

Patient Participation Group Minutes

Tuesday 10th May 2016 - 1730

Chair: Mike Neville - MN (Managing Partner)
Patient Attendees: Maureen Crookes - MC, Ian Gorman – IG, Carole Gorman - CG, Margaret Hamilton - MH, Sheila Lyddieth - SL, Claire Lyddieth-Barnes - CLB, Chantelle Budd - CB, Paula Whitehead - PW

1. Welcome

MN welcomed and thanked all attendees for taking time out to join him, to try to improve the patient experience

2. Purpose of the group

MN reiterated the agenda which highlighted that the purpose of the group is to discuss about the services offered by the practice and any ideas for suggestions and improvements to be made.

3. Ground Rules

MN ran over the ground rules as outlined below:

- Group should not be seen as a complaint platform
- As per patient Confidentiality no personal issues should be discussed
- Everyone's views must be listened to and respected
- No discrimination will be tolerated

4. Extended Hours

MN informed the patients of the full capacity of access to records both at the Cheetham Hill Site, as well as the NMGH GP hub

CG had a personal experience of the service which was given account in a very positive way
Getting info to patients about the service was discussed – and the inclusion of a monthly newsletter may be beneficial that the patients can just pick up from the reception desk

5. & 6 Awareness of Bowel Screening & Cancer screening in general

Reiteration of importance of attending/ going/ submitting the testing kits.

MC queried as she has chrons what she should do. MN explained that it is still important to have tests done, and suggested that on behalf of the group she call the service and enquire. MC agreed and will report back to MN

7. Trial in the Morning Surgery

MN went through the trial of asking for the reason for the appointment

PW had a concern that what they are there for should only be discussed with the GP. MN reiterated the importance of the word "Personal" as a reason to see the GP to counter this privacy request by the patient. MN also explained that if the correct clinician was Lynn, and the reason wasn't put down, then

they may then have to wait until the next available appointment as she would not have been able to treat the ailment that day.

Another suggestion made by MC was that the who to see for what reason could be put up on the wall, or on the website or both

8. Council Land surrounding the surgery

MN noted that the land around the surgery premises had been left to its own devices by the council for 12-15 years. Last time anything was done with it was with Lottery funded money, won by a patient of the practice.

MC has connections within the council and will approach them to see what can be done

9. Docpharma

MN explained what Docpharma is. Also explained that the practice has an obligation to inform patients that we do have a relationship with them which is why the information declaration is up in the practice; and confirmed that is not an advertising poster.

10. Any Other Business (AOB)

None at this meeting

Action points from meeting

1. **MC** – will contact her council contacts to see if there can be anything done to the land surrounding the premises
2. **MN** – Newsletter, acute/ on-going condition when personal reason to see the GP in morning surgery to be implemented; reasons for the appointments with who to be put on the website and on a poster

**Date of next meeting to be confirmed
(Tentative date 12th July)**