

Patient Participation Group Meeting – 27th January 2015 6:30pm

Attendees: Tracey Nyilas, Claire Hamill, Graham Deaves, Barbara Betts, Ruth Norman, Barbara Maun, Visu Suppiah, Keith Meluish, Michael and Doreen Vinnel

Speaker: Trevor Evans – West Street Surgery PPG

Minutes: Claire Hamill

1. Introductions

Tracey Nyilas – Practice Manager – Worked at the surgery for 14 years covering a wide variety of roles within the surgery. TN is aware that the PPG has had difficulties in the past and aims to revive the group.

Claire Hamill – Assistant Practice Manager – Worked at the surgery for 4 years, also covering a wide variety of roles. Attended a PPG meeting a while back and is briefly aware of the work the PPG have been doing.

Graham Deaves – Mr Deaves has been a patient here for many years and was asked by a GP to attend the PPG meeting. Mr Deaves has a wide history of working on committees.

Barbara Betts – Mrs Betts has been a patient at the surgery for many years. She was the Vice-Chair of the remaining PPG Group. She worked at Natwest and is now retired.

Ruth Norman – Mrs Norman has also been a patient at the surgery for a number of years. She is a dental nurse and is an original member of the PPG group.

Barbara Maun – Mrs Maun has been a patient here at the surgery since she moved to the area in July 2014. She is a neighbour of Mrs Norman's. She is a teacher.

Visu Suppiah – Mr Suppiah has been a patient for many years. He is an original PPG member. He also works within the Mental Health team as a nurse.

Keith Melhuish – Mr Melhuish has been a patient at the surgery for many years. He was involved in the committee with Luton Borough Council to redesign Lewsey Park.

Doreen and Michael Vinnel - Mr and Mrs Vinnel have been patients at the surgery for a number of years. They had seen notices around the surgery regarding the PPG meeting and decided to attend.

2. Terms of reference

TN discussed the previous Terms of Reference. BB and RN mentioned that Eric Shorter (Retired secretary of the PPG Group) was working on this but they were unsure how far this had got. TN explained she had put a draft Terms of Reference together. TN stated this was not set in stone and as a group, this constitution could be built upon.

TN passed a copy of the 'Terms of reference' to each member.

3. Chair & Vice Chair

TN asked what the original PPG agreement was regarding the PPG roles. BB explained that the previous Practice Manager was the Chair and BB was the Vice Chair. BB stated she would like to remain the Vice Chair and felt TN should be Chairwoman.

4. Trevor Evans – Patient Participation Network

Mr Evans is the West Street Surgery PPG Chairman. TE mentioned the difficulties the PPG at West Street faced in its initial stages. TE said that creating a group with a wide variety, i.e. ethnicity, age, gender etc was an issue that any group struggles with. An example being, finding a member who is pregnant, it would be difficult for them to attend meetings especially as they are based in the evenings.

TE discussed with the group, the way the NHS had changed over the last few years. He showed the group the NHS layout and explained why it is far more difficult nowadays.

TE explained that years ago we had Primary Care Trusts (PCT) which oversees general practices within the designated areas however; there is now

Clinical Commissioning Groups (CCG's) for designated areas. Wheatfield Surgery is part of the Bedfordshire Clinical Commissioning Group (BCCG). TE also explained that the CCG's are clinically led, therefore GP's are spending 4 hours a month attending meeting's, making clinical decisions about the locality hence the difficulty obtaining an appointment.

TN discussed that all GP's within the surgery, lead a certain area. For example, Dr Palit is the Clinical Board Meeting lead and Dr Owusu is the Clinical Development Lead etc. Therefore, each GP would be losing 4 hours a month to clinical meetings. The lead's then have meetings within the surgery to 'feedback' the information that they gave gathered from the external meetings.

TE then went on to explain about the Locality Network Meeting's which are held on a three monthly basis, unless smaller projects are planned in between. TE discussed that within our own PPG meetings is the 'smaller picture' which in slots in to the 'larger picture' which is discussed at the Network meeting. During the Network Meeting, the whole locality is looked at and discussed how each individual surgery can improve the localities and figures.

MV raised why only 8 patients' attended the PPG, he felt this wasn't advertised properly. TN explained there were posters on all the walls around the surgery with the PPG meeting information. BB and RN said, this was the most amount of people that have attended any PPG meeting.

TE mentioned that he found, from experience that smaller is beautiful. He found more work got done and there were simpler ways of making decisions will less people involved.

TE also suggested PPG rules should be put in place. He felt that a PPG meeting is not about complaining and speaking about personal issues, he felt that was something that you would bring to the attention of the Practice Manager via the correct procedure. MV disagreed as he felt that when he wanted to speak to a practice manager, he wanted to speak to them immediately, he did not want to wait for a telephone call or a letter. BB said

that if the PM was unavailable this could not be helped and patients in general, would have to bear with.

TN said she really wanted to focus on moving the PPG group forward, positively without focusing on the negatives. TN said she was sure, each and every patient there, would have concerns which they would like to raise, but there is a way to address this and she didn't want the PPG meeting's to be used a sounding session. TN wants to work with the PPG to gather their views as a patient and how things can be improved rather than focusing on personal issues.

TE said that the group should decide what group they would like to be and more importantly decide what type of group they don't want to be. He advised looking around the internet and compare with other surgery PPG groups and see what they are doing and see what this PPG can focus on to improve the surgery. TE also believes the goals should be realistic. The GP partners will have to agree to the goals of the group before proceeding. He also mentioned that an agenda should be realistic, as it is an hour meeting; the agenda needs to be clear and concise.

5. Patient information project

TN discussed with the group a project she had in mind for the surgery. She felt the patient's need to be educated more on the services we provide i.e. extended hours. On a whole, the patient's are not always aware on their entitlements and how referrals work etc. The idea was to get this information flowing either by posters the website etc. KM mentioned that the PPG meeting had been advertised in the waiting room and there were only 8 patients who attended, the point being you cannot make patients read information if they didn't want too take the information in. He also mentioned that the majority of patients are now computer literate and can access the information online. TE confirmed this was the case and it is the patients who are not technology literate that are not aware of the information.

GD raised concerns as he had heard there are over 40 million more visits to a GP a year. He explained that he has a heart valve replacement in 1998 and is on Warfarin for life. In 1998, he visited his GP 4 times a year, 3 for prescriptions and 1 for an annual MOT. He said that with recent NHS

changes, he has had his prescriptions cut from annually to monthly and also the need for a copy of the warfarin book with dictates his dosage causes him more problems, the point being he now has to attend the surgery 13 times a year, 12 for prescriptions and 1 for his annual MOT. He feels this is something the PPG could look into and write a letter to the government explaining the situation and the affect on patients and the NHS. TE explained the changes were made due to the wastage costs in the NHS as patients were having a huge supply of medication but then the medication is changed the remaining medications get destroyed and felt this is something the NHS had no choice but to address as they have to save money.

6. Any other business

GD felt that patients found it difficult to complain. He stated this was not aimed at the current practice manager but patients come across situations they would like to report and would like the PPG to focus on ensuring patients can communicate effectively with the practice manager.

The group felt the patient prescription box out the front was too small and often felt it was overflowing and could not take too many prescriptions.

GD also discussed a matter on behalf of someone he knew, the patient felt the seating in the waiting room was too low and struggled to get up from the chair.

TN said that she felt the group should meet in one month's time opposed to the original three month meeting to allow the group to look at the terms of reference and come back with ideas for the group.

Date of next meeting: TBC