**The Patient Participation Group**

**Minutes of the meeting held on**

**Wednesday 18 June 2014**

**At Sunbury Health Centre**

**Present:** Elleke Carling (EC), Brian Catt (BC), Dr Canniff (CC), Polly Healy (PH), Diana Huntingford (DH, Minutes), Neil Huntingford (NH),Dorothy Linter (DL), Varsha Mandalia (VM), Helen O’Shea, Jackie Sheehan (JS) andPaul Thompson (PT, Chair)

**In attendance:** Doreen Slingsby (DS)

**Apologies for absence:** Dr Gill (represented by Dr Canniff)

**Minutes of the last meeting** – these were agreed as an accurate record of the meeting held on 12 May 2014.

**Proposals for modified working between the Patient Participation Group (PPG) and Sunbury Health Centre (SHC)**

PT commented that previous meetings had been successful for patients “*getting answers from questions*” but had not enabled sufficient progress on PPG matters. Therefore since it is proving difficult to combine ‘business’ with an open meeting PT proposed that:

* An open meeting is held quarterly; this meeting will have a limited agenda to enable patients to raise issues. PT stressed that it will be important to have a doctor and SHC colleagues present due to the nature of the issues patients will raise.
* A monthly business meeting is held of the PPG core group to move forward on the many issues facing the group. (Dr Gill is keen that this group becomes more representative of the community SHC serves. It was acknowledged that the group must address this).

PT stressed that PPG wishes to be an advocate/broker for the SHC, representing the practice to patients as well as receiving patients concerns. Therefore to ensure that the PPG is effective it was agreed that the PPG and SHC must work more closely together in an atmosphere of mutual trust.

DC clarified that SHC wanted the PPG to:

* Provide support and challenge
* Be a voice in the local community
* Help disseminate information
* Develop a communication strategy

Action*: DC to ask Dr Gill to confirm this is correct*

VM agreed that this way of working could be beneficial since sharing ideas can often lead to better ways of working.

This proposal was accepted.

**Matters arising from the previous minutes**

* Location of Healthwatch posters: VM confirmed that the posters are now on the screen in the waiting room. DL commented that the writing is not clearly visible when sat in the waiting room.

Action: *VM, with support from BC, to investigate increasing the font size of the information*.

* Steve McCarthy: It as agreed that there is no need to discuss this matter any further.
* Patient Survey: *VM* confirmed there is a ‘loop facility’ at the Health Centre for those with hearing difficulties. BC informed the meeting that patients with hearing difficulties can purchase hardware to enable them to communicate more clearly when using their phones at home however this does not help when contacting the surgery by telephone. DC explained that although texting can be an important source of communication with younger patients it is not yet a secure method of communicating with all patients.

Action*: VM to investigate how other practices are using texting to communicate with patients and report back to the next meeting.*

Action: *DL agree to contact Mrs Webb (who initially raised the matter of effective communication with those who have hearing difficulties) with a view to inviting a representative from the Institute of the Deaf to visit SHC and advise colleagues on the best way to address the matters raised. DL and Mrs Webb to join the visit.*

* Booking System – VM confirmed that the meeting with the current telephone provider on 17 May did take place. As a result 3 more telephone lines have been installed and consequently more people are now answering the telephones. The new service also informs callers of their position in the telephone queue.

The meeting was delighted to learn that it is now possible to book doctor appointments on line and agreed that this is something to celebrate!

DC agreed that for many members of the community booking on line is an excellent facility. However she did stress that there is still the same number of appointments that could be abused by ‘block booking’ and also it may increase the number of ‘no-shows’. DC’s greater concern is for the most vulnerable members of the community who do not have access to this facility and therefore they will not benefit from these improvements.

Action: *To ensure that the number of ‘no-shows’ don’t increase VM will establish whether sending email reminders of forthcoming appointments is possible and will ensure that it is not possible to make an online booking for more than 2 months ahead.*

In response to a concern expressed about the most vulnerable patients DC explained that there is restriction placed on the number of appointments made available each day.

Patients are reminded that they must notify the Practice in good time if they are unable to attend, as this frees up valuable appointments for other patients.’

* Notice board review: It was agreed to carry out the blitz on Wednesday 2 July at 6pm.

Actions*: NH agreed to email the patients who had previously offered to help.* *JS to purchase the paint.*

* Hand sanitiser: VM confirmed that this is now located at the entrance to the practice*.*
* SHC website Action*: VM to work with PH to establish a hyperlink to the PPG website.*
* NHS submission: See later item on the agenda
* The role of the Practice Manager VM clarified her role as being the person who is responsible for the day to day running of the centre, including all aspects of financial and personnel management. VM liaises between the clinical and administrative staff and she is also the practice’s representative on the local Clinical Commissioning Group (CCG).

**NHS Submission**

We (PPG and SHC) are still awaiting the outcome of the meetings arranged for 20 and 27 June.

**Premises**

Notification has been received with regard to premises refurbishments, informing the practice that NHS England is still finalising policies. Consequentially NHS England is not currently able to identify the prioritisation list.

**Issues raised by patients**

* DS stressed that patients are not interested in ‘the cosmetics’ of the building, they are more concerned about actually getting a new building.

DS proposed that a petition being set up to help ‘put the pressure on’. This was warmly accepted as being a good initiative and PT offered to discuss this further with a member of the Lower Sunbury Residents’ Association (LOSRA) who has experience in such matters.

Action*: PT to invite the LOSRA colleague to the next PPG meeting to discuss this matter further*.

* PT had received a number of emails from patients who raised a variety of issues.

Action*: PT to anonymise and forward concerns to VM.*

It was agreed that any comments received by PPG members from patients prior to the monthly meetings will be shared with VM in advance to ensure that the appropriate colleague from SHC has sufficient time to prepare a response for the meeting.

**AOB**

**CCG Quality Strategy Development workshop** – due to time this item wasdeferred to next meeting

**NHS Open Day – Basingstoke**

PT reported that he had attended the above meeting (17.06.14) and one important outcome was that he discovered that practices with a PPG can claim a grant of 36p/patient to support the PPG.

Action*: PT to provide VM with the information and for VM to report back to the next meeting.*

**Chair of the PPG**

PT explained to the meeting that he has accepted the offer to be Chair of LOSRA and that as a result, although he wishes remain a member of the PPG, he feels unable to maintain his role as Chair of the PPG. PT proposed that NH be the new chair of PPG with immediate effect, this was agreed unanimously.

**PPG Newsletter**

PH asked if the group wanted to continue with the newsletter. It was agreed that there needs to be a way of celebrating improvements at the practice e.g. the online booking system and outcomes of the PPG and the newsletter was one of the best ways to do this.

It was agreed that DC (or Dr Gill) would provide ‘clinical signoff’ of all future editions.

The best way forward to extend the circulation of the PPG newsletter was thought to be by:

* Having hard copies available in the Health Centre. DC agreed that the health centre would cover the printing costs.
* Placing appropriate ‘news’ in the weekly LOSRA e-bulletin and the Sunbury-on –Thames Facebook page.

It was thought to be helpful to have a link on the PPG website to the LOSRA newsletter (Dr Gill has previously provided a very well received article).

Action: *PT to invite Dr Gill to submit a follow-up article and provide him with the deadline date*.

**Date of Next Meeting**

Action: *At the Practice Managers’ meeting on 30 June VM will agree a date for the next Open Meeting. VM will forward this information to NH.*