

THE GLENFIELD SURGERY PATIENT PARTICIPATION GROUP

Minutes of meeting held 13 April 2016 at the Surgery 6:00pm

Present

PPG: Angela Appadoo (AA) Andy Cereseto (AC) - part
 Julia Jones (JJ) Mick Reeves (MRe) (Chair)
 Mina Rodgers (MRo) Elke Rohn (ER)

Practice: Diane Alonzo (DA) Deb Bradley(DB)
 Dr M Salt – part Angela Tilley (AT)

Apologies for Absence: Hina Patel, Pat Humphreys, Helen Walton, Penny Wilson

Action

1	<p>Practice Awareness briefing</p> <p>There was no one available from the Practice to give a briefing but Dr Salt was able to join the meeting later.</p>	
2	<p>Minutes of the last meeting</p> <p>These were agreed and signed as a true record.</p>	
3	<p>Matters Arising from last meeting</p> <p>There were no matters arising from the previous minutes</p>	
4	<p>PPG Recruitment.</p> <p>After attending his first meeting in January, Peter Anderson has decided not to continue with the Group.</p> <p>Two new members have joined the Patient Reference Group bringing their numbers up to 13.</p>	
5	<p>Practice Staff Movements</p> <p>Angela Tilley (Operations Manager) will leave the Practice on 22nd April 2016. The PPG thanked Angela for her support since she joined the Practice. Deb Bradley will be the Operations Officer and pick up some of Angela’s role. Deb will report to Dr Chotai.</p> <p>Nurse Annie Calcutta is retiring at the end of June 2016.</p> <p>Dr Cooper is retiring at the end of July 2016.</p> <p>Dr Salt announced that he will be retiring at the end of November 2016.</p> <p>There are various recruitment activities taking place. A Health Care Assistant has been recruited for Monday evening surgery. Various other nursing positions are being sought including a Triage nurse. A locum doctor is also being recruited and with two partners retiring this year there is likely to be recruitment activity at this level.</p>	

<p>6</p>	<p>Premises Alterations progress</p> <p>The rear car park was resurfaced and marked out on 8th/9th April, and by double parking some of the areas used by staff, straightening the parking places that were at an angle and one or two other adjustments 4 additional spaces have been created. On 16th/17th April the front car park will be resurfaced and marked out. As part of this work an additional disabled parking space will be made available in front of the house. Car parking is a major bone of contention with patients, but if you consider available parking at other surgeries then we are very fortunate at Glenfield. At the end of the day the Practice only has so much land available and it has now been squeezed to its limit.</p> <p>Some of the Practice admin staff will move into the house on Monday 18th April thus freeing up rooms in the main surgery. These rooms will then be converted to additional consulting rooms. It is anticipated that all the building work will be completed by early May 2016.</p> <p>As part of the changes taking place additional equipment is being made available, viz; a blood pressure monitor to enable patients to take their own blood pressure before seeing the doctor. An ECG machine. Some chairs with arms to help less able patients.</p>	<p>AT</p> <p>AT</p> <p>AT</p>
<p>7</p>	<p>Patient Experience Survey 2015/16</p> <p>The annual Patient Survey has been completed and the final report accepted by those present. The report will be made available to patients on the website and notice boards in the waiting rooms.</p>	<p>AT</p>
<p>8</p>	<p>Newsletter – February 2016 edition</p> <p>The newsletter was published in March 2016. Copies have been put on the website, the waiting room notice boards and paper copies are available in the waiting rooms for patients to take away.</p>	
<p>9</p>	<p>Refocusing the PPG</p> <p>At the last PPG meeting, Helen and Andy agreed to meet to discuss ways of increasing the number of members of the PRG. A discussion document has been produced and agreed with Mick and is presented below to the PPG for agreement.</p> <p>The following changes are proposed</p> <p>Consistency of names – it is suggested that the groups will be known as the Patient Participation Group (PPG) and the Patient Reference Group (PRG). Going forward, these names will be used on all documentation, together with the logo. As far as possible, existing documentation will be changed to reflect this. Agreed</p> <p>Newsletters - it was felt that it would be better to produce more frequent newsletters, possibly monthly, but covering just 1 or 2 items at a time. The thinking is that shorter messages are more likely to be read. If you take for example the newsletter just issued (March 2016) it includes a note about one of the GPs going on maternity leave last October. 6 months between issues makes some of the information out of date even though it was relevant at the time. Agreed</p> <p>Spotlight on – to produce monthly staff profiles, perhaps 1 or 2 per month with say a photo and a short professional overview. This way patients will get to identify with and know the staff more. Over time a ‘rogues’ gallery would grow on the waiting room walls. Agreed but to include PPG members</p>	

	<p>Ground floor notice board position – move the notice board to a more prominent position in the waiting room. It was suggested where the ‘leaky ceiling sign’ is would be better and move the suggestion box with it. Agreed</p> <p>Patients e-mail addresses - consider asking patients for their e-mail addresses so the PPG can mail newsletters to them. If we only hold e-mail addresses we don’t think we will fall foul of Data Protection or privacy issues particularly if we get patients to sign to say that we can use their e-mail addresses to send them newsletters. Agreed</p> <p>Use of colour – make more use of coloured paper and coloured printing to draw attention to notices in the waiting room. Agreed</p> <p>PPG Terms of Reference – Helen agreed to draft some ToR for the group(s).</p> <p>Tasklists – Helen, Andy and Mick agreed to produce tasklists so that tasks could be assigned to PPG members. The aim is to have a list agreed by the end March so that tasks can be allocated at the April meeting.</p> <p>Frequency of meetings – Mick feels that quarterly meetings are too infrequent leading to a tendency to work on things in 3 month cycles. The view would be to move to bi-monthly meetings i.e. 6 per year. Agreed</p> <p>10 Items for next Partner’s meeting</p> <p>PPG members were asked to submit items for the next Partners’ meeting to Mick.</p> <p>11 Attendees for the next Partner’s meeting – date to be agreed</p> <p>Members of the Patient Reference Group (PRG) are to be asked if any of them wish to attend the next meeting, if not Julia will attend with Mick.</p> <p>12 Any other Business</p> <p>PPG Awareness Week will be held from 6th – 11th June. It was agreed that this would be an excellent opportunity for the PPG to engage with patients and raise the profile of the PPG with the aim of increasing the number of PRG members. Julia offered to review the NAPP website.</p> <p>The Practice was asked to change the signage to make it clear that access to upstairs consulting rooms at the front of the building can be gained by using the lift.</p> <p>Discussion took place on the appointment system. The question raised was why can’t appointments be made more than 2 weeks in advance. The answer is if there is a clinical need eg. “see me in 3 weeks”, then the doctors can do that. So patients need to ask the GP if they can make the appointment for them when they end their consultation.</p> <p>13 Date of next meeting</p> <p>Next meeting will be held on 8th June 2016 at the surgery commencing at 6pm.</p> <p>The meeting closed at 7.42pm.</p> <p>Minutes approved:</p> <p style="text-align: center;">Chairperson Date</p>	<p>HW</p> <p>AC/ MRe/ HW</p> <p>All</p> <p>MRe</p> <p>JJ</p> <p>DB</p>
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