

# AGENDA

## PPG MEETING THURSDAY 28<sup>th</sup> JANUARY 2016 MEETING ROOM 18.10 PM – 19.30 PM

	Item for discussion	Action
1	Richard Introduction to PPG	RL
2	Minutes from last meeting to note <ul style="list-style-type: none"><li>• Review of appointment system</li><li>• Communication by text/email</li><li>• Missed appointments – 3 strike warning</li><li>• Patient Check-in screen</li></ul>	RL
3	Premises Development	RL
4	National Patient Survey	RL
5	CQC Visit	RL
6	Future Meetings	RL
7	Any other Business	

### Attendees:

Richard Langthorp  
Dr A. Alamgir  
Rachel Letchford  
Rachel Barber

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Ann Willis  
Ray Butchart  
Malcolm Anderson  
Monica Pinder  
Caroline Wilson  
Richard Sampson  
Michael Jenner  
Marion Shaw

### Apologies:

Keith Bremner  
Robert Sexton  
Howard Petch  
Rob Humphrey  
Kelly Hall  
Judith Woodrup  
Susan Holland  
Greg Medici  
Jennifer Medici  
Carol Letchford

**DR Mixer & Partners**  
**Patient Group Minutes**  
**28 January 2016**

**1 Name badges.** Agreed it would be helpful to have name badges for attendees.

**Action Rachel.**

**2 Recap of last meeting.** No minutes advised as received.

**Action Rachel.**

- **PPG Group.** The PPG will accommodate silent members as well as face to face meetings.
- **Bench.** Bench will be taken away and refurbished in 2-3 weeks.
- **Patient check in screen.** A second-hand replacement is in hand (see further comments re Practice developments).
- **Communicating by text/email.** Communicating by text is feasible but email is not always clinically safe. Text reminders can be used for communicating with patients and is agreed a better way to spend practice money rather than by post where appropriate.
  - i Agreed some things should not be texted due to confidentiality, or if test results needed interpreting
  - ii Agreed it should be an opt-in service, not everybody will want to participate and not everybody has a mobile.
  - iii Agreed it would be used for notifications of sorts such as clinic cancellations, test results, or to contact their GP.

**Action Richard.**

- **Patient Access (Online service).** Agreed this needs promoting better than has been, highlighted in the National Patient Survey that our patient awareness of online services. Isn't high.

**Action – Practice to consider ways of better advertising this service to patients and reviewing the release of appointments.**

- **Health Checks.** There was a belief that routine well-man/woman health checks were something that would be welcomed though RL advised that is his experience uptake tended to be quite low. Discussion suggested poor promotion of this service may contribute to low uptake. Whilst this isn't a core or funded service providing this service would absorb nurse time which may be better used on for ECGs, dressings and the like, compounded if this service was not used. Suggestion to include elements of a patient health check in routine appointments rather than run clinics specifically.

**Action – capacity, likely use and funding are all issues which would need to be considered by the Partners.**

- **Communication.** Providing information to patients should not be limited to the practice building as those who do not visit regularly are excluded.

- i Website needs improvement, text services were highlighted again and also the possibility of making Newsletters available in Pharmacies.
- ii Making better use of prescription messages.
- iii There needs to be multi-channels of communication to suit all patients.
- iv A bid for premises improvement includes rejuvenation of the waiting room for information (notice boards, TVs, height/weight pods) although this remains still within the building.

**Action – Practice to review distribution of Newsletter and consider better ways of using other information.**

### 3 Premises Development

- Previous bid was accepted for premises changes in 2015 but on a relatively low priority basis. The Practice have been asked to re-submit bids for next Friday for reconsideration. It was acknowledged that some parts of the building were listed and this could cause some restrictions. Potential development areas include:
  - i **Toilets** – complete redesign to provide multi use and disabled/baby changing facilities.
  - ii **Treatment Room** – provide more space for one or more extra treatment rooms and build multi-use.
  - iii **Waiting Room** – create a “lobby” for better insulation and protection from the elements when closed which would enable a slightly larger waiting room area.
  - iv **Staff area** – currently no staff area/room.
  - v **Disabled Ramp** – to the front door – suggested making sure this is tested with real wheelchairs to ensure usable.
  - vi **Consulting rooms** – utilising space behind Dr Carruthers Room for one or more new consulting rooms.
  - vii **Modern lighting and loft insulation** – to reduce energy use.
  - viii **Shelter** - An area for those waiting outside the doors at 8.00am to be protected from bad weather (to be incorporated in the lobby. (Although this would better be tackled reducing the need to queue up at the door for an appointment)
  - ix **Waiting Room Floor** – request for a better non-slip surface at the very entrance that would not allow puddles; precise details to be further considered in the implementation stage).
  - x **Car Park** – request to not take up any car park space, agreed.

**Action – any further suggestions to be advised to RL before Friday 5<sup>th</sup> February**

### 4 Seven Day Opening

- Outline NHS plans are in place for 7 days opening although the detail hasn’t been provided. Potential options discussed were:
  - i Design the entrance to the Practice to enable 7 day access for our own patients and other local surgeries with restrictions to accessing certain parts of the building.
  - ii The site may be used for other clinicians which may present IT issues as different Practices use other clinical systems which do not talk to each other. Concerns were expressed over other clinicians having access to Old Fire Station records.
  - iii A suggestion of using a central site for 7 day working was raised for the locality (e.g. ERCH Hospital) rather than all practices. There was a general view that patients may

prefer one single centre (e.g. Swinemoor hospital), maybe to walk-in (more prepared for semi-emergencies) rather than routine access and care as proposed by the recent National NHS proposals.

- Clarification from Dr Alamgir that the OOH's service despite popular belief is actually not a busy service (except children and urgent prescriptions), this may be due the staff at NHS 111 triaging or again lack of information about the service being available.
- Discussion regarding systems, how would the use of single centres such as the Fire Station would work using differing workforces and various systems. The most widely used systems, 'EMIS' (used here) and 'SystmOne' do not talk to each other and each hospital tend to have their own systems 'Lorenzo' being used locally which again does not integrate with GP systems.
- Prime Ministers Challenge Fund (?) *didn't understand this*

## 5 National Patient Survey

- Distributed National Patient Survey to browse. Dr Mixer and Partners come out above average in most areas, where we don't is due to appointment making/telephone and this is being addressed Satisfaction with reception staff appeared high.

Action – Rachel to forward copy reports to all patient group members.

## 6 CQC Visits

- GP Practices are given 2 weeks' notice before a CQC visit, consisting of a Lead Inspector, a Practice Manager and a GP. The Inspector normally request for a volunteer from the PPG to speak to and if anyone was likely to be available, the Practice will be pleased to advise Group members – should be around a weeks notice.

## 7 Any Other Business

- Agreed the timescale of meetings should be fairly close (2 months) as the group settles into its role and developments are to be discussed, however can become fewer when plans are in place (3 months). Agreed time and place is convenient for members. Agreed that next meeting was proposed for the next meeting shortly after Easter.
- To encourage younger members and other demographics to participate in PPG meetings; no clear solutions other than wider advertising.
- Discussed the issues arising in getting an appointment, especially for particular GPs such as Dr Carruthers who does additional specialist work. There was no clear solution as he remained popular with demand exceeding the available appointments.
- To thank the staff for what the surgery does achieve in terms of making sure patients are seen.