

Patient Participation Group Meeting – 15th April 2015 6:30pm

Attendees: Tracey Nyilas, Claire Hamill, Graham Deaves, Ruth Norman, Keith Melhuish, Mary Lavelle, Sheila Long, Visu Suppiah, Barbara Maun and Barbara Betts

Speaker: Pam Brown – Luton and Dunstable Hospital Governor

Minutes: Claire Hamill

1. Minutes from Previous Meeting

All attendees were in agreement with the minutes from the previous meeting.

TN informed the group that all requests from the previous meeting have been actioned. This includes the disability badges in the car park and priority seating in the waiting area.

2. Pam Brown

Pam attending the PPG meeting to discuss the community meetings the Luton and Dunstable Hospital provide for the general public to attend. The hospital also holds meetings with consultants which provide and question and answer time for patients to discuss any queries or issues they may have. PB invited the members of the PPG to join the group and come along to the meeting on the 29th April 2015 at 4:30pm to give their views/opinions. PM will send TN information for this meeting to be advertised on the television in the waiting room. PM discussed how popular the meetings have become with the attendance being over 200 people.

3. Warfarin Clinic

GD discussed the seating for the warfarin clinics held on a Monday morning. GD said that it was like musical chairs and felt it would be much easier if all the seating was one height so the elderly, frailer patients can slide along opposed to standing and moving along.

ACTION: TN to arrange for seating to be all one level.

4. Reducing the queues

GD felt that after reading the annual PPG report which TN thanked him for signing before submission; reducing the queues in reception could be a crucial change for the surgery. GD handed round the SystemOne leaflets which are available in the waiting room, he discussed that the leaflet does indeed inform the patient of what can be done online but doesn't tell the patient how they do those things available online. GD suggested some guidance which could be produced for patients to walk them through the process.

GD also mentioned that he feels the surgery should promote the services available from local pharmacies i.e. the patients can request their medications directly through their chosen pharmacy and housebound patients could also have their medications delivered. This would prevent patients attending to drop prescriptions off, collect their prescriptions, take it to the pharmacy and collect the medications which would in turn shorten the queue and hopefully eliminate the need to queue. Possible suggestions were a volunteer in reception advising patients that they could in fact register with a local pharmacy who could do this for them which means they would not have to attend the surgery as much. TN thought this was a good idea.

GD queried the SystemOne online registration process, TN explained you would need to come into reception with a form of ID to be able to be issued with a username and password. GD stated it would mean queuing again and felt there could be another way for example, if the mobile number of the patient matches, the username could be issued through that proof however, TN explained ID was necessary because it would be providing access to confidential information. GD felt that more advertising around the surgery more importantly around the queuing area would be the best way to promote SystemOne Online and why you need to provide ID so patients have an understanding.

The group discussed the computer illiterate patients who would struggle using the system, GD suggested the group could come in and show patients how to utilise the website.

ACTION: TN and CH to look into providing guidance for the SystmOne Online and the website.

5. Slimming World

KM discussed the referrals offered by the surgery to Slimming World. The referral lasts for 12 weeks which means the referred patient can attend Slimming World for free for 12 weeks. KM was concerned as he himself was referred but another patient who also attended for the 12 weeks had recently had a stroke and had lost over 10% of his target weight however, due to his stroke he was unable to work therefore he was on benefits. His 12 week referral has run out and he cannot afford to spend £5 a week to attend Slimming World. KM discussed the preventative Slimming World offers and if the referral was longer or patients could be re-referred this would decrease the amount of visits to the surgery to see a GP. TN explained the criteria was stipulated by Slimming World and GP's had tried re-referring but Slimming World themselves bounced the referral back. TN informed the group of a new service available, which is a one-stop referral called the Lifestyle Hub; one referral will enable the patient to be assessed and passed to the relevant department i.e. the gym, Slimming World or Stop Smoking clinics.

PB also suggested KM should try contacting the Stroke Association directly as there were pots of money available to provide this sort of support to stroke patients.

6. Courses for First Aid

BB wondered whether the surgery offer any courses for the members of the PPG for example, first aid courses. TN said she was unaware of any such courses as the surgery has to fund the training for staff which would mean the PPG training would have to also be funded by the surgery.

ACTION: TN will discuss with other PM's, whether any courses available, fully funded.

7. Gardener for the surgery

BB also mentioned the state of the front of the surgery, the weeds are overgrown and there is rubbish everywhere. BB asked TN whether there was a gardener, as she was informed we had one. TN told the group there was no gardener but this was something she would definitely look into.

ACTION: TN to look into getting a gardener for the surgery

8. Rubbish in the atrium

BB also said she has noticed rubbish in the atrium in the centre of the surgery. TN said she had already been out there and cleaned the atrium.

TN also told BB that Rupam, the pharmacist from next door had been into to the surgery and advised TN they were willing to help in terms of emptying the bin out the front.

9. AOB

Whilst discussing the appearance of the surgery, GD discussed the state of the posters on the walls in the waiting room. TN and CH informed the group that they had already been through all posters, taken down old/ripped posters and binned any out of date magazines which were in the waiting room.

The group suggested advertising for the PPG in the pharmacy, on the lower counter at eye height so patients sitting can view this. KM also suggested having something on the website saying what the PPG have been doing and are focusing on, if any patients have ideas to pop along to the next meeting.

10. Date of next meeting

Wednesday 3rd June 2015 at 6:30pm

ACTION LOG

Date Action Raised	Action	Responsibility	Target Completion Date	Update	Completion Date
27/01/2015	TN passed each member a copy of the 'Terms of Reference' for the members to read and amend/agree with.	PPG	25/02/2015	New members arrived the following meeting, all issues with a copy of the 'Terms of Reference'.	CLOSED
27/01/2015	Chairperson to be agreed amongst the group.	PPG	25/02/2015		OPEN
27/01/2015	Prescription box overflowing PPG to decide what kind of group they would like to be, what aims and objectives they would like	Tracey Nyilas	25/02/2015	TN discussed with prescribing clerk who will empty box several times throughout the day	CLOSED
27/01/2015		PPG	25/02/2015		OPEN
25/02/2015	Privacy at reception	Tracey Nyilas	15/04/2015	TN put posters up around reception about privacy	CLOSED

25/02/2015	Disabled bay badges	Tracey Nyilas	15/04/2015	TN has put disbaled badges on the wall in front of the bays	CLOSED
25/02/2015	Priority seating TN to arrange the warfarin clinic seating in the waiting room to be all one level so patients can 'slide' along.	Tracey Nyilas	15/04/2015	TN has put notices around the waiting room above chairs with arms to mark them as priority seating for the elderly/disabled	CLOSED
15/04/2015	TN to look into getting a gardener for the surgery, as the front of the surgery is untidy.	Tracey Nyilas	3rd June 2015		OPEN
16/04/2015	TN will discuss with other PM's, whether any fully-funded courses are available to the PPG	Tracey Nyilas	3rd June 2015		OPEN
17/04/2015	TN and CH to look into providing guidance for the SystmOne Online and the website.	Tracey Nyilas	3rd June 2015		OPEN
18/04/2015		Tracey Nyilas & Claire Hamill	3rd June 2015		OPEN