



## **THE GILL MEDICAL CENTRE**

**PPG Meeting Minutes, Thursday 9<sup>th</sup> May 2019**

**Staff Representatives:** Debbie Johnson (DJ), Rachael Kerwin (RK),  
**Patient Representatives:** AB, SE

**Apologies:** Kathryn Thomas (KT), PS, JW  
**Chair:** DJ

<b>Agenda point and actions</b>	<b>To be completed by</b>
<p>Apologies from PS who would like a copy of the meeting minutes</p> <p><b>Actions from last meeting</b></p> <p>DJ advised that we had looked into the issue regarding the font size on the right hand side of prescriptions as SE had mentioned this is too small. Unfortunately EMIS have advised that this cannot be changed. DJ said that we ask patients to advise us if they have any communication difficulties and we can then add a note to the patient record and we could always then write a note in large font to accompany the prescription.</p> <p>DJ carried out an audit of all patients who have been recalled for a repeat scan following complaint raised by PS at the last meeting. Once the data had been collected a GP was asked to review and he advised that all the repeat scans were clinically appropriate.</p> <p>SE had suggested that patients should be opportunistically asked if they are carers or if they have a carer. DJ advised that this is information we collect at point of registration but this would be added to the agenda for the team meeting to be held on the 21<sup>st</sup> May to reinforce to staff that it is okay to ask this question. AB and SE both said that they would not be offended if asked this question at reception.</p>	
<p><b>Practice News</b></p> <p>DJ updated the group that the planning application for the land next door was still awaiting a decision. It is not sure how long planning applications take to be reviewed by the council but DJ would keep everyone updated. AB thought it was a ridiculous application especially given that there are many empty commercial areas within the Ellesmere Centre and these had never been fully occupied since it was built.</p> <p>DJ reminded the group that we were hoping to run some patient education events and that we had one scheduled for April but no-one turned up. This was advertised on the website. DJ asked the group how they would prefer to learn about these events as both admitted that they would not visit the practice website on a regular basis. AB said he is an advocate of facebook and he thought this would be a good platform for engagement. DJ advised that we have an apprentice who is looking at getting a facebook page organised for the practice.</p>	

AB asked if we could run a dementia friends education event as he does quite a lot of voluntary work and said that he would benefit from this to raise his awareness. DJ said she would be happy to do this and will arrange it sometime this year.

**Action – organise dementia friends session**

DJ & KT

We are all very keen to engage more patients for our group and DJ asked if they had any suggestions as to how we could increase our PPG membership. Despite being advertised and all the clinicians handing over invitations we have still been unable to engage a larger number of practice population. AB thought this was a shame as he enjoys attending the meetings as he finds them informative and he is happy to contribute to the future of the practice. AB did say earlier in the meeting that the waiting room was too busy with information leaflets and it would be useful to partition and title each section of information, for example smoking cessation. This may be a solution for recruiting PPG members if we have a section of space dedicated to this work to draw attention to it. DJ is keen to get this organised and will discuss with the reception lead on her return from annual leave. DJ asked the group how they would feel about having a virtual meeting. AB and SE were both very clear that this is not something they would enjoy.

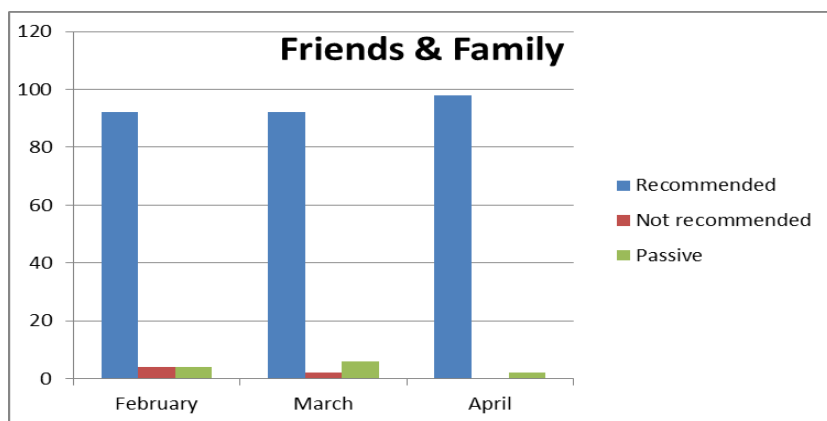
**Action – Review the information displayed in the waiting room and organise in sections**

DJ & KT

DJ discussed with the group the hot topic within primary care at the moment being Primary Care Networks (PCN) and gave a brief overview of how this would be working in our neighbourhood. AB and SE thought this would be useful particularly if patients could see a GP with special interests within the locality. DJ also outlined plans of recruitment for a PCN pharmacist and social prescriber. All agreed that the status quo was unsustainable with GP's working such long hours and the increase in the practice registrations over the last 2 years.

**Patient Feedback**

We all reviewed the patient feedback for February, March and April as summarised below;



<p>We looked at the friends and family feedback and in particular at the negative comments which were mainly in relation to waiting times to get an appointment. SE made the point that when she tries to book online she often only sees 1 doctors' availability. RK said this is because the appointments have already been booked. DJ advised that we do manage to offer appointments for 9% of our population every week but asked the group if they had any suggestions as to how we could improve this. AB asked whether the GP telephone appointments were being used as this could possibly release some further access if not, and this was confirmed that the telephone slots do get fully booked up.</p> <p>AB said it was not unreasonable to wait 3 weeks for a routine appointment as the practice have processes in place where patients can access same day appointments</p> <p>DJ explained that the recruitment of the practice pharmacist was helping to alleviate access issues as he carries out all the patient medication reviews and has recently completed a prescribing course. AB asked whether our nurse could prescribe and whilst currently she cannot, there is a prescribing course for her on the practice agenda. AB wanted to know if the nursing staff attend the practice meetings and this was confirmed.</p> <p>AB commented on the feedback that patients have to wait too long in the waiting room and said that he is very happy with the service he receives at the practice, especially that he doesn't feel rushed and he knows that he isn't committed to a ten minute only appointment. He attributes this to the length of waiting time and all agreed that we would prefer to wait a little while when sometimes you do actually need a little more than 10 minutes. SE said it had happened to her that a GP had asked her to book another appointment and she was very offended by this. All happy that the negative comments surrounding this issue have a valid rationale.</p> <p>DJ discussed a comment from a patient that the practice was greedy in relation to charging patients for parking in the car park and explained that patients are not charged whatsoever. The charges only apply to those people who are parking there for other purposes than visiting the practice. AB said he is fully aware that the practice is not charging patients and he said it was simple to use the device to record his registration. SE makes alternative arrangements for parking.</p>	
<p><b>2019/20 Improvement Plan</b></p> <p>DJ showed the group the improvement plan for 2019/20 which has been based on the groups' contributions and patient feedback. DJ asked if all happy with the plan and whether they would like to add anything additional to this. Despite the practice reconfiguration at the reception SE said that she is concerned about the lack of privacy in the waiting room and asked whether other practices in the area have the same issues. DJ confirmed that many practices are laid out in similar fashion. We discussed the use of booths as was the case many years back, although none keen to go backwards to this. SE thought this could be something that we could raise with the Primary Care Network once it has been established especially if it is a neighbourhood issue. DJ is happy to take this forward to the PCN.</p> <p><b>Action – To discuss a confidentiality solution with neighbouring practices</b></p>	<p>DJ</p>

<p><b>New Staff</b></p> <p>DJ advised that we have a new member of the reception team called Wendy who works in the afternoons.</p> <p>We also have a new F2 doctor, Dr Killgallon. SE and AB did not know what an F2 doctor is, so DJ provided an explanation and that we would have 3 of the foundation doctors every year.</p>	
<p><b>AOB</b></p> <p>DJ asked the group going forwards how often they would like to meet up. We all agreed that every 4 months would be appropriate and we could have 3 meetings per year.</p>	
<p><b>Next Meeting – September 2019</b></p>	