

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP (PPG) HELD
ON TUESDAY 21ST FEBRUARY 2012 AT 1.45PM

Present: 12 attendees listed in attendance sheet and on minutes

Apologies: 5 apologies noted

Item	Description	Action	
1	<p>The Chair welcomed everyone and thanked them for attending, and all the good work that the group has achieved especially over the last two months with the work done on patient survey.</p> <p>The results will now be submitted to the Primary Care Trust and the results from this given back to him, who will give feedback to the PPG, which in turn can be fed back to patients in the format of “You said this” - ‘We have done this’ or We can’t do this because’.</p> <p>A member stated the group would not have been able to do all this without the Chair.</p>		
2	<p><u>Minutes from the last meeting and any matters arising</u></p> <p>It was agreed that the minutes were a true reflection of the last meeting and the Chair asked for any matters arising.</p> <p>The website address was incorrect for St George’s, the correct one is www.stgeorgeslupset.org.uk</p>	<p>The Chair to check address before sending minutes</p>	
2.1	<p>The member asked if she could take the minutes and the A&E information to the next St Georges meeting. The Chair agreed that this was okay for any meetings.</p>		
2.3	<p><u>Book of Appreciation for Dr Tree-Booker</u></p> <p>It was mentioned that a book of appreciate was obtained, the Chair struggling to find this, the Ops Manager suggested two autograph albums.</p>		<p>The Chair to get and place in surgery for people to sign</p>
2.4	<p>Additional date to be mentioned in AOB by a member.</p>		
2.5	<p>Dates and opening hours of the surgery and doctors availability was distributed and format agreed (see appendix 1)</p> <p>It was decided that the Chair would add a further comment in relation to doctors may be dealing with other things other than appointments so may not be available due to annual leave or duties elsewhere i.e. home visits, triage etc</p> <p>After note – The Chair has already completed this action 21/02/12</p>		

<p>2.6</p> <p>2.7</p> <p>2.8</p>	<p>The Chair spoke with the webmaster about the amount of hits the website received, they are looking into this.</p> <p>The Chair tried to track down further information for Tackling Poverty and Growing our Economy meeting, but no one seemed to know anything about it. The Chair asked if anyone had attended the meeting. Everyone said they hadn't.</p> <p>There was a mistake when sending out everyone's details, not all had given permission, the member's details which should not have been given have been removed and the details of all members re sent to everyone.</p>	
<p>3</p> <p>3.1</p>	<p>Update on work strands.</p> <p><u>Practice Website.</u></p> <p>The Chair briefed on the feedback from the meeting with the webmaster. The web page was produced in line with survey results that suggest most people read websites from left to right and in an 'F' shape. The webmaster also stated that current thinking suggests that most people initially want the following information from a website:</p> <p>Where is the business?</p> <p>How do I contact or get to the business?</p> <p>When is the business open?</p> <p>He also stated that the reason he put the information on the left hand side of the page was so that as more "sub categories" were added the information would scroll down the page rather than across the page at the top. This would also stop the sub categories from cascading down the middle of the page and covering other information. He did however say that he could change the colour of the text on the drop down menus to make it more distinctive. Request that this text be made darker blue. The Public Patient Engagement Officer suggested looking on the RNIB website for the most distinctive colours.</p> <p>He also said that the reason the site map is on the bottom is that this is a logical place to end up once viewers have scrolled down the left hand side menu but maybe have not seen what they were looking for. It was suggested that a hyperlink to the site map at the bottom of the page could be added somewhere at the top.</p> <p>Finally he said that a button could be put on to enlarge the print size although this would cost money. Alternative patients could use the control and + button to increase the size. The Chair to request this guidance is put on the first page for those who do</p>	<p>The Chair to speak with webmaster to see if blue can be darker.</p> <p>Check RNIB website to see most popular colours</p> <p>The Chair to request front page insertion of sizing and hyperlink button to the site map at the top of the page.</p>

<p>3.2</p>	<p>not know this can be done.</p> <p>It was suggested that pictures of the GPs and other staff could be put on the website. The Chair said staffs were generally not happy with this in the past, so a different suggestion was to have board in reception. The Ops Manager said this had been done in the past but proved unpopular.</p> <p>The Chair thanked the volunteer again for all his hard work he had already done with the website</p> <p><u>Patient Survey Action Plan Update</u></p> <p>As a result of the survey the surgery are recruiting a further nurse practitioner, this is only a temporary contract for 2 years.</p> <p>Further telephone triage in an afternoon to be looked into.</p> <p>Contacting the surgery. Although the 0844 number would remain for now, the partners are looking into a new local number being created for those who do not like using the 0844. This will be a single line which will put people into the queue as normal but once someone is on this line it will be engaged and no one will be able to use it until they complete the call.</p>	<p>The Chair to speak with staff about re instating pictures</p>
<p>4</p>	<p>Patient Comments and Suggestions</p> <p>The Chair went through the suggestion received since the last meeting. One asked about the disabled parking being re painted, this was to be carried out and a further bay added. A sign to be placed on the building in front of the bays stating these are for disabled parking only.</p>	<p>The Chair to add to You Said we did</p>
<p>5</p>	<p>News from the Practice</p> <p>The Chair has added a further section to bring news about what is happening in the surgery.</p> <p>1st March Dr Tree-booker is retiring from the practice.</p> <p>1st April – 31st July Dr Kundur will be joining the practice as a locum doctor.</p> <p>The surgery partners had an ‘away day’ at the surgery where they all got together to discuss all matters with the practice that every partner attends. Clinical, Admin and A&E matters were discussed. These meeting are held every quarter.</p>	

<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>AOB</p> <p>The PPE Officer is taking the newspaper article about Snapethorpe school to share with the other PPG groups, as it is a good news story.</p> <p>A volunteer stated he was very interested in helping to reduce the A&E attendance, and suggested an agenda item for the next meeting whereby we could collate a further survey to establish why people are attending hospital instead of walk in centres or the doctor's surgery.</p> <p>The Secretary stated that the last time she was at the King Street walk in centre a young mum walked in with two young children, one of which was really ill, they ended up going to A&E due to not being able to get an appointment. Surely a walk in centre is for walk in patients not pre booked. Another member explained that he had cause to use the walk in centre and can only praise them highly.</p> <p>The Chair said this could be the groups next work strand. questions to ask maybe: When was the last time you attended A&E, What was it for? Did you try to get an appointment at the surgery first? This would then establish how aware patients are of when they should attend A&E and when their doctors can assist.</p> <p>It was asked if we could get the statistics for the walk in centre as to how many people actually are turned away from the walk in centres, this surely then has a recurring impact on A&E.</p> <p>Someone stated that most people probably go to A&E as they are guaranteed to be seen by someone, whereby they may not get in at their doctor's surgery or clinic.</p> <p>A person asked if it was possible as a group to join with other groups to approach the powers that be in relation to the NHS reforms, perhaps then discussing at the next PNG.</p> <p>A discussion followed and it was decided that if this person felt strongly about it he could approach the PNG regarding this matter, but as a group we would not be following this. The Chair explained the basic reform points.</p> <ol style="list-style-type: none"> 1. Improved efficiencies in line with all other government departments. 2. GPs to get more power/say in how things are run, with the assistance of PPG – straying away from the PCT and Strategic Health Authority. <p>It was asked that the latest link newsletter be added to the minutes (see appendix 2)</p> <p>The Development worker's contact details were given.</p>	
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<p>6.4</p>	<p>Community research Training dates are on 16th, 17th, 18th, 23rd, 24th, 30th April 9.30 am to 2pm Tracy.Leach@wdpct.nhs.uk</p> <p>The next NPT meeting is 26th March Jubilee Hall</p> <p>A member stated that she did not know that one of the reception team had left after 23 years NHS service. The Chair and the Ops Manager said it was actually last month.</p> <p>The Rhubarb festival is on Fri 24th – Sun 26th</p> <p>Can the DNA (Do not Attends) be placed somewhere in the surgery on a monthly basis. The Chair agreed this was possible</p> <p>The work strand owner mentioned the work carried out on the website and what could and could not be done due to financial constraints. Obviously the practice cannot go along the lines of say a business as they can cover costs with the sales of stock etc, but the practice has limitations on cost so the website alterations need to be kept to a minimum. He therefore suggests that home and site map buttons on each page, remove menu from the first page, change colour for links.</p> <p>He further explained that he recently received a referral letter through the post. The way the type was set out was very repetitive and a waste of paper as the way it printed out was wasting unnecessary paper. The Chair explained this was a set document that was based at Milton Keynes but would look into the printing options for their printers</p> <p>The Chair went on to explain about the referral scheme, Choose and Book - this has been ongoing for 2-3 years and gives the patient the choice of where they are treated and by whom, this does not necessarily have to be the nearest venue, but as long as the specialist consultant they wish to see is an option on the list then they are able to see that specialist.</p>	<p>The Chair to arrange for the DNA's to be displayed in reception.</p> <p>The Chair to look into the print settings</p>
<p>7</p>	<p><u>Date and time of the next meeting</u></p> <p>It was agreed that the frequency of the meetings would be moved to every 6 weeks unless a specific work strand dictated otherwise. Therefore the date and time of the next meeting was agreed as 1.30pm for refreshments, to start at 1.45pm on Tuesday 3rd April 2012.</p>	<p>All</p>

Appendix 1

Practice Opening Times

Monday 7.30am* - 8.45pm (7.30 – 8.00am and 6.30 – 8.45pm pre-booked appointments only)

Tuesday 7.30am* – 6.30pm (7.30 – 8.00am for pre booked appointments only)

Wednesday 7.30am* – 6.30pm (7.30 – 8.00am for pre booked appointments only)

Thursday 7.30am* - 8.45pm (7.30 – 8.00am and 6.30 – 8.45pm pre-booked appointments only)

Friday 8.00am – 6.30pm

*Doors open and receptionists available from 8.00am

Working Days of Doctors at Lupset Health Centre (PLEASE NOT THAT GPs MAY NOT BE AVAILABLE FOR APPOINTMENTS EVERY WORKING DAY DUE TO OTHER CLINICAL DUTIES OR HOLIDAYS)

Dr Bolton – Monday, Tuesday, Wednesday and Friday

Dr Carpenter – Monday, Tuesday, Thursday and Friday

Dr Dempsey – Monday, Tuesday and Thursday

Dr Hanif – Monday, Tuesday, Thursday and Friday

Dr Jones – Monday, Wednesday and Thursday

Dr Kolar – Tuesday, Wednesday, Thursday and Friday

Dr Lee – Tuesday and Friday

Dr O'Donnell – Monday, Tuesday, Wednesday and Friday

Dr Qazi – Monday, Tuesday and Wednesday

Dr Renga – Monday and Thursday

Dr Sheppard – Monday, Wednesday, Thursday and Friday

Dr Tree-Booker – Tuesday, Wednesday, Thursday and Friday