

# Minutes

# PPG Meeting

Monday 10 September 2018

6:00pm

**Present:**

Peter Robinson (Chair) – PR  
Tony Pearce – TP  
Pam Pearce – PP  
Chris West – CW  
Ken Sharpe – KS  
Beryl Perrin – BP  
Sue Holmes – SH  
Gareth Brammer – GB  
Ian Dixon - ID  
Dr Christopher Woods - CW  
Dr Mohammed Islam (Practice Manager) – MI  
Stephanie Chapman (Ass. Practice Manager) – SC

**Chair:**

Peter Robinson

**Minute taker:**

Ken Sharpe

**1. Introductions**

PR welcomed Ian Dickson and Sue Holmes to the group. Introductions were made by each of the attendees.

**2. Apologies:**

There were no apologies to record. PR will contact Steve Shae and update.

**3. Minutes from last meeting:**

09 July 2018

PR reminded the group that the meetings should be circulated two weeks prior to the next meeting to allow time for reading. Minutes were accepted as a true record.

**4. Matters Arising not covered elsewhere**

**Sharing Information:**

For the benefit of those members not present at the 9 July 2018 PPG meeting, PR raised and explained the subject of sharing of email addresses and the circulation of emails between group members. SH, GB and ID agreed to this method of communication. BP does not have email access, MI and SC agreed that correspondence to BP would continue by post.

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<p><b>4 Continued...</b></p>	<p><b>Flu Clinics: CW / MI / SC</b></p> <p>Initial clinics had now been arranged and eligible patients had been and would be contacted and advised of appointments. However, this did not preclude patients making their own appointments. Further clinics would be arranged subject to take up and availability of vaccines.</p> <p>The group were advised that last year 5447 patients were eligible for flu vaccines, of these 3337 patients took their appointments, 264 went to pharmacies and 718 patients declined the offer of vaccination.</p> <p>The group asked if they could offer the Practice constructive help at the clinic and it was agreed that the Practice would circulate clinics dates and times and that any volunteers could assist in a welcome/marshalling role at the clinic.</p>
<p><b>5 Yearly Partnership Plan</b></p>	<p>PR proposed and following group discussion it was agreed that it would be effective for the group to prioritise discussions and proposals for the action plan sub topics for the year ahead as follows:</p> <ol style="list-style-type: none"> <li>1. Communication – Jan 2019 meeting</li> <li>2. PPG Recruitment – Mar 2019 Meeting</li> <li>3. Electronic Prescriptions System – May 2019 (It was further agreed that it would be appropriate to invite Sebastian Gregory to advise on the group on this subject)</li> </ol>
<p><b>6 Practice Update</b></p>	<p><b>Staffing:</b></p> <p>The group were advised of the following changes:</p> <p>A new Lead Nurse had been appointed to commence with the Practice on 01 Oct 2018.</p> <p>Two applicants had been interviewed with a view to appointment as a Nurse and Health Care Assistant.</p> <p>There were firm plans to recruit an additional Health Care Assistant.</p> <p>Two administration staff had transferred from the Ashfield Medical Practice, whose appointments, it was stated, had been most beneficial to the Practice in its moves to upgrade and improve back office procedures.</p> <p>The GP role allocated to what was Ashfield Medical Practice had now ceased.</p> <p>Continued ...</p>

**6 Continued**

**Extended access. CW / MI / SC**

The scope and procedures for patient access under the Extended Provision was outlined to and discussed by the group.

It was explained that appointment availability under this provision was:  
Mon to Fri 6.30pm to 8pm  
Sat morning 9am to 12 noon  
Limited Bank Holiday provision

These appointments were available on a rota basis at local participating practices.

Patients wishing to avail themselves of an appointment must contact reception as normal when the suitability, timing and location of attending such an appointment would be discussed/agreed.

Following discussion on the functioning of the Extended Provision the group agreed there had been perceived improvements in patient/appointment waiting time.

**Medical Staff – effective utilisation: CW / MI / SC**

The group were advised of the emphasis that the Practice is placing on ensuring that the most appropriate member of staff attend a patient appointment.

Continuous attention is paid to making full and appropriate use of the nursing staff and of the pharmacist roles.

Group members asked and contributed ideas to hopefully make patients more aware of these roles. The Practice does endeavour to achieve more awareness by displaying posters on site, including slots on the TV screen footage and including information on the Practice website.

In response to a suggestion by GB for ANPs to be available, possibly in the front of reception to direct patients towards their clinics , MI explained that it was a difficult choice to take nurses away from operational matters to hold awareness sessions. For the moment this would only be done at the annual PPG/Practice event.

In response to a question by KS, it was explained that the Practice was utilising lead nurses and the pharmacist to take more control over appropriate face to face appointments and telephone repeat prescription re-authorisations.

<p><b>7 Continued</b></p>	<p><b>Did Not Attend (DNAs): CW / MI / SC</b></p> <p>For the Jan – Aug period there were 2085 DNAs out of 49895 appointments.</p> <p>CW explained there had been no exaggerated trend movements for the Practice and whilst other Practices may have improved ratios, ours unlike others, did not have an automatic discharge level for patients failing to attend appointments.</p> <p>The group, having discussed the matter previously are aware that some of our re-occurring DNAs are affected by many socio-economic problems e.g drug misuse issues; alcohol; mental health and housing and fully support the Practice in their compassionate attitude to these issues.</p> <p>At the suggestion of SH, Practice staff agreed to explore the possibility of conveying to appropriate patients what the cost of a DNA entails, using a CCG average cost calculation.</p> <p><b>Practice Update Overview:</b></p> <p>CW, MI and SC gave the group an in-depth overview of current demands and pressures on the Practice including but not exclusive to changes to the Coroners Rules, the new Data Protection Regulations and, at the prompting of group members, the impact of the use of illegal substances in the local community. Waiting times for appointments were higher because of staff and GP holidays. ANPs help with patient having lesser needs giving GPs more time with other patients.</p> <p>CW completed the overview by stating that the Practice believed that ‘they were in a good place at moment about staffing levels and the ability to cope with anticipated demands.</p> <p>However, this would not lead to complacency as the Practice was always looking at ways to improve access, treatments and their overall ability to care for their patients, particularly in ensuring that the “right people” were in the “right place” throughout the Practice. GPs with special interests were known by practice staff allowing patients to be directed to particular expertise available.</p>
<p><b>8 Items agreed last agenda</b></p>	<p>The two items agreed for inclusion on this meeting’s agenda:</p> <ol style="list-style-type: none"> <li><b>Action Plans</b> - two main priorities, actions to go forward. This subject is covered at Item 5 above.</li> </ol>

	<p><b>2. Improving access.</b> This subject is covered at Item 5 above.</p>
<p><b>9 Any Other Business</b></p>	<p>1. GB raised an issue for wheelchair user and other access compromised patients. It was suggested that the space between the front barrier and Reception desk be widened, particularly moving the barrier bases further from the desk to improve access. MI and SC agreed to investigate and act on this issue.</p> <p>2. PR advised the group that he was now a member of the Mansfield and Ashfield CCG (Clinical Commissioning Group) Sub Committee for Patient and Public Engagement and was responsible for liaising with our local PPGs in the Ashfield North Locality.</p> <p>3. PR presented the Mansfield and Ashfield CCG document on the 10 points to what make a good PPG. The first three questions were put to the group and practice members and all were answered in the affirmative for our group. The remaining questions will be covered at future meetings.</p> <p>4. SH wished to advise the group of the results of the recent CQC (Care Quality Commission) inspection of the Sherwood Forest Trust. SH was pleased to report that of the 47 areas of inspection, 42 were rated Good, 4 were rated Outstanding (all 4 in Care) and 1 was rated Requires Improvement. Overall the rating was Good.</p>
<p><b>10 Agreeing next meeting agenda items</b></p>	<p>It was proposed and agreed that the following items would be included in the next meeting's agenda:</p> <p>1. Communication. A wide-ranging field.</p> <p>2 How can we measure the capacity and levels of satisfaction of the work of the PPG.</p> <p>3. MI &amp; SC Present and discuss the National Patient Survey - Published 7 Aug 2018.</p>
<p><b>11 Date of next meeting</b></p>	<p>Monday 12 November 2019 6pm</p>

The meeting closed at 19:35