

LIQUORPOND SURGERYPATIENT PARTICIPATION GROUP MEETING
THURSDAY 7 SEPTEMBER 2017

Present:	Dr H H Matiti	Mr GA
	Dr. I. Fernandes	Mr PD
	Mrs. S. Hardie	Mrs DH
	Mr Robert Bailey	Mrs SL
	Mrs Annette Jakeman	Mr AP
	Mrs Kay Motley	Mrs JR
	Mr Keith Foster	Mrs PV
	Mrs Wendy Deamer	Mrs LN

Apologies: Dr Nolan; Dr Gamalath; Mrs Judith Jain; Mr RC;
Mr IM; Mrs JN.

AGENDA

Minutes of last meeting: The meetings of the last meeting were agreed as a true record and were accepted.

Matters arising:

- It was suggested 'Chairman/Vice Chairman' should perhaps now be changed to 'Chairperson'?

Terms of Reference:

Purpose of PPG:

JR queried the purpose of the PPG? She queried whether the purpose could be put on the agenda as she feels it is important to know where the Group is going. She would like the group to be more active. SH welcomed any ideas. GA said he has been to other PPG's and was struck by the room and space where these were held – he suggested that we should have more room here if possible. PD mentioned that he too had been to other PPG's where they were even able to serve tea and coffee!

JR again mentioned her idea to approach patients and talk to them about the PPG – this was not agreed to at the previous meeting but she feels this should be considered again. PD talked about giving out questionnaires to patients for discussion at PPG but it was queried who would give these out? Concerning approaching patients PV said there should be a notice on display explaining that patients might be approached for their feedback or participation rather than just approaching them. SH suggested our website where patients could be made aware of PPG and be encouraged to comment. We also have flu vaccinations coming up and it was suggested we could have a table in reception with members there to engage and encourage patients to give feedback and ideas.

RC felt website links to get patients' involvement would be good and KF said the minutes of the previous PPG' are always on the website. GA however felt these could easily be missed on the site.

RB suggested an Open Day at the surgery where PPG could be involved.

GA is very keen to get the virtual patient scheme up and running and asked for ideas to move this along.

Patient Council Report:

PD attended the PC meeting held on 22 June 2017 –copies of the minutes were distributed within the group for information.

Within these PD commented on: Virtual Patient Council - we need more advice about this from Equality and Diversity but it is something we will all need to become involved in.

Timing of repeat prescriptions:

GA mentioned the timing for prescription collection seems to vary. SH said NHS states 48 hours however, PD mentioned 3 days. It was agreed that these times depend upon the time of day the prescriptions are ordered. AJ said the pharmacy next door are always very good and offer a very reliable service.

NAPP – to join or not?:

This was brought up by GA who feels we should consider becoming part of this group however, there is a fee of £40 for the first year then £60 for further years. SH said she felt it would be useful to join the NAPP and HHM agreed to cover the costs involved. SL however did suggest we should contact a surgery who is already involved in the NAPP to find out what the benefits were etc before we commit ourselves – especially as there are costs involved. PD would make enquiries at next Patient Council Meeting to see if any other PPGs have joined.

Calling for patients (again):

GA brought up the subject again of the Doctors calling for patients. The calls need to be clearer and display the patient's name.

GA also asked if Nurses can please say which rooms they are in when calling for patients.

Reading Group feedback:

There have been problems with the Shared Reading Group – only one person attended and said he preferred to be in a private room – this again highlighted the lack of space available here. GA feels this group should be stopped now. *Agreed.*

JR said her other reading group was successful and asked if she could put posters up in the surgery. SH said that would not be a problem. JR also brought a book

'Creative Health – The Arts for Health and Wellbeing' for the group to look at and also mentioned about the singing group at the Stump on Tuesday evenings. These are all thought to be good 'therapeutic' strategies.

Walking Group:

RB mentioned a BBC documentary 'Doctor Who Gave Up Drugs' which explained the benefit of exercise to replace these. Walking was highly recommended with very positive outcomes. RB feels a walking group would be a good thing to start through PPG. RB suggested members should look at the video on You Tube from this programme. RB said he could almost 'hand pick' the patients who would benefit greatly from a walking group.

"MJOG" Text Messaging System:

KF reported we are commencing a months' free trial of MJOG texting. This texting system allows patients to respond to and not just receive text messages. This allows patients to cancel their appointments by text. SH asked for feedback concerning DNA's etc. This system will be used for our flu campaign.

Surgery Donation:

SH spoke of the generous patient legacy of £5,000 received by the surgery. This is purely for the benefit of the patients and will be distributed accordingly. A water dispenser was mentioned but this has been risk assessed and is no longer possible because of our flooring. However a new surgery POD has been agreed to. This 'photo booth' type POD will enable patients to take their own blood pressure, weight, height etc and generally record their up to date statistics, which will be saved on the patient record. This will save a great deal of time for the GP's and patients. The POD will be also be multi-lingual.

The purchase of new software for the TV screen and a Jayex Board were also put forward to be purchased. SH said that we will definitely be updating/replacing the television system/screen and this should be completed before the next PPG meeting.

SH also reported another extremely generous legacy received of £50,000. This again will be used entirely for patient services. SH said there have so far been no discussions as to how to spend this donation and asked for ideas – stressing this must be for patient services/benefits.

Patient Confidentiality:

GA mentioned that he recently asked the surgery staff whether a letter had gone off concerning his wife and the nurse would not give out this information and he therefore had a chat with the Information Commissioners Office. They said staff can give out information ONLY if they have written permission to do so from the patient concerned and this letter/information should be kept in the patient's notes.

A general discussion took place with examples of problems arising when information is given out. KM said the reception staff here do NOT give out information and are very aware of patient confidentiality. They already work within the above guidelines that a patient must give written permission for their information to be shared.

Length of Chairs term of office:

It was agreed by all that the length of Chair should remain at 1 year

Call for volunteers for next Vice Chair:

PD asked for volunteers for the position of Vice Chairman for the meeting in December.

AOB:

PPG asked if they can have a communication page on the surgery website. KF said he was more than happy to put any articles on the website.

There was no other business to discuss and the meeting was closed at 20.35.

Date for next meeting 7 December 2017.

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