

Patient Participation Group Meeting 22nd March 2016

Attended by:

<u>Patient Participation Group</u>	<u>For the Practice</u>	<u>Guests</u>
Ann Davis	Andy Potter - Practice Manager	
Morag Kitt	Hamish Duncan – Practice GP	
Tony Hounsell		
Jenny Hounsell	<u>Apologies from PPG Members</u>	
Wendy Jordan		
Pauline Edwards	Val Gilbey	
Liz Rhodes	Ruth Saunders	
Colin Farlow (Chair)	Colin Stiff	
	Carol Reece	

(1) Agree minutes of the last meeting and any matters arising

The minutes were agreed.

Health Promotion TV for the Broadclyst Surgery

AP had raised this with the GPs. The cost was in the region of £1,000 and GPs had agreed they would be prepared to match fund 50:50. The question was asked whether Clyst Caring Friends might wish to make a donation. AP was not sure whether they had any funds available for this purpose, but undertook to ask the question at the next CCF Management Committee Meeting.

The question was asked whether any Broadclyst TV installation could offer content more relevant to Broadclyst. AP advised that, in all probability, it would run in tandem with the Pinhoe setup. Maintaining and updating these systems was time-consuming and to individualise them in the manner suggested was unrealistic.

(2) Patient Survey

At the last meeting the question had been asked as to whether a screen-based version of the survey were available. AP advised that our survey provider had provided a sample, but that it would probably take longer to complete than the pencil & paper version !

The question was also asked if any foreign language or large print options were available and AP undertook to find out. Also noted that that, to help patients finish a part-completed survey at home, we could provide some pre-paid envelopes.

The point was made that whilst someone's first language might well be English, there existed a range of actual language skills. It was perfectly in order for a PPG facilitator to help a patient with the completion of the survey, explaining questions and so forth.

To assist Patient Participation Group members helping with the survey, AP undertook to provide NHS badges and a good supply of pens.

The survey provided the opportunity to ask question(s) of our choosing and the following was agreed:

“Are there any medical or health topics you’d like to know more about”

AP would see this question was incorporated in the form.

Note by Andy Potter - Practice Manager

Since the meeting took place I have looked at the language issue. Out of our 11,000 patients we have a ‘first-language’ recorded for 2,650. Of this total some 65 state this as not being English. The top three are Dutch(18), Polish(11) and French(5). The remaining 16 languages recorded, have 2 speakers each on average. These results compare with the national GP Survey results for the surgery where 97% self-describe as White British (incl Irish) a further 2% as White-Other and with no other identifiable ethnic group achieving 1%. I did make enquiries with the company that provides/analyses our in-house surveys. They do not have any foreign language versions. They report they have had enquiries in the past but that, with one exception, these have not turned into actual orders. The one exception is Welsh. Based on these finding I feel there is little to be gained by pursuing this issue.

The in-house survey had been planned for the end of March. At the meeting we had considered early-April, but shortly afterwards the GP Partners had in fact decided to postpone this until September. An email explaining this had been sent to attendees and the text of this is repeated below for the benefit of all Patient Participation Group members.

“I have been discussing the Survey with the GPs and we have decided to postpone the exercise until September, for a number of reasons:

- With just 8 Patient Participation Group members at the last meeting I am doubtful that we could marshal enough support to effectively service/facilitate a process that has typically taken 2/3 weeks to complete, across two sites.*
- With very high levels of demand due to late flu-like illness, we are experiencing unexpected issues with appointment availability. This has been exacerbated by some unforeseen reduction in GP availability. Results on ‘access’ questions, such as waiting times for appointments, are then likely to be rather unrepresentative.*
- With Dr Kate Home-Smith on maternity leave until June, we would not be able to provide her with a personalised survey outcome for the purposes of her appraisal/revalidation process.*

It is regrettable that this was to be the Patient Participation Group’s first concrete action, but for the reasons given above I feel we can do a much better job later in the year. I will use the opportunity when circulating the minutes next week, to seek early commitment from members to offer some time during weeks commencing 5th and 12th September to assist in the survey.”

(3) Report back from Exeter Locality Patient Participation Group Meeting

Colin Farlow distributed some notes of the last meeting of the Locality Group and these are embedded below:



Attendance at the group had fallen and participation was encouraged. The Group was the only body providing an 'Exeter' focussed view and was valued by the NEW Devon CCG as part of their public engagement strategy. The next meeting was scheduled for 18th May in Exminster. This clashed with our next date, although AP reported that he also could no longer attend on the 18th. With this in mind and to encourage attendance at the Locality Group, it was agreed to put our meeting back by a week to Wednesday 25th May. The Locality Group was seeking alternative venues in Exeter and AP noted that we would be happy to oblige.

(4) National Association of Patient Participation Group (NAPP)

As agreed at the last meeting, AP had signed up the Practice for membership of the NAPP. CF took away the Welcome Pack for closer examination. AP distributed a leaflet from the NAPP and directed members to much more material on their website at www.napp.org.uk.

(5) Any Other Business

Broadclyst Dispensary

It was noted that the status of the Dispensary at Broadclyst sometime caused confusion. So, for example, a Pinhoe resident could not fill a prescription issued after they had seen a GP at Broadclyst, whilst a Broadclyst resident could do so. AP explained that Dispensing Practices are only allowed to both prescribe and dispense medicines to certain patients. The history behind this was that Community Pharmacies (Chemists) were often not financially viable in rural areas, which is why some GPs are allowed to dispense medicines themselves. The system is however very tightly controlled and we can only dispense to patients who live more than 1 mile/1.6km (as the crow flies) away from a Community Pharmacy. Other rules mean that we cannot sell any over-the-counter medication, such as paracetamol . AP noted this was detailed in the Practice Leaflet but it was agreed a poster explaining this at the Dispensary hatch itself would be useful and informative. AP to action.

(6) Date of the Next Meeting

As agreed above, this would now be Wednesday 25th May, starting at 6PM.

AP thanked everyone for their attendance and the meeting closed.