

**Long Bennington Medical Centre
Minutes of the PPG Meeting
Friday 26 January 2018**

Present:

Prue Beck	Claypole
Jean Clark	Dry Doddington
Michelle Gilbert	Long Bennington
Carol Jones	Foston
Alison Lowerson	Practice Manager, LBMC
Martin Round	Claypole
Patricia Wall	Long Bennington

Apologies:

Julie Darkin	Bottesford
Sue Marvin	Allington

The minutes of the meeting held on 7 November 2017 were agreed.

Matters Arising:

1. Dispensary

The service has improved, however Alison informed the group there were still some supply issues e.g. Co-codamol which was out of stock last week. To counteract some of the supply issues the Dispensary tries to hold two weeks of stock of the most common items.

The Dispensary Manager had prepared a draft patient information leaflet to be reviewed by the PPG and comments sent back to Alison as soon as possible because it needs to be printed at the earliest opportunity. The group discussed the initial print run and how the leaflet would be distributed. Martin suggested it should be distributed via the dispensary for six weeks since this should cover all the regular dispensary users.

Action: All PPG Members

2. Diane Hansen Visit

Diane to be invited to the next meeting – she is currently presenting to each Parish Council locally.

Action: Alison

3. Practice Care Co-ordinator

Alison confirmed that Beverley, one of our Practice Nurses, had recently taken over the role alongside her duties as Practice Nurse for one session per week.

4. NAPP Membership

The Practice had received notification of the membership but payment for 2018 had not yet been reviewed or agreed by the Practice.

Action: Alison

Martin reported on the NAPP training session attended on 23 January and circulated booklets he had received in a pack at the session. That session had, amongst many other topics, asked the question “What is the role of the PPG?” Included in the answer was that not only should it be a conduit between patients and the practice but also a conduit between patients and the CCG. Alison would circulate the relevant information to all members after the meeting.

Action: Alison

Discussion on recruiting new members to join the PPG followed. It was considered that this could be via the Practice’s Jayex display board and waiting room TV screen. All members acknowledged that there must be more contact with patients and Martin circulated a poster from Billingham Medical Centre as an example of what other practice’s PPG organise – Billingham were holding a tea and coffee morning in the practice to discuss with patients the role of their PPG.

The PPG should be regarded as the Practice’s friend and the need for more patients to join was essential. A Parish magazine “advert” could be a good way of attracting people to join, highlighting the villages that don’t have any current representation on the PPG. Although, with 26 villages covered by the practice, if there was a representative from every village then the PPG would be too large and “unwieldy”.

Martin gave feedback on Patient Council views.

Alison explained the six key patient population groups that the CQC expect Practices to focus on:

- i. Older people
- ii. People with long-term conditions
- iii. Mothers, babies, children and young people
- iv. Working age people (and those recently retired)
- v. People in vulnerable circumstances who may have poor access to primary care
- vi. People experiencing poor mental health

And asked members of the PPG if they could focus on a particular subject – one PPG member per subject.

Action: All PPG Members

Jean will prepare a PPG information leaflet for patients to explain more about the PPG.

Action: Jean

Michelle volunteered to create posters and to look at helping update the Practices waiting room TV screen information. A poster would be prepared for display in the waiting room detailing which villages don’t have PPG representation.

Action: Michelle

Carol volunteered to look at all the noticeboards in the Practice and their contents and reorganise as necessary.

Action: Carol

Alison would designate a PPG noticeboard in the waiting room and relevant information to be displayed on it. Patients who show an interest in joining should be asked to provide their reason for joining etc. The noticeboard should detail how to apply to join, and the application then to be forwarded to PPG members for consideration.

Action: Alison

Jean announced that she would be moving away from the area and would therefore be leaving the PPG. The group thanked her for her contributions and wished her well for the future.

Other members of the Practice's staff could be invited to attend PPG meetings on an occasional basis for the PPG to gain more insight into the work done i.e. Reception staff.

5. GP Referrals peer review

To cover Dr P Watson and Dr E Watson whilst on holiday at the same time (period of 5/6 weeks during the year) Dr Sarah Parish, a GP who lives in the locality, had been appointed to cover when necessary. In line with the CCG requirements certain referrals would be reviewed.

6. Dr Longfield/Dr E Watson

Dr E Watson had now joined the Practice. Prue raised the point that when the GP timetable was accessed on the website it was not up to date with the online appointment GP timetable and so was confusing. Alison explained that the GP timetable was currently being updated by the Reception staff and would be published on the website as soon as it was available.

Action: Alison

Prue also mentioned that Dr Longfield's sabbatical did not feature (apart from on the GP timetable) on the Centre's website and so patients who visit the Centre infrequently were not aware of the situation. Alison advised that Dr Longfield had requested that her sabbatical should not be featured prominently until after she had left but that she had informed some patients herself before Christmas.

7. Extended Hours Surgeries

These have now ceased. Michelle asked if they are likely to be reinstated. Alison reported it was not known at this time if they could be.

8. PPG Involvement and Action Plan

Discussed earlier in the meeting, under NAPP Membership.

Alison also mentioned the number of patients who do not attend (DNA) the Practice when they have a booked appointment. Alison explained that a monthly report highlights patients who DNA'd more than one appointment in the last six months and a letter would be sent to them. Alison would circulate the DNA figures to the PPG members.

Action: Alison

9. Zero Tolerance

Alison reported that there had been a couple of cases of abusive and aggressive behaviour from patients recently. The Practice displays zero tolerance information in the Practice and letters would be sent to patients when necessary.

10.AOB

Prue raised the subject of Sport Relief – 17th to 23rd March. She asked the view of the attendees on organising a patients' walk (including wheelchair users and parents with pushchairs, with buckets to collect donations in Long Bennington during that week. If patients participated this would be a good opportunity for the PPG to meet with them informally, and could even consider organising a walking group on a regular basis. This was considered to be a good idea. A Sport Relief pack has been ordered which is due in February and Prue will email PPG members with details when it is received. She will also find out from Caythorpe Walking Group how that was/is organised.

Action: Prue

11.Date of Next Meeting

It was agreed that the meetings should be held on a designated day each month, irrespective of whether every member of the PPG could attend. It was agreed to have the meetings on the first Friday morning of every month.

The next meeting would be on **Friday 2nd March 2018 at 9.30am – 11.00am.**