

## **NEWBOLD SURGERY – PATIENT PARTICIPATION GROUP (PPG)**

### **MINUTES OF THE MEETING HELD ON**

**THURSDAY 10<sup>TH</sup> NOVEMBER 2011**

Present:- Heather Leigh (Practice Manager), Dr Martin Bradley (GP Partner), Bernadette O'Donnell (PCT Locality Officer), Susan Pogson (PCT Patient and Public Involvement Manager), Sue Jenkinson (PCT Lay Consultant and Patient), Helen Annett (Practice Secretary).

Mavis G Richards, Stephanie Warsop, Dave Brown, Peter Bestwick, Carmella Seville, Celia Scattergood, Barrie Shelbourne, Pauline Sissons, Kathryn Evans, Lucy Falconer, Philip Falconer, Sarah Nichol and Jenny Henry.

5 Apologies were received.

1. The group were welcomed by Mrs Heather Leigh, Practice Manager. Each person in attendance introduced themselves individually and told the group a little about themselves.
2. Presentation by Dr Martin Bradley, GP Partner on The Changing NHS ([See Appendix 1 attached](#)).
3. Presentation by Bernadette O'Donnell, PCT, on The Primary Care Trusts and how they contract with the 30 GP Practices in the Chesterfield, Dales and Bolsover area ([See Appendix 2](#)).
4. Presentation by Susan Pogson, PCT, on Patient Participation Groups and Government Initiative Healthwatch/Links.

It was discussed how NHS Organisations have a legal responsibility to involve patients and to try and get that involvement from every 'pocket' of the population.

Ideas were suggested as to how to spread the word regarding the group through local community bases ie toddler groups, churches, neighbourhood forum etc.

5. Presentation by Susan Jenkinson, Lay Consultant and patient, on The Patient Group ([See Appendix 3](#))

It was again discussed that the group needed, if possible to represent all ages, ethnic and social groups within the Practice area and ideas were suggested as to how to do this.

The structure of how the group will run was discussed and it was agreed that if anyone was unable to attend the group meeting then to let the Practice know. Minutes of the meeting could then be forwarded to those not in attendance..

It was agreed that the group was not a forum for individual complaints or clinical issues but a way of moving the Practice forward.

Confidentiality was also discussed and it was agreed that the majority of issues could be shared with the community but there would be certain things discussed within the group that should be treated as confidential.

It was suggested that meeting with other PPGs may prove to be useful and was something to think about for the future.

Further useful information for those with access to the Internet could be found on the following websites:-

The Royal College of General Practitioners - [rcgp.org.uk](http://rcgp.org.uk) – “It’s your Practice”.

NHS Confederation Website – [nhsconfed.org](http://nhsconfed.org)

National Association for Patient Participation - [napp.org.uk](http://napp.org.uk)

#### 6. Planning Ahead was discussed –

The group was asked for expressions of interest to fill the posts of Chair, Secretary and Treasurer in time for the next meeting with a rotation of responsibility.

The time of the meeting and how often the meeting should be held was discussed. It was suggested that it would be a good idea that the time of the meeting should perhaps vary as this would attract different types of people. Mrs Leigh suggested that if a meeting was to be held during the day a room was available upstairs in the surgery.

Members of the group were asked to offer any of their own personal expertise which may benefit the group (eg IT expertise).

It was suggested that a Practice/Patient Survey would be a good idea of getting a good insight into the pros and cons of the surgery and the members of the group were invited to spend a day ‘behind the scenes’ at the surgery to see how the surgery runs day to day.

#### Group Work –

The group were asked for their opinions which were to be kept confidential as to “What the surgery does well?” and “What can the Surgery do better”. The results were to be grouped together and any recurring themes would be used to initiate a patient survey.

Results as follows:-

#### “What the surgery does well?”

- Friendly & Professional Manner – Reception Staff
- Reception Staff always pleasant
- First class service from reception staff in helping get appointment
- \*Greet Patient at reception in a friendly manner
- Very helpful reception staff, always helpful on the phone
- Staff competent and knowledgeable
- I believe this is a good Practice and have great respect for the administrative staff.
- Doctors always listen
- Appointment system works well in my opinion
- Both early and late appointments suitable for workers
- INR Service – Good
- Flu jabs – all clinics speedy and efficient
- Don’t hesitate to refer patients on (eg to hospital when advisable)
- Offer additional services here to save patients going elsewhere
- Newsletter – very good way of communication
- Premises kept well
- Can’t find any fault with the Practice.

### “What can the Surgery do better”.

- Struggle to make appointment (face to face). Telephone appointment ok.
  - Appointments not very accessible
  - When trying to phone early to make appointment often cannot get through. Also, sometimes hard to come at all as often booked up.
  - Not my experience personally but have never been asked for one – but they say advanced appointments with a designated doctor seem to be difficult to get.
  - Appointment service – no good
  - More specific information at the time of consultancy with options if arranged.
  - We need more informative displays
  - More information regarding support groups in the area
  - We need to feel that support is available if needed
  - Set up a bereavement support group for the patients
  - Does the practice actively approach good dementia care and early diagnosis – with information for patients?
  - Better physio service
  - Maintenance of waiting room – eg blinds abysmal! light bulbs out for months (still out)
  - Waiting room needs a spruce up eg blinds
  - Improve the waiting area – chairs need to be varying heights with arms to cover all shapes, sizes and physical disabilities.
  - Encourage ownership and the feeling that the Practice matters.
  - Are buns and drinks necessary for meetings?
7. Other Business – Members of the Patient Participation Group have been invited to attend a Networking Event at the B2 Net Stadium on 11 January 2012 ([See Appendix 4](#)).
8. Finally Bernadette O'Donnell reminded the group of the new emergency telephone numbers available to the public:

101 – Police

111 – Medical attention

Date for the next meeting:-

Surgery Waiting Room

Thursday 15<sup>th</sup> December 2011 at 6.30 pm