

**Patients Participation Group**  
**Wednesday 21<sup>st</sup> January Meeting Minutes**

**Venue:** Long Ashton Doctors Surgery

**Time:** 7pm

**People Present:** Steve Edwards (Practice Manager) & Dr Grenfell -Shaw, Tamar Sutton (Health Watch - North Somerset), Carol Wessel, Margaret Crawshaw, Jean Pullin, Pat Preston, Carl Marshall, Kelvin Taylor & Annabelle Preston.

**Items discussed on the agenda:**

**1. Apologies:**

Marie Kirkland, Madeline Willmot, Sally Sterland, Liz Anderson and Carmen Marshall.

**2. Announcement from DR Grenfell-Shaw:**

Due to unforeseen personal circumstances Dr Jones will be leaving the practice around April 2015 and, also Dr O'Connor will unfortunately now not be returning to the practice. However, the surgery has an extremely strong and committed team and in addition to this, Dr Rees will be starting in April and working part time for at least the next couple of years. Although, these changes are not ideal, recruiting and keeping GP's at doctors surgeries is a massive problem nationally. Dr Grenfell-Shaw expressed the concern in ensuring that the community is informed about the practice changes however, being informed in a way that will not cause the community alarm.

**3. Tamar Sutton (Health Watch - North Somerset)**

Tamar introduced herself and her role as the 'Health Watch Community Engagement co-ordinator'. Tamar explained that 'Health Watch' is a charity which was set up in April 2013 and that the main office for North Somerset is based in Nailsea. The main role of the charity is to provide communities with a way of expressing how they feel about the Health and Social Care services that they are being provided e.g. doctors surgeries, dentist and hospitals. The charity observes services, asks questions, write reviews and will feed-back to the service in order to improve the effectiveness of the service. The role of the charity is to get lots of feed-back from the community e.g. appointment concerns. All concerns are followed up, although any complaints are referred to 'SEAP Complaints Advocacy' (Support, Empower, Advocate and Promote: [www.seap.org.uk](http://www.seap.org.uk)).

Tamar also, explained that the charity holds meetings every few months around particular themes for all of the community to attend and also, runs different Forums, for example Forums for Carers, Health Groups and C.A.M.H.S (Child and adolescent mental health services). The charity has lots of volunteers, although they are always looking for more people who may like to become involved. So if you would like to become a volunteer or find out more about the 'Health Watch Charity' then please contact the Nailsea 'Health Watch' office: 01275 851400 or

: [contact@healthwatchnorthsomerset.co.uk](mailto:contact@healthwatchnorthsomerset.co.uk). There are also 'Health Watch' information leaflets located in the reception area in the Surgery.

In response it was suggested that maybe the PPG and 'Health Watch' charity could work together to provide information at the PPG Village Market information table e.g. provide the 'Health Watch' health and social care feed-back forms for people to fill in on market day. Also, it was asked if there could be a 'Health Watch' themed meeting held in Long Ashton soon and the practice manager asked for any ideas that Tamar may have in encouraging a wider selection of the community to participate on the PPG. Tamar responded by saying that there could be a meeting held in Long Ashton soon and that she could arrange to come into the surgery to talk to the practice manager about some community engagement ideas that she has.

#### 4. Minutes – Matters arising

- Are we moving forward with the role of the PPG?
- Has the surgery got anything they would like the PPG to help with?
- Patient buddies: e.g. being diagnosed with a new illness and being partnered up with another person with the same illness.

The practice manager responded by explaining that the time a GP has in each appointment does not enable them to inform patients about the relevant support groups, helplines, information web sites and leaflets etc. So could the PPG set up a table in the surgery that is manned by a PPG member who can spend time helping patients find out where they can get further information about their illness and meet other people for support and advice. E.g. look through the relevant information leaflets, look up web sites or sign post to a patient buddy. However, **confidentiality is paramount** and the patient buddy system will have to ensure that **prior informed consent** has been gained before any information about any other patient is disclosed). It was also, suggested that maybe the PPG could carry out fund raising event to raise money to buy an 'Information ipad' for the surgery. The ipad could be used at the information table by the PPG in the surgery. In response, 4/5 member of the PPG offered to take the project forward and the practice manager said that there was a meeting room in the surgery on a Thursday and Friday afternoon that could be used by the PPG for these meetings.

**Concerns from the last minutes:** Concerns were raised about patients still being told that they needed to ring the surgery at 8am the next day to get an appointment. The practice manager said that he would raise this concern with the surgery receptionists and ensure that this wasn't happening anymore. He also, explained that on-going training was being provided and that every Friday lunch time now the surgery was closed in order to provide relevant training for reception staff. However, he also discussed the concerns that some patients were asking for appointments when they really needed to self medicate e.g. having a cold and going to see the pharmacist at the chemist for advice but requesting a doctor's appointment instead. This problem was having a massive impact upon the ability of the surgery to ensure that the patients who really do need to see a doctor **are** being given an appointment when they need it.

The practice manager also, discussed that receptionists need to be able to ask patients about the patients health concerns when they are asking for an urgent appointment, so that the urgent appointments can be given out to the patients who really need them. It also, ensures that the GP's who are dealing with the emergency appointments, can effectively prioritise which patients they see first during the emergency surgery.

In response it was suggested that the PPG could try and educate the community in 'self-care' by:

- Providing information at the village market PPG table?
- Information in the Newsletters & posters around the village?
- Giving out the surgery feed-back forms at village market?

## **5. Parking & traffic control outside the surgery**

Concerns were expressed that cars were still being parked opposite the surgery and therefore, blocking the road for passing traffic e.g. what if an ambulance was trying to access or leave the surgery!

It was suggested that the parish council should be liaised with and the police to monitor the situation.

## **6. Forms for patients wishing to join the PPG**

Concerns were expressed that patients who had completed PPG forms had not been contacted back about joining the PPG. It was noted that maybe the patients had not had access to the right forms and that the PPG forms would be displayed on the reception desk at the surgery to ensure that the right forms were accessible.

It was suggested that a notice could be displayed on the village notice boards asking for more PPG members and also, maybe to be displayed on the LACCA board in the surgery. It was noted that the PPG really needed to have more parents of young children/carers and young adults being represented on the group. It was noted that a member of the PPG would refer to LACCA to ask them about sharing the notice board in the surgery.

## **7. Advocacy service:**

The practice manager discussed how difficult it would be for clinicians to have the time during appointments to discuss the 'advocacy service' with patients and that the PPG really needed to provide this information. It was suggested the PPG could provide this information at the PPG information table in the surgery.

## **8. Information table at the village market:**

It was suggested that the PPG could liaise with Tamar Sutton (Health Watch Charity) about the village market table. The table would be booked for the village market day in April and would provide information about the PPG and 'Health Watch'.

## **9. Practice Manager Update:**

The practice manager emphasised what a committed, dedicated and hard working team were working at the surgery and that there were 5 doctors as well as DR Grenfell-Shaw who worked tirelessly to ensure that there was always continuity of service and that there were also, 2 regular locum doctors working at the surgery now too.

The surgery is advertising for full-time partners to join the surgery & a part-time receptionist and that NHS England are supporting the surgery with the staff changes.

The receptionists are all in uniforms now and there is going to be staff notice board displaying staff names/health care role alongside their photograph. The staff board will be displayed in the reception area very soon.

There is going to be all new flooring in the surgery and the roof, windows and outside railings are all going to be tidied up too and therefore, things are moving forward steadily and are continually improving.

**10. Retinopathy service:** It was noted that funding had now been gained for the retinopathy service so that they could use the village hall if they wanted. However, further discussions would need to take place to see if this would be a suitable venue for the service to use.

**11. The practice manager** discussed that the '**Patient Feed-back Survey**' needed to be completed and that maybe a few members of the PPG with himself, could meet over the next few weeks to focus on and agree actions plans for the following areas:

- ❖ **Hard to reach groups participating on the PPG e.g. carer, parents of school age children:**
  - Tamar Sutton (Health Watch Engagement Co-ordinator) to share ideas with Practice manager.
  - Some members of the PPG offered to contact some parents they know of school age children.
  - PPG to display PPG forms for patients to complete at the PPG table in at the Village market?
  - PPG forms to be given out at the Information table run by the PPG in the surgery?
  - PPG members advertised for in the Parish magazine/newsletter/posters?
- ❖ **Creative ways to communicate with patients:**
  - Information table run by the PPG at the surgery and PPG/ 'Health Watch' information table at the village market.
- ❖ **Surgery telephone system being developed:**
  - Headphones are now being used by receptionists and on-going training is being provided.
- ❖ **Quality of the premises:**
  - Carpets/flooring/windows & the outside of the surgery are all being updated.
- ❖ **Advocacy service (enhancing the service provision):**
  - The advocacy service is being developed through the PPG meetings and will be developed further during the forthcoming meetings that are to be arranged and held in the surgery over the next few weeks.

It was also, noted that the **end of year progress report** needs to be completed and that the PPG will need to work in partnership with the Practice manager in order to achieve this.

## **12. Patient On line Access Launch:**

The 'Patient on line service' will be launched on 1<sup>st</sup> February 2015. The information about the service will be provided in a variety of ways, ensuring that all patients are notified and fully informed before February. Patients have a choice whether to use the on-line service or not. Patients will be asked to register on-line and then issued with their own password which will enable them to order repeat prescriptions, book appointments (up to 4 weeks in advance), cancel

appointments, access a page detailing all of their medications, medical records and test results. However, the service will not provide patients with access to records of any consultations or consultation letters or reports.

**The Next PPG Meeting: 22<sup>nd</sup> April 2015**