

<h1>Minutes</h1>	<p>PPG Meeting Monday 12th November 2018 6:00pm</p>
<p>Present:</p>	<p>Peter Robinson (Chair) – PR Ken Sharpe – KS Beryl Perrin – BP Sue Holmes – SH Gareth Brammer – GB Ian Dixon – ID Lynne Weston – LW Dennis Weston - DW Dr Andrew Watts - AW Dr Mohammed Islam (Practice Manager) – MI Stephanie Chapman (Ass. Practice Manager) – SC</p>
<p>Chair:</p>	<p>Peter Robinson</p>
<p>Minute taker:</p>	<p>Kenneth Sharpe</p>
<p>1. Introductions</p>	<p>PR welcomed Lynne Weston and Dennis Weston to the group. Introductions were made by each of the attendees.</p>
<p>2. Apologies:</p>	<p>Tony Pearce – TP Pam Pearce – PP Chris West – CW</p>
<p>3. Minutes from last meeting:</p>	<p>10 Sept 2018</p>
<p>4. Matters Arising not covered elsewhere</p>	<p>Did Not Attend (Item 7 previous minutes)</p> <p>SH asked if the Practice had explored the possibility of conveying to appropriate patients what the cost of a DNA entails, using a CCQ average cost calculation.</p> <p>SC reported that after consideration of the variable complexities involved it had been decided that at this time it would not be appropriate for the Practice to allocate resources to the initiative. SC had not got the CCG cost data.</p> <p>Continued.....</p>

Agendas and Minutes (Item 3 previous minutes)

PR restated that for the benefit of all concerned it ideally should be good policy for Agendas to be distributed at least one week before meetings and Minutes to be distributed within two weeks of the meeting. This item was discussed and agreed by all concerned.

Flu Clinics (Item 4 previous minutes)

PR explained that the group had not been called upon to assist at a Flu Clinic.

AW/MI/SC provided extensive explanation as to how this year unlike in previous years, there had been problems in the timely sourcing of the three types of available flu vaccines. In the circumstances it was thought impractical and unfair to expect volunteer members to decide to attend sessions which could and were subject to sourcing delays.

It was further explained that vaccine availability was a national concern particularly with the need to manage dispensing variable vaccines and with supply being affected by the uptake of provision now being offered by multiple outlets such as local and national chain pharmaceutical outlets.

AW affirmed the Practice were utilising all available methods to ensure the timely provision of available vaccines to ensure patients were not at risk.

The Groups offer to assist was appreciated and it was to be hoped that the initiative could be introduced next year. BP asked for assurance that vaccine supplies were now available. MI gave the assurance.

Reception Barrier (Item 9 (1) previous minutes)

SC explained that this situation had been reviewed particularly considering: Widening accessibility / Confidentiality / Permanent or Flexible Barrier. Unfortunately, at this time no permanent solution was apparent, but the situation would be kept under continuing review.

AW was particularly concerned by this issue and appreciated that it was one which GP's may miss the significance of therefore he suggested that increased use of the lower more accessible reception desk (to the right side of reception) should be encouraged by both education and information to both staff and patients. SC was asked to make this facility more visible to patients.

Please see further discussions on Accessibility at Item 7 – Any other business

<p>5. CCG PPG event 11th December</p>	<p>PPG Networking Event covering all PPGs across Mid Nottinghamshire to look at what is working well within a PPG and how PPGs across Mid Nottinghamshire can learn from the good work that they have done. Brierley Park has applied to present their practice.</p> <p>PR had previously circulated details of this event to members but no interest was shown in a Willowbrook application. PR explained that he had asked the event organisers to make a table available for an Ashfield North display covering Willowbrook, Woodlands, Skegby and Kings Centre.,</p> <p>Following discussions within the group it was agreed that MI would liaise with PR to assist with ideas for the display including our group’s initiatives of holding bi-monthly meetings and having a GP and Practice Managers attending each session.</p>
<p>6. Measurement of Practice capacity for appointments.</p>	<p>PR raised the main point of this item, “How does the Practice measure their capacity to satisfy the availability of patient appointments”</p> <p>It was agreed at the outset that access to availability of appointments was a concern to all patients and is one which the Practice constantly keeps under review to ensure that the Practice is best placed to provide a caring, constant, efficient and effective service.</p> <p>AW/MI/SC gave a detailed response to this item, explaining the various practices and procedures adopted to cope with the ever-increasing demands on the Practice.</p> <p>Initiatives included:</p> <ul style="list-style-type: none"> In partnership with Dr Link the Practice is running a pilot scheme which will give you access to a new algorithmic based screen system. Educating and encouraging patients to be aware of / make use of the most appropriate available GP and Nursing services at the Practice. Educating and encouraging patients to be aware of / make use the pharmaceutical services available at the Practice. Providing a “sit and wait” Duty Doctor / ANP service. Providing a GP telephone advice service. Being a full and active member Practice of the Extended GP Access Service, covering evenings and weekends. Ensuring appointment telephone lines are fully staffed. Maintaining variable methods to access appointments viz personal visit, telephone booking, online same day and online future booking. <p>BP sought clarification on the following issue – When a future appointment is required by a GP, are they themselves able to override the embargo system and book a future appointment? This was clarified as, Yes, by AW.</p> <p>PR thanked that the Practice for being proactive in their approach to the issues and suggested that ideas for support by the PPG could follow in</p>

	discussion in the following Item (7)
<p>7. National Patients Survey Results.</p>	<p>MI gave the group a verbal presentation of the 2018 National Patient Survey results but advised that the survey process had somewhat changed since last year so there could not be a feature by feature comparison.</p> <p>Continued</p> <p>Points raised during the discussion of the report included:</p> <p>PR – How is the survey conducted? MI responded that the survey is conducted by the NHS who randomly select patients from each Practice.</p> <p>PR asked of MI – What are the Low and High points of the survey results. MI responded that this was -</p> <p>Low Point - “Access to the GP Practice by telephone” Further information was provided detailing the financial amounts and staffing levels devoted to this issue, and ensuring equipment is kept up to date and effective.</p> <p>High Point – “The high level of satisfaction received from health care professionals” All agreed that this was pleasing to note and to be commended.</p> <p>It was noted that the National Survey Results mirrored in many respects with the results of our own patient survey held in October last year.</p> <p>BP and PR asked if there were plans to hold a further survey of patients with a view to obtaining views on how the Practice could improve their service.</p> <p>Following a discussion, it was agreed that –</p> <ol style="list-style-type: none"> 1. The group would for the immediate future rely on National Patient Surveys. 2. Accept the findings of the reports and explore how we as a group can support and work with the Practice and patients to address the identified “Low Points” and further that this would be included as an Item headed “Communication with Patients” in the January 2019 meeting agenda. <p>MI agreed that he would circulate copies of the 2018 National Patient Survey report.</p>
<p>8. Practice Update</p>	<p>MI and SC explained that –</p> <p>The Lead Nurse, one nurse, one Health Care Assistant and two new secretaries, as mentioned at the last meeting had commenced working at the Practice.</p> <p>There is a further advertised vacancy for a Treatment room nurse.</p>

	<p>One salaried GP had increased their working days from two to three.</p> <p>Our current caretaker is retiring at the end of November, but a replacement has been secured,</p>
<p>9. Topics for next meeting 14th January 2019</p>	<p>Communication. It was agreed that the Topic for inclusion in this meeting would be “Communication with Patients” (As per Item 7 above)</p> <p>Meeting Dates for rest of 2019 SC advised that meeting dates schedules would follow this year’s format with the next meeting being 14 January 2019. Following dates would be published at the next meeting.</p>
<p>10. Any Other Business</p>	<p>“Accessibility in the waiting area” GB – Raised the issue of particularly relating to space for wheelchair users and people with aids and limited mobility, and additionally how wheelchair users have difficulty in easily reading posters and signs displayed around the Practice. (Also see Item 4 above - Reception Barrier)</p> <p>The group sympathised with this issue and whilst several ideas were floated it was agreed that that a more satisfactory approach would be for GB and the Practice management to liaise and formulate long term solutions.</p> <p>“Election of Governors for the Sherwood Forest Hospitals Trust” SH advised the group that Sherwood Forest Hospitals Trust would be holding Governor elections in the new year. Should any member be interested or know of another suitable persons they can contact SH for further advice.</p> <p>“Self Help Saturday” SH commended this event which was held on 29th September by the Woodland Medical Practice. PR had attended the event. The aim was to help patients to take steps to improve their own health and wellbeing, which would hopefully in the long term reduce demands on clinical services. (See Items 6 and 7 above)</p> <p>“Closure of the Practice during training afternoons – Effects of Patient Services” ID enquired if it was necessary / appropriate for the Practice to close during training afternoons thus denying patient access. Also, that on these occasions only the “normal” answering service was available.</p> <p>AW and MI advised that different types of training took place and clinical staff training was CCG led. There are times when it is necessary for all staff to attend the training and this most likely would be off site. The answer call</p>

	system is as directed by the CCG as this is felt to be the safest route for patients to follow.
11. Date of next meeting	Monday 14 January 2019