

PUDDLETOWN SURGERY

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**Minutes of Patient Participation Group Meeting
held
at 6.30pm on Wednesday 15th March 2023
at Puddletown Surgery**

In attendance: Dr Jonathan Bond, Clare Stickland (Practice Manager), Glad Antell, Dawn Arthur, Teresa Baker, Anthony Felstead, Barry (Nessy) Hennessy, Kate Trevett (Care Co-ordinator/Social Prescriber), Jim Gammans (Engagement & Communications Co-ordinator, CCG), Angie Benford

Apologies: Victoria Maslin, John Ridout, Georgie Webb, Christopher Mathews

		ACTION
1.	Clare welcomed all to the meeting, everyone introducing themselves for the benefit of the newcomers.	
2.	Notes from the meeting 14 December 2022 were accepted.	
3.	<p>Unscheduled item:</p> <p>Regrettably there has been no contact from the Chair of the group recently. It was agreed that this role is essential in order to help and direct not only the PPG but also to enable the Practice to move forward.</p> <p>Discussion took place about the perceived amount of time needed to carry out the role of Chair. Under the Terms of Reference, the Chair is required to attend quarterly meetings, to be involved in agenda-setting, planning and managing meetings with the Practice and the Secretary, to be the spokesperson for the PPG as required, to link the PPG with the wider network of PPGs, relevant locality forums and the Dorset CCG. As such, the role can be as involved as the individual holding the position wants to make it. The rest of the Members are there to support the Chair as well as each other and tasks are expected to be delegated. On that basis, it is difficult to assess how much time is required for the role but it is not expected to be onerous. A Chair should be encouraged to shadow other successful PPGs to see how they run their groups, what they do etc if they are concerned about the expectations of the role.</p> <p>It was agreed that the PPG's role is to bridge the gap between patients and the Practice, to enable better connection with patients. It is not a group which should be "managed" by the Practice but one which should be managed by the patients.</p> <p>Clare will make every effort to contact the current Chair to find a way forward.</p>	CS

<p>4.</p>	<p>Matters arising from meeting 14.12.22</p> <p>The issue of sending texts following appointments to get feedback had been discussed further within the Practice and whilst it may have some benefits, it would not be appropriate to send a text if a patient had, for example, received bad news at their appointment. After some discussion about the Friends & Family Test (FFT), it was clear that no-one present at the meeting had used the iPad in the waiting room, or even knew where it was! The purpose of the FFT rates a patient’s experience of their appointment and whether they would recommend the Practice to their friends and family. This also has disadvantages if, for example, a patient has relatives in Scotland so they would be unlikely to recommend the Practice! Discussion took place around there being two aspects to useful questionnaires – one being around the quality of the Reception area, the Dispensary etc and the other needing more detailed questions relating to patients’ direct experiences. Whilst quantitative data is easier to capture, it doesn’t drill down far enough so has no real meaning behind it.</p> <p>Jim shared his experience of working with other Practices to produce more specific surveys and whether they could be carried out via social media and/or the Practice website. Jim will send a link to a recent survey so the Practice can use it as a template to build its own, asking questions in such a way as to get helpful responses. He noted that patients often don’t realise there are a bank of professionals waiting to support them behind the scenes and the GP is not the only option for help. Communicating that information to patients could be very useful.</p> <p>Clare acknowledged that whilst she sometimes receives negative feedback, this really helps to look at ways of improving services. She also noted that some people’s expectations aren’t always realistic because they don’t realize why some things are, or have to be, done in certain ways.</p> <p>Even though the Practice Newsletter is on the website, there needs to be a way to target more people with the information. Clare noted that the Practice used to have a team of volunteers who delivered the Practice newsletter to households, which used to be printed at great cost, but since Covid this had stopped. It was agreed that PPG members could be a really useful resource in getting the Newsletter out to surrounding villages via local Newsboards, in churches, village halls etc. Everyone was asked to think of ways to reach a wider audience – one suggestion was asking neighbours to share their newsletters – via a message in the Newsletter itself.</p>	<p>JG</p> <p>ALL</p>
<p>5.</p>	<p>Practice Manager’s Update</p> <p><u>Masks</u></p> <p>You will see from the signage in the surgery that we have relaxed our approach to wearing face covering in the surgery. We have left the decision to wear a mask to the individual but encourage the wearing of masks if a person has respiratory symptoms.</p>	

Spring Booster

You may have heard on the news that there is to be a Spring Covid Booster available for certain cohorts of patients. The Network (which consists of 9 Practices in mid-Dorset) will not be offering this, but the vaccine will be available locally. Jim noted that bookings for the booster will be made via a national site and even though appointments may be offered many miles away, he recommended that people keep trying on a daily basis to find something more local if they are unable to travel - as more local appointments will be released regularly. He expected that there would be a vaccination centre in Dorchester. All eligible patients will be contacted directly. Kate noted that patients would not be left unsupported in sourcing appointments if they were having extreme difficulties.

Anthony asked whether there had been an upsurge in respiratory-related illness but Dr Bond confirmed that this wasn't really apparent, other than the usual annual flu cases.

Bariatric Furniture

Our waiting room chairs hold up to a weight of 22 Stone (139 KG). We have provided a bariatric chair in the waiting room, one in a treatment room and two in our consulting rooms for patients whose weight exceeds this. We have also purchased a bariatric couch which is in the main treatment room.

Upstairs development

We have been working hard to clear the upstairs space ready for the builders to start in May. We have also been successful in our application for solar panels which will be installed in the next few weeks.

Extended access

We are currently providing additional nurse clinics on Saturday mornings twice each month. This will offer additional opportunities for patients. Unfortunately, we are currently unable to offer blood tests during these appointments as blood is not collected by the lab at a weekend.

Staff roles

I am delighted to announce that Kate Trevett is the new Primary Care Network Social Prescribing Lead. Her experience and expertise can now be used to support the other social prescribers within the network of surgeries in Mid Dorset. She will continue as Puddletown Health and Care Co-ordinator, Carers Lead and she will do some social prescribing at our surgery. In light of this development two of our admin team, Kate H and Phillipa, will also be working with Kate offering social prescribing to our patients.

	<p><u>Occupational Therapist</u></p> <p>Laura the PCN Occupational Therapist has settled well into the team and tends to base herself here one-two days a week.</p> <p>For those that don't know, Occupational Therapy ("OT"), is a branch of healthcare that focuses on rehabilitation or adaptation to functional deficiencies, that enables people to lead independent lives. Deficits include but are not limited to: problems dressing, preparing food, undertaking personal care, mobility concerns and transferring from surface to surface. If you need advice or support yourself, or you know someone who does, please contact Laura via the surgery reception. She can arrange to visit you in your own home to complete a full assessment and a treatment plan can be devised ensuring that you, the patient, are at its centre. No problem is too small.</p>	
<p>6.</p>	<p>Friends and Family Test (FFT)</p> <p>Clare shared the results of the last 3 months of patient feedback. As before, there were very few questionnaires completed over that period (a total of 44) and mostly very complimentary. One patient in the January feedback wouldn't recommend the Surgery to friends and family because they didn't want others to know how good the service is!</p> <p>A few people asked for more and longer appointments but there can't be both within the amount of clinical time available. If patients want longer appointments, this invariably means the GPs will run late. However, the GP afternoon bookable appointments are now 15 minutes long. There is a space for patients to add the reasons for their appointment but this is not compulsory. One of the main benefits at Puddletown Surgery is that the doctors know their regular patients well, so continuity is very good. Patient turnover is low which makes a big difference.</p> <p>There was a suggestion of plastic numbers being available to enable patients to wait in their cars before the doors open but this raises infection control issues. The doors open at 0830 and patients are able to walk in up until 1030 Monday to Friday to be seen on the same day by a GP. Staff do occasionally call patients from the car park if they are unable to wait in the building for genuine reasons.</p> <p>Another request was for a child table and chairs with drawing materials and colouring books. However, these were originally removed due to Infection Prevention and Control guidelines and those risks still apply today so regrettably will not be reinstated. This information to be included in the Practice Newsletter.</p> <p>Jim has some information to help patients get the most out of their appointments, eg by writing down what they want to discuss. He will forward to Clare for possible inclusion in the Newsletter. Kate was concerned (with her social prescribing hat on) that if patients aren't allowed to talk openly, that some important details that would normally be sent to her would be lost.</p> <p>Clare was very keen to receive more feedback from the FFT – see item 4 above for information about proposals to achieve this.</p>	<p>CS</p> <p>JG</p>

<p>7.</p>	<p>Update from Kate Trevett, Care Co-ordinator/Social Prescriber</p> <p>Kate noted that within her social prescribing role, she continues to be very busy. The Network (9 GP Surgeries) are applying to be accredited for the care of their Carers in a scheme called “Better Care for Carers”. Puddletown Surgery is looking to reach “Gold” status which will entail having to evidence many pieces of work. The application is due to be submitted in June. Kate noted that “Young Carers” are a big gap at Puddletown Surgery – they know there are sibling and parent carers within the patient population but don’t know who they actually are! The Children and Young Persons Co-ordinator will be working with schools to identify carers and it is hoped this will help identify our own. Dawn (who has experience in Education) accepted Kate’s request to help with her proposals and Kate will also approach Victoria for her help.</p> <p>Clare noted that the Surgery has recently done some work with the staff about their roles as Carers which is often just seen as “something they do” and this will become part of new staff induction.</p> <p>Kate is looking to hold a Spring/Summer social event in an attempt to introduce people to each other, funded with money kindly gifted by a patient. PPG members will be encouraged to support the event, particularly to tell people about the PPG, to be involved with cake and coffee-making, manning a craft stall etc. If people have unusual hobbies, perhaps they could talk about them at the event? When the date has been agreed, Angie will circulate to everyone.</p> <p>Kate has been harassing (!) the Doctors about having a community/surgery garden and will be applying for grants so there are no financial implications for the Practice. Kate asked whether this would be of interest and whether the PPG would be interested in supporting it – Dawn immediately replied with a “yes”. There clearly needs to be an Action Plan, not least to source potential available space, but this would be more than just about gardening, there is so much benefit in generations coming together. The idea is to start after the Summer. Kate would welcome everyone’s thoughts on this initiative via the social prescribing teams email (sp.puddletown@dorsetgp.nhs.uk).</p> <p>Jim has some information about community growth space, whereby people are able to help themselves to fruit and vegetables, which he will forward to Kate. Jim noted that Cerne Abbas surgery had redeveloped their outdoor seating area using their contacts to do the work and fund it. Jim will give Kate contact details. Another Practice used to have an allotment so may have tools available to use.</p> <p>Nessy, who is an archaeologist, will also look at potential available spaces and involve his archaeology contacts to organise a “big dig” when a suitable site is found to get the project started.</p>	<p>KT</p> <p>ALL</p> <p>AB</p> <p>ALL</p> <p>JG</p> <p>JG</p> <p>BH</p>
<p>8.</p>	<p>Update from Jim Gammans, Engagement and Communications Co-ordinator</p> <p>Jim asked that everyone lets him know of any upcoming interests/events that they may be aware of that he hasn’t already shared. Since the start of the year, he has been talking to Practices and PPGs about the name “PPG” which doesn’t tell the public what it is/does.</p>	<p>ALL</p>

	<p>Several are considering changing the name to “Friends of the Practice” or something similar to encourage more people to join and to be more proactive in helping the Practice.</p> <p>Jim was very encouraged by the work with Carers and agreed the need for people to identify as Carers, to make them realise that they don’t have to provide personal care in order to qualify. Kate noted that there will be more work undertaken in the Long Term Condition Reviews, focusing on asking questions about carers/caring. She noted that patients with Dementia are already encouraged to bring carers/a significant person to them to their appointments.</p>	
9.	<p>Any Other Business</p> <ol style="list-style-type: none"> 1. Angie noted that NAPP had an AGM on 28th January but she had been unable to track down any Minutes from it so far – will keep trying. 2. Angie noted that it’s National Patient Participation Week, 31st May to 6th June 2023. 	<p>AB</p> <p>ALL</p>
10.	<p>Date of Next Meeting: Wednesday, 21st June 2023, 6.30pm, Puddletown Surgery</p>	<p>ALL</p>