

**FOUR OAKS MEDICAL CENTRE
PATIENT PARTICIPATION GROUP COMMITTEE MEETING
MONDAY 26 JANUARY 2015**

PRESENT:

Veronica Docherty (VD) Chair
Steve Bennett (SB) Vice Chair
Roy Baverstock (RB)
Theresa Hyde (TH)

Maureen Webb (MW)
Sue Hubbard (SH)
Carol Morley (CM) Practice Manager
Joy Cuthbert (JC) GP
Wendy Brown – Minute Taker

1. APOLOGIES

VD welcomed everyone to the meeting. Apologies were received from Vic Palmer, David Linehan and Ganisha De Abrew.

2. MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING

Notes from the meeting on 24 November 2014 were agreed as an accurate record of the meeting.

Action: CM to look at updating the software on the waiting room screens

3. REVIEW OF 2014/15 DES

VD referred to the AGM report dated 31/03/2014 where the PPG key priorities were agreed for 2014/15. She also referred to Jane's report on the PPG which broadly mirrored the same priorities. FOMCPPG to

- Continue to participate in the range of meetings, events and consultations called by BCCCCG and Local Commissioning Networks(LCN) to ensure our patient voice is heard and information disseminated effectively
- Endeavour to find ways to attract a more representative group of patients to contribute to the PPG
- Improve links with the virtual PPG
- Interrogate the 2014 Patient surgery data to ensure areas of concern raised by patients are discussed and effectively dealt with where appropriate
- Work with staff to improve information available to patients. And those with caring responsibilities.
- Liaise with other local PPGs to identify best practice

ACTION The group agreed that we had made good progress on most of these areas with more work needed on the virtual group and the diversity of the board.

4. PATIENT FEEDBACK INCLUDING F&FT AND COMPLAINTS

The chair and Carol thanked members of the group who had been able to come into the surgery to distribute the questions to patients since the last meeting. It is clearly a more effective and less costly way to run the survey. We now have sufficient responses to send the questionnaires for analysis and results should be ready for the next meeting.

Since October/November the practice had participated in the Friends and Family Test. The chair had analysed the results and a report was circulated to the group for discussion. 65 patients completed the green forms 56 of whom stated they were extremely likely to recommend the practice to friends and family. There were a number of supplementary questions and from these two key issues of concern were the difficulty in being able to make an appointment on the day with a named doctor and also the inability to make an appointment online with the nurse.

There was also discussion around the signage of the consulting rooms when patients are called, and the general cramped area around Reception. CM confirmed that the practice had applied for funding for alterations to be made to improve the layout and signage to rooms will also be improved.

CM confirmed that the practice will never turn away a patient if they really need to be seen the same day. However, they could not guarantee seeing a named doctor.

Where a doctor is running late, we will look into ways to communicate this to patients via the screens.

VD offered her congratulations to all staff on the excellent results of the questionnaire – receptionists particularly performed well with patients giving 90% positive feedback on the service received by reception. It was noted that Tina France had also helped with handing out patient questionnaires.

Comments should be available on the website for people to view.

COMPLAINTS – CM had recently attended a practice managers' meeting where she brought up the issue of prescriptions being offered to family members to take away with them. It was agreed that this should never be done and that they can only be given out if the family member requests it. CM has spoken to all staff on reception to advise.

CM referred to a recent significant event at the practice that occurred at 12.30 one Friday lunchtime. A young child had managed to climb underneath the seating area and wouldn't come out for approximately 25 minutes.

Actions:

CM to see if a clock can be put on the screens

Waiting times in surgery continue to be monitored.

CM will look at the possibility of enabling patients to book nurse appointments online, particularly phlebotomy appointments.

CM to speak with the caretaker to ensure all relevant measures are put in place to keep children safe in the waiting areas.

5. FOMC NEWS

CM told the group that the patient liaison officer for Quantum Pharmacy Services had recently left. Issues from patients concerning Quantum's service were being directed at the staff on Reception. CM will get specific details from reception and then raise these with Quantum. The group expressed concern that patients may be led to believe it was FOMC offering the prescription service as Quantum's equipment is in the foyer. There are two pharmacies close by and a pharmacy in Sainsbury's and perhaps we should consider the impact on local businesses.

CM informed the group that Dr Marie Gaston (GP Registrar) would be leaving soon to go on maternity leave.

The practice is still seeking a new receptionist, a medical secretary and an apprentice for reception, and an advert for these will be going in the local Observer.

Jane Nock will continue to work two days per week up to the end of October 2015.

The practice booklet has now been updated and is available online.

6. UPDATE FROM MEETING WITH LEY HILL AND TUDOR PPGs

VD reported that she had informally met with Shirley Bull, Michelle Corsi and Pat Rees with a view to the three PPGs continuing to work together. She reported that the groups were keen to run further joint events every 3 to 4 months, inviting patients from all three practices to attend with a different focus each meeting, such as disability, stroke etc.

Joint work could also be done on helping patients make the most of their 10 minute appointment with their GP. Leyhill had notices in their surgery reminding patients that the appointments were for 10mins and only one issues was to be discussed. This seemed to cause problems both for patients and doctors. The group noted that TH had already put up a display in FOMC foyer to help patients better prepare

It was suggested that each practice could contribute £250 towards the cost of running the groups, and CM stated that FOMC could meet this amount.

The group agreed, in principle, to being part of this initiative.

VD confirmed the next meeting would be held on 3 February at Shirley's home – SB expressed an interest in attending.

7. NOTICEBOARDS AND NEWSLETTER

Noticeboards

TH updated the group on her noticeboards, the forthcoming topics are:

February – Healthy Heart

March – Alzheimer's

April – Mental Health

The noticeboard by the lift would focus on 'out and about' in the area.

TH said that people are welcome to send her information on anything they feel would be useful for her boards/lists. VD asked if she needed any help, TH said she will liaise with Ganisha.

(Dr Cuthbert joined the meeting at 8.05pm after her evening surgery)

Newsletter

Copies of the February Newsletter were circulated last week and all agreed that it need no further alteration.

JC confirmed that she was happy to keep in the newsletter that patients can call the surgery and speak with a GP if they feel that an appointment is not necessary.

ACTIONS:

Carol or Wendy to print off the newsletter for circulation in the surgery and posting to the website. A copy of the newsletter to be pinned on the notice boards downstairs and in the surgery

8. BOARD MEMBERSHIP AND VIRTUAL PPG

VD told the group that she would be stepping down at the end of March and that SB would be taking over the chair. She also said that the group needs to encourage younger members to join.

VD asked for a small sub-group to re-energise the virtual PPG (35 members already registered) to make it more efficient for people to take part quickly and easily. This would be a short-term task and finish group initially. SH and MW volunteered for this. TH would also be interested especially in linking with young people.

9. AGM

There was discussion around whether the AGM should be a formal event. As last year's was attendance was low, VD said she would check to see whether this is necessary. The need for February's meeting would be re-assessed.

VD has investigated this issue and the AGM will go ahead on the **23rd February at 6:30 in the surgery** as per our constitution. Two weeks' notice will be required for patients. VD will draft the annual report, agenda and notice.

10. EXTERNAL MEETINGS OF CONSULTATIONS

TH handed out her support register that she had recently updated. She welcomed any offer of help with regard to the layout of the information and the IT experience required.

11. AOB

CM said that the locality FOMC is a member of has changed its name from Sutton Coldfield and Shard End to Sutton Locality, comprising of Sutton and Hodge Hill practices.

12. DATE OF NEXT MEETING

AGM Monday 23 February 2015

The meeting closed at 8.45pm.

ACTIONS:

Action 2 - CM to look at updating the software on the waiting room screens

Action 4 - CM to see if a clock can be put on the screens

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Action 4 - CM to speak with the caretaker to ensure all relevant measures are put in place to keep children safe in the waiting areas.

Action 7 - Carol or Wendy to print off the newsletter for circulation in the surgery and posting to the website. A copy of the newsletter to be pinned on the notice boards downstairs and in the surgery