Patient Participation Group
Minutes of Meeting
18th July 2017
Tuxford Surgery

Meeting Opened: 6.00 p.m.

Present:
Oliver Lord (Practice Manager), Dr Shearston-Walker (GP), Tony O'KEEFFE, Ann Wightwick, Tony Tapper, Brian Fretwell, Kath Hobart, Roger Cooper, David Bird, Faith Tindall, Geoff Tindall.

Apologies recieved:
Susan Thompson; Julie Mayfield; Michael Colborn; Byron Dawson; Vincent Ion; Joan Moorhouse; Rona Mackenzie-Batterbury; Tony Maskery; Cath Connolly

Issues Arising From Previous Meetings:

Minor alterations of previous minutes:
- Incorrectly spelt names
- Wrong day of the week given for next meeting (read 'Thursday', but should have read 'Tuesday').

Minutes for previous meeting reviewed and otherwise agreed.

New Matters Arising:

1. **Premises Improvement Plan**
   Current plans shown to patients present. These are initial ideas before detailed plans are drawn up by architects and before planning permission is sought. (Plans discussed shown in attached document).
   Oliver Lord discussed that the dispensary would be moved into a building extension into the patient car park. We would also look to incorporate an additional small room (currently records room) into the dispensary. Oliver Lord discussed plans may allow for dispensary to provide a home delivery service and make up dossett boxes for patients. The other area of building would add an additional Treatment Room and Consulting room, which would be built in the staff car park. One of the current Consulting rooms would be converted into a 'Clean Utility Room' to store nurse supplies and hold vaccine fridges. However, that consulting room would be replaced by converting the existing Staff Room into a consulting room, and moving the staff room into the centre of the building.
   Oliver Lord discussed improving practice security by having a clearer staff only & patients areas (currently there is nothing to stop patient wandering past the consulting room they should be going into, and on into the admin room).
   Patients discussed reduction in car parking provision, both for patients and staff. Discussion ensued regarding options for building upwards rather than outwards (Oliver confirmed he had similar thoughts – but had been told by architects that it would be cost prohibitive due to needs to comply with fire safety, disability provision, and the need to ensure existing roof is strong enough). Patients also discussed how to improve the existing car park by delineating spaces and putting bollards to stop patients

overshooting car parking spaces and parking in the pubic footpath. Oliver confirmed that painting lines on the car park would form part of the work.
Patients had concerns that the location of the staff room (proposed to be in the centre of the building) wasn't ideal. Alternative ideas were floated. Oliver agreed that it would be better to have reception and dispensary located next to each other, but the architects were struggling to do this as the floor in the foyer is not level, and we wouldn't want the reception desk to be at a section of sloping floor.

2. Constitution and Ground Rules for the PPG

Oliver shared correspondence from a patient who was unable to attend the meeting (Mr Michael Colborn).
Oliver discussed the structure a purpose of a future patient group he would like to see, and its purpose – he likened it to a triangular structure, with a large base of 'virtual' members who's view is sought by e-mail and survey responses, a much smaller group of patients who meet on a regular basis, and possibly a subset of these patients forming a committee.
The group present broadly agreed with the structure, and discussed the pro's and cons of having a committee and a constitution. The consensus opinion of those present was that a committee is only required if decisions are being made. However, the primary purpose of the group is that of a 'critical friend' who share suggestions and ideas, and give feedback. The group do not see that final decision making is within their remit – as the final decision would lie with the business and the Partnership.
Oliver discussed that the only exception he could foresee to this would be if the group ever wanted to have any fundraising purpose (as in his previous practice), in which case the group may wish to have a community bank account, which in turn would require elected officials. The group didn't see this as a priority area – and could be changed in due course.
The group agreed that the current constitution was somewhat un-necessary, and the 'Ground Rules' would easily suffice – but that the constitution could be kept for possible use in the future.
The group discussed that it would be useful to have an appointed minute taker to ease the burden of that responsibility.
Agreement was that Practice Manager would chair the meetings for the time being, but where there is an invitation for the chair to attend another external meeting this will be distributed amongst the group for volunteers.

3. PPG Support at Seasonal Flu Jabs (Oct 2017)

Kath Hobart discussed the support that the group have been able to provide at previous flu sessions, including helping with getting patients to respond to patient surveys, etc.
The discussion led on to how we publicise and invite patients to our flu vaccination clinics, and how that might be improved by additionally sending text message invites to patients. We also discussed inviting patients from similar areas / villages to the same sessions to help the local dial-a-ride service provide transport more efficiently.
Oliver confirmed that the would contact members of the patient participation in the run up to the flu sessions to discuss support they can provide.

1. **Changes to the telephone System (Sept 2017)**

Oliver discussed that the practice would be changing their telephone system in September. The group discussed improvements that could be made to the present system. Having an auto attended was discussed (such as press 1 for Appointments, 2 for dispensary, etc). Feedback from the practice was that such systems might work well in larger practices, but essentially with our small team it would generally be the same person answering the phone. Oliver commented that one thing that used to work well at his previous practice was an option for patients to leave a message to cancel an appointment 24hrs a day / 7 days a week – this increased ability to cancel appointments at any time made it much easier for patients to do so, and reduced DNA's (Did Not Attend).

The conversation continued to the practice appointment system. Oliver gave feedback that the practice had been looking at how we could improve the appointments by triaging appointments. Dr Shearstone-Walker discussed the present arrangements with telephone consultations, whereby patients can have telephone consultations for reviews of some conditions.

Oliver discussed that as we already do a considerable amount of telephone consultations, it would be help us physicals 'see' the patients who clinically needed seeing if appointments were triaged first. Thus, everything that could be dealt with on the phone would be dealt with, possibly just with a phone call – but then clinicians are able to book in patients who actually need to come to the surgery for later in the day. The thinking is that this would reduce us seeing patients who don't physically need to be seen (whilst still dealing their problems), and allow us to see more clinically relevant patients.

<u>Other Matters Arising:</u>

2. **NHS and dependence on Paper Records**

As part of the premises discussion the need to store paper records was explored. OJL explained the dependence we have on Paper records. The NHS is still a long way off having a single record system for patient records, and the primary way of transferring information from hospitals (or other providers) and GPs is by letter (albeit sometimes by post, sometime by electronic transfer such as e-mail). Oliver discussed the process surrounding patients leaving & joining the practices – including GP2GP electronic transfer which is improving the electronic transfer of some patients medical records – but not all. Oliver appeared to amused everyone by the NHS's old fashioned reliance on paper, such as when patients pass away we have to print the entire medical record from our electronic system before sending it back to the Department of Health's current record storage provider (currently Primary Care Support England).

We discussed possibilities of off-site storage, as done by other local surgeries, and what might be an acceptable timeframe to gain access to offsite records.

Patients suggested alternative options, such as digitising / scanning and shredding existing notes. Oliver fed back that there is a distinction between current correspondence (which we do digitise and shred after appropriate checks have been made) and existing older records – which we are not allowed to cull. (Guidance attached).

3. **Suggestion to pre-order patients repeat medications**

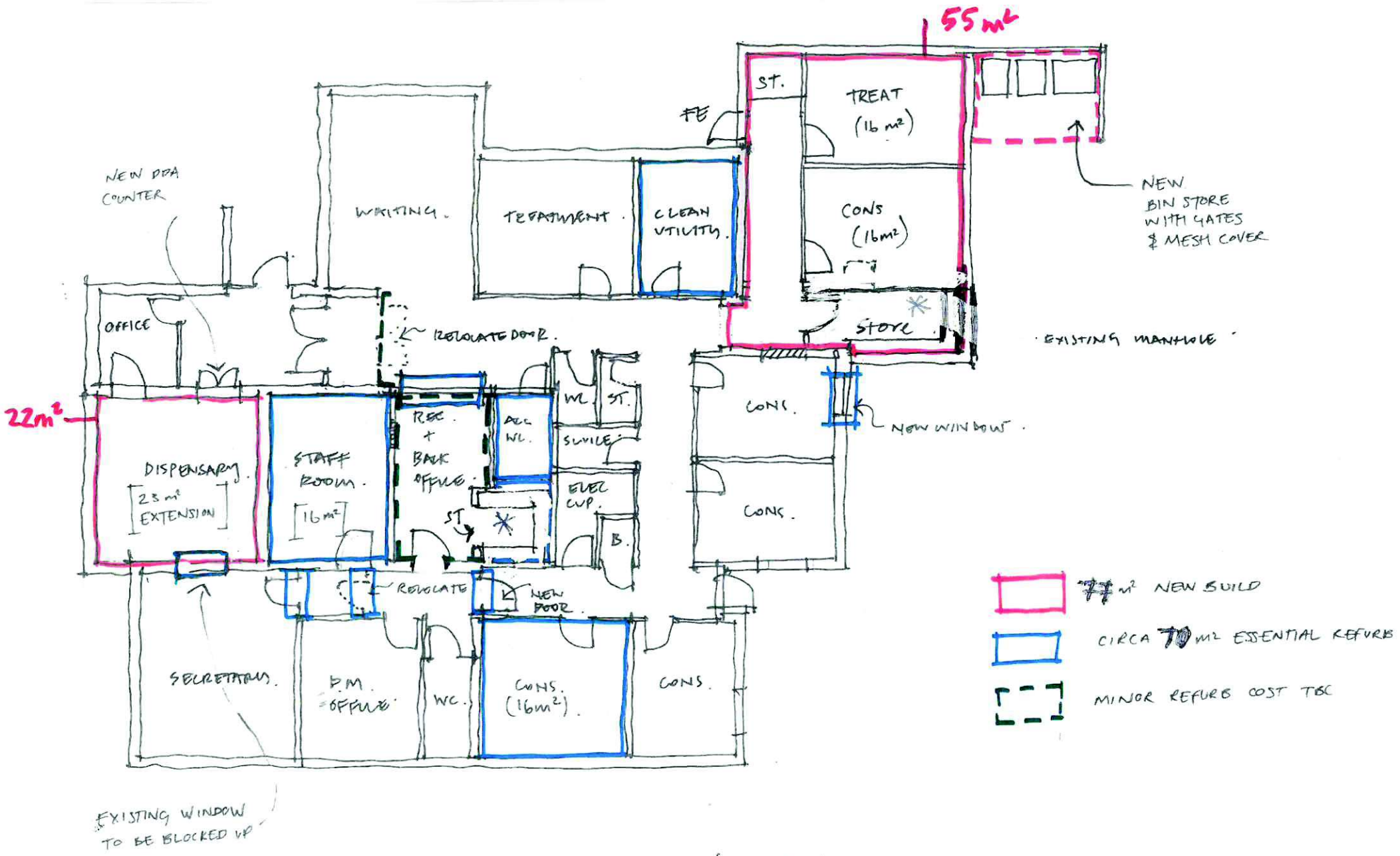
A patient suggested an improvement to the repeat ordering process for prescriptions, in which the practice could pro-actively sort the patients medication and inform patients when it is read for collection, rather than waiting for a patient to request the medication themselves. Oliver confirmed that this is a service that the local chemists tend to offer patients, but Dr Shearstone-Walker highlighted that it does have its pitfalls. These include;

- Not knowing whether the patient is away on holiday or in hospital
- Changes to medications, whilst in hospital, which may lead to wasted medication.
- Difficulties in knowing whether variable use medications, such as inhalers or creams, are required.

The practice thanked patient for this suggestion, and would always welcome other suggestions in the future.

Meeting finished at 7.40p.m. - Next meeting: 20th September 2017

Don't forget any other suggestion for the Newsletter to morgan.davies@nhs.net



* Additional storage locations
Note could be shower + store.
i.e 1 store additional or
2 stores & no shower.

TUXFORD MEDICAL CENTRE
PROPOSED LAYOUT (OPTION 1)
1:100 @ A3 SK002 REV C

Thoughts from Mr Michael Colborn (who is unable to attend)

PPG thoughts off the top of my head.

1 Committee members, of the PPG, who miss three consecutive meeting without sending an apology should, at the committees discretion, be removed from the groups list of members. As meetings are open they could still attend group meeting if they choose.

2 Any patient attending a PPG meeting should be offered membership of the group.

3 Should all patients who have an email address known to the practice be notified of group meetings? If so an opt out option should be made available.

4 Now that the practice has another electronic check in option could patients checking in be asked if they would like to add an email address or update an email address? This would be helpful for the practice but also spread the word among the patient pool that the PPG exists.

5 At the electronic checkin; have the ability to add mobile numbers, for reminders etc, and update which is their main 'phone number.

6 Should a member of the practice team be stationed by the electronic checkin to help the electronic phobics enter the electronic world for their benefit and the practices. The frail will already be known to the practice and with alternative contact methods, I would think.

7 PPG communications should be by electronic means wherever possible.

8 PPG group members should share, if they choose, their contact details with other members.

9 The constitution document wording drifts between using 'group' and 'committee'. And, rather than 'sub committees' it should say 'sub group'. Committees make decisions, groups have discussions. A committee that makes a decision may have a right, they think, to see a result. Which is what I heard to my left at the meeting last Thursday about previous PPG activities. I think the constitution has too much detail. The more detail you create the bigger rogues charter you also create.

10 Surely the group is to collect and submit ideas to the practice. All ideas, even if only from one person, are valid and may be thought useful by the practice. One idea may be more popular and this can be stated. In practice The Practice will decide what is useful and what is not.

11 On the front page of the Spring edition of the CCG Patient Newsletter is a good description of what a PPG is and is for, should this not precede the current 'Ground Rules' document? Reading and digesting this would have shortened last Thursdays meeting. The meeting would have been useful and prevented it being used to cast aspersions about the management of the practice.

12 The 'paper work' you have distributed does not state its origins. If it came from the previous PPG, which failed, could it not be withdrawn and a fresh start made?