OLMC

Old Leake Medical Centre

**PATIENT PRACTICE GROUP (PPG) MEETING**

**11th November 2015**

Minutes of the meeting held on the 11th November 2015 at OLMC.

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| **Present:**  |  |
| Mrs. R Bell RB | Practice Manager |
| Mrs. J Lote JL | Dispensary Manager |
| Mr. C Maddison CM | Deputy Practice Manager |
| Mrs. S Martin SM | PPG Chair |
| Mr. M Jacques MJ | PPG Vice Chair |
| Mrs. N Evison NE  | PPG Member |
| Miss. P Smolenaars PM | PPG Member |
| Mr. M Caukwell MC | PPG Member |
| Mrs. J Albon-Smith JAS | PPG Member |
| Mr G Chilton GC | PPG Member |

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|  | **Item** | **Action** |
| **1.** | **Apologies:**No Apologies were received from Group members. RB apologised for only presenting the minutes of the last meeting, just before today’s meeting.  |  |
| **2.** | **Approval of previous minutes of 16.09.15:**The minutes of the previous meeting of the 16th September were approved. |  |
| **3.** | **Matters arising:**MC queried that a neighbour of his had recently moved to the Practice from a Boston Practice but had been refused dispensing rights. MC felt this was unfair due to other patients within close proximity having dispensing rights with the Practice. JL explained that patients who live within 1.6km as the crow flies of a Pharmacy are not permitted to be dispensing with the Practice, the same applies to patients who have moved from another Practice without actually moving home address. JL further explained that this is NHS guidelines, and this is strictly monitored. JL also explained that patients who decide to become non-dispensing at the Practice, would, once they have made that decision would not be accepted again as dispensing patients, this again being NHS guidelines. JL confirmed that when a patient requests non-dispensing status, she always call them to explain this to them.  | . |
| **4.** | **Christmas:**SM advised the group that the Christmas treasure hunt had been selling well, with at time of writing 163 squares being sold at the present time. MJ will be taking the sheet to an upcoming coffee morning in the hope of selling the remaining squares and also that a table at the Old Leake Community Centre table top sale on November 29th had been provisionally booked. It was felt by the group that this idea had been more popular than the Christmas Quizzes of previous years. The treasure hunt had been promoted and sold initially at the Practice flu clinics, the feeling amongst the group was that this was a successful method overall, the one downside being that many people hadn’t brought money out with them, as they wasn’t aware. It was suggested that this be promoted better for next year. Prizes were also discussed, 1st prize as per previous years would be a Turkey hamper donated by the GPs and PPG members. A discussion took place, as to who would donate what to the hamper, and it was agreed that hamper items could be delivered to SM, NE or the Practice for inclusion.Although a 2nd and 3rd Prize had not been publicised, the group agreed that this would be a good idea. It was agreed that CM would approach Sophie Barratt from The Old Pottery Tea rooms at Wrangle, who have always been a loyal supporter to the PPG and Practice, and 3rd Prize would be a Medley of Chocolate boxes. The prize draw will take place in the Practice on Friday 11th December 2015  | RB: flyers for waiting room and to look into adding about the fundraising on the bottom on the flu invite letters. SM to arrange hamper coordinationCM to approach donor of 2nd prize.  |
| **5.** | **Terms of Reference:**SM brought up about the terms of reference for the group and in particular the term ‘SM reported that several members of the group had expressed concern relating to this term, as they would feel uncomfortable taking on a fundraising campaign for the Practice, other than the usual Christmas fundraiser for the Patient fund, which continues to fund the Education events. SM highlighted that this PPG group were not set up for fundraising purposes, but as an impartial contact between practice and patients and that by undertaking such fundraising. The group agreed that should the Practice ever feel the need to request fundraising, then an entirely separate group should be created for this purpose. RB explained that neither she, nor the practice in general would expect the group to undertake fund raising duties. A further discussion took place between the group, and whether to leave that particular term of reference in, delete it or amend it. It was agreed that the term be left in as it is to reduce restricting the group.  |  |
| **6.** | **Feedback from Patients:**1: NE had feedback from a patient who wasn’t happy with the level of noise, whilst waiting to be seen by the GP. Children in the waiting room were very noisy on this particular evening. The patient felt that a member of staff should have asked the parents to calm the children down. RB and CM explained that on this evening they were both actually working Reception themselves. CM had spoken with the mother earlier on in the evening, and RB had again gone and spoke with the parents a short time later. It was acknowledged that this was an exceptionally busy evening and excessively loud. CM and RB explained it was difficult to do anymore and after the second time of asking the parents to calm the children down, they actually did calm down to a degree. MJ suggested that a generic tannoy announcement could be initiated when required. CM felt that this might offend, not only the parents of the noisy children but also any other parents in the waiting area and cause further conflict. It was agreed that a poster be put in the waiting room asking for parents to ensure their children are respectful of the environment they are in. The suitability of the current toys in the waiting area was also discussed, RB felt and the group agreed that the playhouse might not be a suitable toy for the waiting room. The possibility of moving the kids play area to the bottom end waiting room was also discussed. It was agreed to wait until the work on the premises before proceeding further. 2: SM reported that she had 4 patients contact her relating to widespread rumours that the Practice was closing down. SM stated she had already discussed these rumours with RB. RB confirmed that the rumours were not true at all. The group felt the rumours could have emerged from the Co-op moving close to the practice. 3: JAS informed the group that her husband had recently been under the care of Dr Virk and he had noticed something that caused concern. Dr Virk subsequently dealt with this promptly and followed up with the patient on several occasions. JAS stated that Dr Virk had been wonderful and very observant, her husband and herself cannot praise him enough. 4: JL presented a summary of the Friends and Family Feedback forms, overall there was a high majority of positive forms, with only a couple of negatives, the negatives related to the following areas: * Difficulty in getting appointment with chosen GP
* Car Parking
* GP didn’t complete prescription

RB stated that although it has been brought up before, sometimes getting an appointment with a specific GP of choice can be difficult due to patient demand, we do however have routine appointments available with other GPs. Car parking was discussed and acknowledged as a regular complaint from patients. The group discussed the difficulties and lack of ideal solutions to this, whilst noting that whilst building work continued at The Meadows and the co-op development, it would continue to be difficult. JL explained that with regards to the GP not completing the prescription, the patient had left their contact details on the feedback form; this allowed her to investigate this further. Patient had seen the GP promptly but waiting over an hour for a prescription and assumed it was the fault of the dispensary. However, JL discovered that it was the GP that had not issued any prescriptions and therefore the dispensers would not have known anything was expected. There is a sign in the waiting room informing patients to enquire at reception if they have been waiting more than 20 minutes for an acute prescription.5: NE queried whether the phone system had been working ok, she had on an occasion notice it not working correctly. RB explained to the group that the Partners had agreed to a full upgrade of the telephone system, the new system is more user friendly, and as an example will allow patients to be transferred to the repeat line, rather than having to redial another number. The new system overall offers much better functionality for the patients as well as allowing the practice to provide health promotion messages. RB also explained that the Practice is looking into allowing patients to order their repeat medication via the telephone system, RB explained that the repeat telephone line is under constant pressure and it is hoped that by ordering over the telephone automated system this would reduce the pressure on the telephone system.  | RB to create poster for waiting room.Feedback to be passed onto Dr Sinha and Dr Virk. |
| **7.** | **Educational Evening Event update:**The group discussed the last Education event, which was on Stroke Awareness and kindly provided by Paula Smeijk from the Stroke Association. The event was a success with around 40 people attending, and Paula proving to be a very good speaker. It was agreed by the group that further events take place again next year in March, June and September.First aid was suggested as a possible topic for the March event as the previously arranged First aid event had to be cancelled at very short notice due problems with the speaker. It was agreed that CM will look into speakers on this subject; MJ suggested that St Johns Ambulance be contacted. CM agreed to try these first, and if unsuccessful to seek alternative. The first event will be held on Monday 21st March 2016 at Old Leake Community Centre from 6pm – 8pm. MJ mentioned about notifying patients of future events, CM confirmed that although MJ had been given some contact details from patients at the last event, there was confusion, that some patients were not sure if the contact details had been provided for the practice to contact or the PPG. CM explained that he felt for clarity and Information Governance issues around consent, it would be best to produce proper forms, which explain who will be using this data and why.  | CM to seek a First aid trainer to present event.RB/ CM to produce consent form.  |
| **8.** | **Staff Update:**RB informed the group that the Practice had recruited a further two members of staff. Andrea has joined the reception team, and Michelle has joined dispensary. Both Andrea and Michelle have started their training this week and patience would be appreciated. RB highlighted to the group that this year had been very challenging staff wise, with many new recruits to the Practice. RB also brought up staff sickness providing a strain on the service provided whilst acknowledging that the sickness couldn’t be helped, it has put the practice under tremendous pressure from patients. The staff have been working very hard to get back up to date and to maintain that level, including coming in at weekends.  |  |
| **9.** | **Infrastructure Improvement Fund update:**RB confirmed to the group that NHS England (NHSE) had agreed to extend the completion date until the end of June 2016. RB explained to the group that there had been a hold up relating to a small piece of land at the front of the Medical Centre. Boston Borough Council has agreed to support the signing over of this piece of land to the Medical Centre. We are currently waiting for full written confirmation from Boston Borough Council regarding this, and will then submit to the land registry. RB thanked MJ for all his hard work, liaising with Boston Borough Council on the Practices behalf. RB confirmed that planning permission had been submitted to Boston Borough Council and the architect felt that if this went to plan, then the tender process could begin with a view to starting building work in early January. |  |
| **10.**1:2:**11.** | **Any other Business:**SM informed the group that she had attended the area meeting and a new scheme had been launched called Dementia Champions. Training would be offered to those who could potentially come into contact with dementia sufferers. RB stated she thought it would be useful for the staff at the Medical Centre as well as members of the wider community. MJ suggested it could be a potential idea for a Education event on Dementia if it was something they were prepared to hold. GC stated that he had noticed patients parking directly at the front of the surgery, where the drop kerb had been installed for disabled access to the practice and wondered if anything could be done to stop this happening. CM felt that this was a matter for Lincolnshire Highways department. It was felt that this is a matter we could look at addressing further when the building work at the Meadows, as well as at the Practice had been completed. It was acknowledged that a substantial part of the problem for patient parking had been created by the large amount of building contractors parked close to the Practice. GC asked if the Practice had any Energy saving audits done to try and improve the practice. RB stated the architect would do this as part of the new building project. The Practice representatives confirmed that the current heating and water system would not be sufficient for the extension and as such all would be reviewed. **Date of next meeting** The next meeting date was agreed : 13th January 2016 at 2pm**Meeting closed: 15.40** | RB/ CM to look at this training for staff members.  |
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