Dr Male and Partners PPG 

Minutes of Patient Voice Meeting 13th June 2016

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| Present | Steph Celso, Sam Creavin, Clare Whitaker, Shirley Holloway, Jackie Crewe, Marion Anderson and Graham Seve |
| Apologies |  Dorothy Wagstaff |

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|  | Item Name | Actions |
| 1. | Welcome and introductions |  |
|  | Group welcomed by Chair |  |
| 2.  | Minutes from last meeting/Matters Arising |  |
|  | Minutes from last meeting agreed by all. Most actions from previous meeting complete. 2a: Number of people brought to surgery by community transport- Shirley reported that the bus is used 10 times a week by our patients.6a: Chair to review toy policy provided by Steph.7a: Dr Creavin reported that partners are very appreciative of the group's work. They agree a process review is a good idea. They would support a Facebook and/or Young Person's page on the website but believe this would need careful managing. Chair suggested a Communications Policy which could be formulated with Practice Manager.8a: Chair handed out flyer with information about Healthwatch10a: Steph to e-mail information about befriending/transport scheme to Dr Creavin14a: Information about Active Aging to go into next Newsletter |  |
| 3. | Update on Practice |  |
|  | **CQC inspection-** result was 'Good'. Group congratulated Practice on this result. Q: What does the practice need to do to get to outstanding? Dr Creavin explained that it was not necessarily about spending more money but about exploring what will lead to better services for our particular patients. CQC website has outstanding criteria for us to check. Dr Creavin is reviewing CQC reports of outstanding practices.Group were thanked by staff members for their efforts to collect feedback for CQC. 43 responses. 1 negative, 8 neutral and all others excellent. **New Health Centre-** There is an upcoming meeting with Luke Hall MP, which the practice is invited to. (CQC didn't mention building as inadequate). Federation (joining together of smaller practices into a large group) is now Government policy as they are seen as more efficient. Our practice is keen to work with others but to retain individuality and responsibility for decision making.**Virtual Group-** Now up to 49 members. Our target remains 100 patients.**Flu Clinic-** Practice Manager asked for feedback on possibility of running Saturday flu clinics. Response from group was overwhelmingly positive and Jackie reported that, when introduced at her old practice, Saturday clinics were very well attended.**New Name for Practice-** A small number of suggestions have been made including Streamside or perhaps calling it after a tree and planting a new tree of that name in the grounds. A couple of members felt Streamside has negative connotations due to it being a place associated with trouble in the past.The phrase 'family practice' was liked by most members as it sounded inclusive. Steph will gratefully receive any further suggestions. | Action 3a: Check criteria- CW |
| 4. | Family and Friends/Grumble Book |  |
|  |  Graph shared with group showed positive friends/family responses but few in number. Steph believes practice needs to focus more on promoting it and involve PPG.  | Action 4a: Consider how to promote Friends and Family- SC |
| 5. | Suggestions and Comments |  |
|  | **Water for patients**- all agreed it was a good idea particularly for patients with longer appointments. However, there are cost and space implications. Would have to be joint provision with partner practice. Steph to explore idea with Dr Foubister's Practice Manager.**Toys for young patients**- Chair to review policy and report back viability (as in matters arising)**Anti-bacterial Liquid Dispensers**- Q: are these needed as part of hygiene provision? Steph to find out. | Action 5a: Discuss provision of water with Andrea- SCAction 5b: Chair to review Toy policyAction 5c: Provision of anti-bacterial handwash?- SC |
| 6. | Review of Action Plan 1 |  |
|   | Members had read the review in advance and discussed both outcomes and next steps. Generally it was felt it had served its purpose of promoting the group to patients and staff but that this would need to be ongoing. Membership of the virtual group is steadily increasing but again, work would need to be ongoing to meet our target of 100 patients.O1.4- the group discussed enlarging the core group from 12 to 15 members. This would be to ensure meetings were quorate and that action plan work could be distributed amongst more people. A drive to enlarge the core group to 15 was agreed.  | Action 6a: Recruitment posters in surgery and next newsletter- CW |
| 7.  | Analysis of Patient Voice Member Questionnaire |  |
|  | Members had read the analysis in advance of the meeting and were invited to comment on responses. As responses from members had generally been aligned, no comments were made. The Chair outlined how the responses had informed priorities for the next action plan. |  |
| 8.  | Draft Action Plan 2 |  |
|  | The Chair outlined that the draft action plan priorities were informed by next steps from action plan 1 and questionnaire responses. The structure of the new plan is based on one provided by NAPP. There are 4 framework areas which are:1. Getting PPGs in place2. Helping PPGs work well3. Knowing and working with patients4.Influencing beyond the GP practiceAs a group, our current priorities fitted most into areas 2 and 3 although all areas are represented in the plan. It was identified where our priorities fitted in the framework and goals from each area were chosen. (See Action Plan 2) While the action plan was agreed by the group in principle, it was discussed that the timeline would need to be modified before work began.Vice Chair thanked Chair for her work in preparing action plan. | Action 8a: Modify timeline- CW |
| 9. | Dr Male's Retirement |  |
|  | Dr Male is due to retire in September. Group agreed they would like to offer their thanks to him in some way. Members were unsure how and needed to think about it. Meanwhile, there is a book at Reception that members can sign as individuals. | Action 9a: Send suggestions to Clare- all members |
| 10. | Feedback on Carers Coffee Morning |  |
|  | Members who attended felt it was unsuccessful for the following reasons.* Despite increased general promotion, only 3 carers attended.
* Staff/PPG members totalled 6 and carers reported that this made it overwhelming and uncomfortable for them.
* Staff tended to talk to each other rather than the carers. While they expressed that this had been useful for them as they get little time for professional discussion, this was not the purpose of the morning.

After discussion, it was agreed that if another coffee morning is planned:* the promotion should be targeted to carers groups and organisations
* the STC Carers Worker should be involved in the planning
* Only 2 PPG members should stay to serve refreshments (although more help will still be appreciated for set up and clear up)
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| 11.  | CCG Network Meeting Feedback |  |
|  | The Vice Chair reported back on 3 consultations currently taking place in our area. These focus on Dementia, Carers and Falls and look to improve the provision for patients. It was suggested our virtual group members might like to comment. | Action 11a: Send link to virtual group for consultation- SC/JCS |
| 12.  | Feedback on Visit to Emerson's Green Treatment Centre |  |
|  | Shirley reported back on the visit which took place with members of our partner PPG. The 33 bed centre is commissioned to treat NHS patients needing planned procedures e.g. joint replacements, ear nose and throat, ophthalmology. They do not undertake complex procedures but if a patient chooses the centre (usually on GP recommendation) then an initial assessment is made to confirm eligibility. We were very impressed with the facility which is clean, modern and light. 100% no superbugs! Short waiting times, free on-site parking and mostly single rooms. We will inform patients about the centre through a table display and in the newsletter. | Action 12a: Inform patients as agreed- CW |
| 13.  | PALS meeting feedback |  |
|  | A talk on the Patient Advisory Liaison Service was arranged for us and our partner PPG group. About 8 members from both groups appreciated a very interesting talk by Sarah Jenkins, who first attempted to explain how NHS commissioning works. It's very complicated and multi layered! She showed us some interesting data on the effectiveness of patient outcomes in South Gloucestershire for different patient/gender groups which revealed that generally our area is doing well compared to some others in the vicinity. She then explained her role within PALS which is to support patients if they have a complaint from minor gripes through to serious complaints which go through the formal process. It was clear from examples of work that she shared that the service can be very effective in supporting patients to understand both their rights and responsibilities within the process. This is a service we could provide information on to our patients in the future.  | Action 13a: Thank SJ for her visit- CW |
| 14. | Induction Pack for New Members |  |
|  | A draft copy had been shared prior to meeting and all members agreed the contents. A short meeting will be needed with Practice Manager to update information before it can be used with new members.  | Action 14a: Meet to update information- CW/SC |
| 15 | AOB |  |
|  | * Home addresses- are members happy for the Chair to be given these in case information needs posting? Let her know if you are not happy with this
* Partner GP- Dr Creavin asked if the PPG would like the doctors to rotate attendance at our meetings to get a broader perspective on the practice. Members to think about this suggestion.

Meeting Closed: 18.37 |  |
|  | Date of next meeting: **Monday 5th September** at 5.00pmFurther Meetings: Monday 5th December  |  |