***PATIENT PARTICIPATION GROUP FOR***

***NEETSIDE SURGERY***

***BUDE***

***12 MARCH 2012***

***At 6.30pm***

MINUTES

PRESENT: Dr Mike Dowling & Dr Julia Bloemertz, Melanie Chenoweth (Practice Manger), Suzanne Greaves (Practice Nurse) and 8 voluntary patients

Apologies: 1 voluntary patient

1. Welcome and Introduction

Dr Dowling welcomed and thanked everyone for attending and expressing an interest in becoming a member of the practice PPG. Melanie circulated some information about what a PPG is –

* Facilitating patient ‘involvement’
* Helping to improve services
* Helping to improve communication between the practice and its patients
* Fostering patient loyalty and support to the practice

Dr Dowling explained what a PPG aims are – which is to promote and improve communication and co-operation between the Practice and its Patients to the benefit of both. We need a supportive but challenging group, with constructive criticism and solutions on how to resolve or improve our service.

We discussed that a maximum of approximately 10/12 members of a mixture of ages/sexes etc. We felt that as a group we needed perhaps a parent with children to help ensure a good mix, but at the moment we have nobody who is available – the usual excuse, as expected, being that they are too busy with the family to be able to attend, but we will endeavour to try and find somebody.

Everybody introduced themselves and what they did.

1. Ground Rules

Melanie circulated a list of ground rules –

* This meeting is not a forum for individual complaints and single issues
* We advocate open and honest communication and challenge between individuals
* We will be flexible, listen, ask for help and support each other
* We will demonstrate a commitment to delivering results, as a group
* Silence indicates agreement – speak up, but always go through the chair
* All views are valid and will be listened to
* No phones or other disruptions
* We will start and finish on time and stick to the agenda

Agreement of these rules and any amendments will be discussed further at the next meeting.

1. Aims and Objectives

The main aim is to improve communication between the surgery and its patients in whatever way the PPG feels we can achieve this.

Melanie is happy to be a link between the PPG and the surgery.

The PPG is also a representative group which will help to promote patient voices.

1. What a PPG can’t do
* A PPG is not here to deal with complaints – this must be done as per the complaints protocol.
* The PPG is not a doctors fan club – constructive criticism is important though.
1. What do we want from this PPG?
* It was suggested that the meetings were held quarterly, but more frequent to begin with. The meetings will be held at the surgery for approximately 1 hour.
* Melanie informed the group that ideally the group must be patient led and that there was a need to appoint a Chairperson, Vice Chair and Secretary (ideally this should not be any of the surgery team).
* For the group to come up with any issues they know about and bring them to the surgery teams attention, and then to help provide resolutions to these issues.
* To help the surgery to continue providing a good service, and to build on the good reputation that has been established over the past 6 and a half years.
* To maintain the personal/friendly approach we have always strived to deliver.
* To move forward and to continue to be able to grow and adapt to the constant changes of the NHS.
1. Patient Survey

Recently the surgery had conducted a survey. Sixty patients had been asked to complete the surgery opportunistically at their appointment with one of the GPs. Thirty who had appointments to see Dr Dowling and another 30 who had appointments to see Dr Julia Bloemertz. We had used the GPAQ questionnaire because we feel this is a good surgery that covers all aspects of what is important for patients. The survey results showed that the practice had scored above average for all parts (appointments and confidence in the Doctors) compared with the national average.

All the members of the PPG viewed the results. This included a breakdown of all the components and individual patient comments. This included discussions around the appointment system and the telephone system.

Dr Dowling started the practice in August 2005 with zero patients and since that time the surgery has had to adapt and change as the registration numbers have expanded to the current total of 3350.

The members of the group wanted the appointment system explained. Melanie explained how the appointment system works. We have emergency appointments on the day, ranging from 50% on a Wednesday to 70% of the total appointments on a Monday. We also have appointments which are released at 48 hours notice; therefore on a Monday there are appointments free for Wednesday to help with those that need to be seen soon but not urgently. There are also the routine appointments which can be booked up to 4 weeks in advance. Some of the group did not realise this was possible.

Dr Dowling explained to the group that the surgery is constantly reviewing the situation to see whether other alterations are needed. This has happened again recently after another influx of registrations and we are in discussion at the moment with the possibility of increasing GP and nursing hours. We have already recently employed another part-time phlebotomist. Dr Dowling talked about becoming a training practice for doctors and would need to stop working at Derriford Hospital where he is a course organiser for the GP training scheme so that he can increase his time here at the surgery. Following on from the comments made from patients from the last survey and general feedback we had decided to go through with the extension of the premises and now we have the space to be able to have a nurse wing as well as 3 GP consulting rooms, one of which will be used by the trainee.

We discussed the “Open Morning” which was on Saturday 18th February – many members of the group were able to attend and we all felt it went very well and was a worthwhile event. In fact the staff really enjoyed it! We loved showing around people who were interested to see our newly extended premises. All the staff felt very proud!

1. Any other business

One of the patients commented that we have always had the reputation of a friendly approachable surgery and as we are growing in numbers it could become more difficult to keep this alive. We need to be able to build on our strengths at the practice and keep the welcoming atmosphere. Another issue was raised over the sound-proofing of the reception area and it was agreed that music would once again be played in the waiting room to help with this.

1. Action Plan
* Members of the PPG will go out and find what others think about the surgery, especially those that don’t come to the surgery very often and wouldn’t of completed a questionnaire, and feed back to the group at the next meeting,
* We need to get across to our patients that we have a website, where prescriptions can be ordered and emails sent in communication. The Surgery need to put up more information about this in the surgery and also on the prescription counterfoils.
* To make sure up-to-date information given to new patients with the practice leaflet, including the website address.
* We need to inform patients about the appointment system and that they can book appointments 4 weeks in advance.
* Increasing GP and nursing hours per week.
* The telephone system should be reviewed on how to direct patients when the best time is to ring for each specific need ie if they need an appointment for that day then to ring as early in the morning as possible or if they want their blood results `to ring in the afternoon after 2.30pm when the lines are quieter.
* There needs to be some music playing in the waiting room – Melanie to re-install the radio.
* To organise another survey later in the year.
* Terms of reference
* Members agreement
* To vote for a Chairperson, Vice Chair and Secretary

It was agreed the next meeting will be on Monday 16th April at 6.30pm.