

**Minutes of Patient Participation Group  
Market Street Medical Practice  
Thursday 18<sup>th</sup> October 2018 @ 6.30pm**

**Present;** Sue Naylor (SN), Bob Treen (BT). Catherine Mackay (CM) Joan Bottrill (JB), Nigel Bottrill (NB), Michelle Cowsill (MC ), Karen Hadfield (KH)

**Apologies;** Mel Smith (MS). Anne Mills (AM), Howard Thompson (HT)

**Minutes of last meeting** - agreed as an accurate record at August meeting before agenda suspended.

**Minutes of August meeting** - agreed as an accurate record.

**Matters Arising from June meeting;**

1. Surgery number; with-holding of the surgery number when phone calls are made has been finalised, partners were strongly advised not to reveal the number as a norm. There is an option to dial 1470 before dialling which renders the number visible, and this is used as a matter of course where patients have requested this, or where the surgery has trouble getting hold of people when rung.
2. New members, it was agreed this would be discussed later in the meeting when looking at way forward for PPG
3. SN had redone the poster re hospital scripts, and all staff had been briefed in how to explain to patients about the process and why. Both SN and MC felt this had reduced problems.
4. Vince from Lloyds had been invited to the August meeting. All present felt it had been most informative.
5. SN had not had any further communication from the CCG about combined PPG events.

**PPG future direction**

1. Before initiating discussion about this, SN informed the group that Barry and Lynn Leach have stepped down and are now virtual member receiving minutes only.
2. SN invited each member to say why they belonged to the PPG and what they hoped to achieve from their involvement. Those present felt that they were there to be a listening ear for both the practice and for patients, feeding information in and out.

JB, BT and HT (via email) felt there should be more GP input. SN asked to what end this was wanted, particularly since information that comes to the group, for the most part stays within the group.

KH felt that members needed to decide how much time and energy they had to give, as well as skills. She felt that there is no point having lots of ideas if no one has time or energy to help move the ideas forward.

JB and BT asked how the partners saw the PPG. SN said the GP's did see the PPG as having a valuable role but there needed to be a 2 way process – the practice would take action where appropriate as has been seen with appropriate appointments and script training, and would work along-side the PPG but needed to see the PPG 'doing' something – concern at the moment that PPG is quite insular.

KH and SN gave examples of how the PPG could develop, if that was what was wanted, ie attending and feeding back to group meetings such as the ICC or diabetes service development workshops, or support groups members already attend.

SN said she felt that if the members did not want to 'do' anything then consideration should be given to changing the frequency of the meetings.

3. How much time/energy members had was discussed, and in light of this, realistic ideas considered.

BT said he had a lot of experience in Infection Control Audits and would be happy to help the surgery fulfil theirs. BT felt more could be done to sort the car park, and there was a discussion about possibility of contacting police about it. This was not felt to be practical.

BT felt there needed to be action between meetings as progress could be delayed by waiting for feedback to the next meeting. SN said that where that was appropriate, this was already done.

**Action;** BT will pull together some examples of work other PPG's had done, and an outline of how he could support the IFC audit.

CM keen to look after, sort out and source patient information in the surgery and keep this up-to-date.

**Action;** CM to liaise with SN in terms of what info we have/keeping stocked up etc

How the PPG could support/tie in possible groups coming with Health Education campaigns was discussed.

**Action;** JB to discuss with MS what materials are available and how to access them.

KH keen to look at idea of support groups coming in on a regular basis. Discussed this need not be an onerous task and would be mainly an administrative task. Advertising could be done in-house or possibly through the surgery website/facebook page.

**Action;** KH to approach some local groups to explore interest in doing drop-in type sessions  
SN to speak with CH/SJ re use of website/facebook for awareness raising.

The need for new members was discussed.

**Action;** SN to sort some materials to try and recruit new members

### **Member Updates**

- BT asked if surgery had any input into medications being no longer available on prescription, eg Gaviscon. SN and MC explained that what medications can be prescribed is determined by the CCG, if a medication is not in the formulary, a GP cannot prescribe it.
- BT asked what was happening with wifi for patients as this does not appear to have been sorted  
**Action;** SN to discuss with SJ
- BT had concerns about the way the flu clinic is run as the close proximity of the appointments does not allow for informed discussion about having the vaccine or why patients are being given the vaccine they are  
**Action;** SN to discuss with SJ/CH
- CM asked if some chairs could be placed outside when flu clinic is on. She knew of at least one person who had gone home from last clinic without having vaccine as could not sit down whilst waiting in the queue outside.  
**Action;** SN/MC to speak to SJ before next clinic

### **AOB;**

There was no AOB

Date of next meeting **Thursday 13<sup>th</sup> December @ 6.30pm**