on the website, waiting room and possibly through the Parish magazines. There was a unanimous agreement that this should be the case.

Members of the group introduced themselves.

AL asked the group members for any thoughts on what they may want from the PPG. AL gave some examples of issues that had worked in other PPG's i.e. Healthcare information. AL explained that it would be possible for the Practice to arrange for Consultants to attend specific patient meetings in order to give advice on various topics such as Women's Health, Men's Health etc.

AL asked members to consider a structure to the PPG in so far as Chairperson, Treasurer etc. Members of the PPG who wish to take a more "hands-on" role should let her know by telephone or email, likewise any member who feels that regular attendance may be too much should let her know. AL explained that the Practice appreciates that not everyone may be in a position to have the time to make the necessary commitment. All agreed that the group should remain a manageable size and no more than about a dozen members to make the meetings effective.

AL discussed the possibility of having a Virtual PPG for those patients who would like to be involved but are unable to attend meetings. Their opinion could be sought on a range of topics which could then be discussed.

AL discussed the need to outline the terms of reference, what the group will do, setting objectives and agreeing the timings of meetings etc.

JC congratulated the Practice on their new website and thought there was a lot of potential for further enhancement. JC would be interested to know how many people visited the website and whether it was possible to find out the demographics of those visiting.

AL commented that we could perhaps do a monthly patient survey via the practice website on different topics.

AL gave details of our patient list size and commented that whilst the Practice was based in Long Bennington, only a third of our patients actually live in the village, whilst two thirds live in the surrounding 24 villages. AL advised that the Practice endeavours to engage with patients via the Practice Website and we have been liaising with the Saxonwell Parish magazine recently.

AM commented that it would be useful to have links for teenagers and that better promotion of the services we provide would be helpful. AM commented that men in the 40-50 age bracket are often unaware of the services on offer.

JC commented that links to other facilities would very useful.

JD asked if we had found any difficulties with the county boundaries and local authority provision. AL and KT advised that yes whilst we were classed as a Lincolnshire practice, the reality is that due to patient locality there are sometimes issues accessing services in other Counties which is equally frustrating for both GP's and patients. EM gave an example of a patient who may have an X-ray in Grantham but has an onward referral into the Newark & Sherwood Forest Hospital Trust system which can then result in a lack of communication between the two.

AL asked if anyone would like to be a more active participant in the PPG and if so, could they let her know.

AL asked if members could think of any projects that we could pursue.

AL discussed the meeting time and asked if the group had any issues with day/time etc. The general consensus was that the meeting could be held on a Tues/Wed on a rotational basis. The group agreed that 6.30pm was a convenient time and that initially meetings could be held every 2 months with a view to quarterly meetings once the PPG was up and running.

AL asked the group if they had any ideas/suggestions regarding any of the services we provide or may look at providing. AL advised that we do have a comments box on the Reception desk and that patient feedback could be discussed anonymously. RM asked what sort of comments we have received to date. KT advised that the practice received a comment from a patient regarding the online prescription service. We were in this instance able to sort that problem out very quickly and the patient was very satisfied with the outcome and the speed with which their comment had been dealt with. KT advised that another more recent comment had been about the waiting room doors banging continually. Again in this instance we were able to address the problem and have had all the door releases leading from the Reception area checked and tightened. AL advised that we had received a comment from a patient who did not think that we make adequate enough provision for young children. The comment was that they had had to wait outside for some time in the cold before being allowed in to the building and that they had waiting over an hour before being seen by a GP on open surgery. AL advised that staff arrive in the building at 8.00am, whereupon they do unlock the front door to allow patients in to the lobby area until we officially open at 8.30am. AL advised that we always have 2 GP's on open surgery. We do feel that the open surgery provides a good service. Agreement from all the group members.

AL also advised that during the extended hour's sessions, between 6.30pm and 8.00pm on Mondays and Thursdays, we now offer telephone consultations as well as face to face consultations.

AM commented that we need to get this information out to our patients. AM also asked if we had a facility for patients to see a Nurse rather than a GP for a minor problem. AL advised that we had just introduced this service but unfortunately the Nurse qualified to provide the service was leaving the Practice due to personal circumstances. JC asked if this was something that we would still consider. AL advised that this would be dependent upon who was recruited as this sort of service needs extra nursing qualifications; however it may be something that we can revisit in the future.

AL commented that the Midwife clinic is now available on a Tuesday morning. We also liaise with the Health Visiting team. We meet on a monthly basis with the District Nursing Team and Complex Case Manager. AM asked if we have any contact with School Nurses – this was discussed, and a comment made that it could be a very good way to let parents know about new childhood immunisations etc.

The Flu campaign was discussed and the need to promote it to the eligible groups. A comment was made that we could perhaps invite other organisations to have a display stand in the waiting room during the campaign i.e., Alzheimer's Society etc.

JD asked if GP Practice felt under pressure to offer a 7 day service. AL advised that we are currently funded to provide extended hours. A review on the uptake is carried out by NHS England who penalise us if the appointments are not booked. AL asked EM to give her opinion from a GP's perspective. EM explained about her experience working in A&E. She advised that there is and always has been an acute 7 day week working practice but not a routine 7 day working week. EM advised that it probably would not be sustainable in the long run. She would expect the Government to negotiate 7 day working with the Hospitals in the first instance. She explained that General Practice is slightly different in that it is unlikely to be 7 day a week working at the Practice but it may be across a Federation. This would mean that whilst a patient may be able to see a GP on a Sunday, it may not be their own GP nor at their own Practice. EM commented that she had been on duty for extended hours for the last two Monday evenings and had 2 patients who did not attend (DNA), 3 face to face slots not taken up and 2 telephone consultation appointments not taken up.

There was a general discussion about DNA's – could this be our next project? Why do patients DNA? Could we utilise text reminders? RM asked if there were sanctions for patients who DNA. AL advised that this is very difficult in that we cannot charge patients for missed appointments and that if patients are remove from a Practice list, this is in effect just moving the problem to another Practice.

A general discussion took place about possibly linking up with various different groups within our local Community i.e.: schools, Guides, Scouts, Women's Institute etc. Leaflets could be dropped in to Woods Close. Could the Practice produce a Newsletter? Could the Practice have its own Facebook page? AL advised that all of this was possible but could be time consuming to manage; the Facebook page would need to be managed and monitored very carefully to avoid it being a forum for negativity etc. AL discussed a Newsletter from another local Practice as an example of what could be included.

AL discussed the Friends and Family Test, explaining the concept and how the Practice has to report back to NHS England every month.

AL discussed the use of feedback forms and whether this is something that the group would find useful.

JC asked about online appointments and how far in advance they are offered. JCs experience has been that there are usually only about 2 weeks of appointments available. KT advised that she would look into this.

Date of next meeting – Wednesday 30 September 2015, 6.30pm

AL advised that the minutes would be published on the website. She would be happy to email a copy to PPG members and that she would welcome contact from members regarding any items for the agenda for the next meeting.