**Minutes of ASK PPG Meeting Held at Whitegate Medical Centre on June 12 at 6 p.m.**

| Name | Designation |
|---|---|
| AA – Ann Allen | Patient (Chair) |
| GQ – Gavin Quick | Patient (Secretary) |
| JB – Jo Booth | Practice Nurse |
| JCB – John Butler | Patient (Vice Chair) |
| JR – Dr Jessica Rose | GP |
| MW – Mike Wain | Practice Manager |
| PL – Dr Paul Lynch | GP |
| RH – Robert Herron | Patient |
| RWn – Richard Watkinson | Patient |
| RWh – Rita Walsh | Patient |
| SR – Susan Ransome | Patient |
| VC – Viv Critchley | Patient |

**Members Present: AA/MW/JCB/JB/SR/VC/RWh/RWn/SS**

**Also present: Helen Kay (HK) and Norma Rogers (NR) from Link.**

**Chairs Remarks:** AA stated it was good to see such a good turnout and how there was so much enthusiasm from everyone present. It was a testament to the drive to get the PPG up and running. She also welcomed HK and NR who were from Blackpool Link and were to give a presentation on the government's plans for health and social care reform, in particular on Health Watch.

**Minutes of previous meeting**: These were agree with the exception that it was VC not AA who had suggested she may know of a young woman who may be willing to come along, so that we may have the benefit of a different perspective.

**Matters Arising:** MW was congratulated on the PPG now being referenced on the practice website. and that the minutes and terms of reference of the group were also now accessible online. It reflected good progress within the previous 12 months.

**Health Watch:** HK and NR then gave a brief presentation outlining the government's proposals. Basically it is about giving local people more say in their health and access to how changes are made. As an example if someone registers a problem regarding a ward in a local hospital and the matters is then forwarded to the issues committee of Link, and as a result Link make suggestions to the

hospital then there is a time limit of 20 days in which the hospital must respond. Link who are about to be transformed next year into Health Watch as part of the government's health reforms deal with issues with all branches – hospitals, care homes, GPs etc.

In emergency and extremely serious cases Link/Health Watch can act on 1 referral but as a rule they like to receive several referrals to build up a picture of the situation before moving the case on.

There will be a Health Watch England but basically as now each region deals with things locally. In Blackpool there are advisory groups for Health and Social Care. However if someone becomes aware of a problem in another part of the country, e.g. through a relative, then they can raise the problem with the Link group for the area concerned. These advisory groups have 8 members, 4 of whom will be elected members of the public. These would be the first port of call for any problems which would then be referred to the Issues group who then determine the appropriate course of action. This can range from a letter or a need to visit the institution concerned.

All issues for Link/Health Watch would be made via an issue form (samples of which were provided by HK and NR). Confidentiality is provided by the Health group who pass on the issue to the Issues group but remove the name of the individual making the referral.

Link has funding from the government until June next year when it is due to morph into Health Watch, and responsibility for funding will be passed to the relevant local authorities.

HK and NR were thanked for coming to give their brief outline and invited to return sometime in the future to expand on their talk.

They had a few leaflets and posters ,and indicated they would be delighted if these could be posted in the surgeries.

**PPG Enhanced Service – update by MW :**

MW handed out some documents outlining the requirements laid down for patient representative groups and how far along we are.

Evidence of representative PRG (PPG proof of this)

Minutes of PRG Meetings (now on website)

Surveys (basic survey outline on website – ideas for possible surveys welcome)

Survey results

Collaborative action plans (work of PPG has already seen changes happen e.g. screening at reception, TVs in surgeries)

Evidence of delivery on agreed action plans (see above)

Publishing on practice website( as already referred to minutes and terms of reference now on practice website)

MW also advised the website has now had 33,000+ hits and the e-mail distribution list has increased from 3 to 45.

**Online Magazine:** Issue 1 has been received well.

**Patient Survey 2009** – GPAQ now obsolete and replaced by an ongoing survey which indicates improvement by the practice in patient satisfaction.

Action plan from last survey is still very much live though;

| Area of improvement | Planned action |
|---|---|
| • Confidentiality within reception areas / Being overheard at reception | • Introduce a 'privacy zone' so people aren't waiting on the shoulder of the patient at reception (Now introduced at both sites)<br>• Add perspex screen to reception at Adelaide Street to shield some of the noise (Now added at Adelaide Street)<br>• Introduce TV's in each reception area to create some white noise so patients at reception cannot be heard (Installed at both sites now) |
| • Ease of getting through on the phone | • To introduce more ways of booking appointments to divert some of the call traffic away from the phones (Online booking now available and being used – In addition, we have now also introduced online repeat prescripiton requests which is freeing up more calls)<br>• Look at number of lines/staff available (New line added and new staff rota in place) |
| • Helpfulness of receptionists | • Sit down with reception supervisors a look at plan for staff training (Customer Service training booked via MPS for June – this training is next week)<br>• Plus addition of triage gives receptionists more options to offer patients, as being unable to offer an appointment can be construed as unhelpful, which is not the |

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|---|---|
| | receptionists fault. (Triage working well) |
| • Able to book ahead | • Look at opening up more pre-bookable slots in each clinic (2 Pre-bookable slots now for each session)<br>• Look at online booking as an option (Online appointments can now be booked 6 weeks in advance, as can requests via phone) |
| • Desire for surgeyr to be open at different times | • We currently open 2 late evenings and we are open from 8am every day. Weekend opening has previously been discussed, but ruled out (Discussed at partners meeting. 08:30 clinics being trialled shortly)<br>• Perhaps look at offering lunchtime clinics to allow for workers to attend during lunch hours (No plans as yet) |
| • Ability to see doctor fairly quickly | • Look at number of doctors sessions & session lengths (Session lengths currently 2.5 hours, which we see as long enough. New Nurse Practioner will give us additional capacity) |

**Communications:** The question of healthy recipes was raised with reference to recent problems the patient of the practice had incurred when in hospital to have a diet for diverticulitis and how it had been necessary to obtain a diet from Norwich.

The suggestion was also made that we had agreed in principal at an earlier meeting to include healthy recipes in the online magazine. The point was made that there are several conditions where helpful recipes may be needed - e.g. Coeliac, Diabetes. The idea being for people to submit recipes, which can then be published in the online magazine.

At this point RWn suggested we contact someone like Jamie Oliver for a health education plan, which we could then pass on to the schools in Blackpool. Reservations to this idea as being outside the purview and scope and aims of the PPG were made. It was then decided it was best to put this on hold until we had a meeting to fully discuss the aim and scope of the PPG and how it wants to proceed in the future.

**Referrals:** This was in relation to a patient who was sent for a hearing test to a specialist. Both ears were tested and the problem was diagnosed. However they had only one ear treated. When the

second ear was treated a few months later it taken as a second referral and so an unnecessary expense to the practice, because it should have been included as part of the initial referral.

**Urine sample:** This was brought to the meetings notice because of the problem of some patients being called for a blood test and then the review a week later. For the review it is common to be asked to provide a urine sample. The suggestion was when the blood sample is taken a phial for the urine sample be provided.

JCB and SS both advised that where as the practice likes to help, it is policy that that patients provide their own sample in whatever container they can. The companies they obtain supplies from do not provide sufficient numbers to give all patients a urine sample jar, and such phials are ont interchangeable. If you have one, you can re-use but it is not for re-use by others.

**Date of Next meeting:** July 12, 2007, Whitegate Medical Centre at 6 p.m.