

Minutes of Patient Participation Group Meeting, 07.07.15
Present: (patient) JB/BB/DV/JM/JE/EC/LB/JR (practice)
BG/AD/AW/SB

MEETING CHAIRED BY BG

1. **Apologies:** NT (Healthwatch) NR/JL/DE/RT/JT
2. **Conflicts of interest:** DV noted that his wife works at the Practice. All present happy that this does not cause a conflict.
3. **Minutes:** Approved and published on practice website.
4. **Matter arising: Newsletter** – Noted that this is a superb production, excellent feedback from patients and all recognize the great effort from NR with this. **Staffing** – Dr Thomas has now joined the Practice and is already proving to be a very valuable member of the team. Unfortunately as she joined the practice another colleague became unwell and is presently away from work so the expected impact in reducing waits for appointments has not yet been realised.
5. **Healthwatch update:** JR updated group in NT absence, PPG patient council met recently unfortunately due to an administrative error the invitation does not appear to have got through JB this practices representative. AD to investigate and ensure invitation in place for next patient council meeting.
6. **Friends & Family test feedback:** Feedback from F&F circulated to group prior to meeting. No specific feedback and all happy for this to be published on the Practice website. Recognised that support from PPG in the waiting room had been very valuable in encouraging patients to complete F&F forms and give the Practice feedback.
7. **Meet the team** –The lead Practice nurse attended the meeting to share information about the practice nursing team. She explained that the team comprises of 7 healthcare professionals, 4 qualified nurses and 3 healthcare assistants. All members of the team work at both surgeries. Practice nurses cover areas such as injections, travel, warfarin management, diabetes etc. Warfarin management and childhood immunisations tend to take place in dedicated clinics due to the complexity of their nature to ensure safe practice. Patient safety is the number one priority with the team and discussion took place with the group over the difficulty of slotting extra patients into a busy clinic and the added risk this brings for error. Discussion took place regarding longer term role of PPG in health promotion in the surgery waiting room. AD went on to discuss the current crisis in nursing recruitment. It is imperative for the practice to ensure a strong practice nursing team. The practice has currently put itself forward for further involvement in student nurse training to try to encourage newly qualified nurses into a career in practice nursing. PPG members asked a question regarding self-referral. Practice very happy for patients to refer themselves to a nurse, they may be asked by receptionist for information about why they want to see a nurse purely so they can have an appointment with a member of the team with the appropriate skillset. A comment was made from a PPG member that patients must take responsibility for their own healthcare and that patient education is a very important role. In response to this BG recommended NHS choices as a very valuable resource. A further question was raised asking what patients could do to help with their appointment. Practice responded that if coming in with more than one issue please let reception know so that an appropriate length of appointment can be booked and also dressing appropriate for the treatment you are going to receive ie short sleeved shirt if having an injection. It was felt that the newsletter would be an excellent resource to share these types of tips with the wider practice population.

8. **Newsletter** – PPG to ask local parish councils if they can promote the availability of the newsletter online. Question was asked if it would be appropriate for the PPG to sell advertising space in the newsletter, this question was deferred to the newsletter sub-committee to discuss and bring a recommendation to the larger group.
9. **Website** – New website demonstrated by BG. Biggest concern was making sure it was obvious where to go on the website to access online services. PPG very impressed by the new site and depth of the content. Was thought we needed greater promotion of the website, perhaps on the screen in the waiting room? All happy for site to go live, felt it may be helpful to have a website sub-committee.
10. **PPG size** – The PPG is currently open to new members however it was felt that the group was currently at the maximum appropriate size. Membership is therefore closed for now however anyone approaching AD will have this explained to them and be offered the opportunity to be on a waiting list for a place.
11. **PPG sub-committees** – Newsletter – NR / LB / JM / RT. Website – EC / DV. Waiting room support JB / BB / DV / JE / JM
12. **District nursing service** – BG made PPG aware of the current difficulties facing the district nursing team attached to the Practice. Largely for awareness of the group but also to discuss that this may be an area that a PPG representative is asked to support the practice in ensuring an appropriate service is provided for local patients.
13. **2 week wait breast referrals ULHT** – Again for awareness, currently United Lincolnshire Hospitals Trust are unable to attract appropriate staff to their breast service and therefore the Practice is having to refer patients outside of Lincolnshire. This difficulty in appointing staff is not restricted to this service only and GP's are finding difficulty in referring to certain specialties now.
14. **Dispensing to Londonthorpe patients** – NHS England have reviewed the status of Londonthorpe as not being rural. Apparently this is a historic decision and affects the ability of patients living in that area to have their medication dispensed at the Practice. Practice feels it is very unfair that there has not been a consultation about this process. PPG agreed and suggested it may be worth contacting patients who live in Londonthorpe to garner their views.
15. **GPAQ Survey** – The national GPAQ survey format was shared with the group for discussion to see if it would be a valuable tool to gain feedback from patients. All felt it was a very well constructed questionnaire. Suggested it should be shared with the whole patient group electronically for further evaluation and then discussion at the next meeting.
16. **AOB:** Was felt the use of initials in minutes was confusing and all at the meeting were happy to have their full name used. AD to ask whole group if they are happy with this taking place in the future.
17. **Date and time of next meeting** – 16th Sept 6:30pm at Caythorpe.