**Constable Country Medical Practice**

**Patient Participation Group**

**Minutes of meeting held 19.02.18 5 – 7 pm**

**Present:** Kathy Pollard (KP) (Chair), Frank Wells (FW), Liz Digby (LD) (minute taker), Richard Cavanagh (RC), Jan Cheng (JC), Andrew Ravasio (AR), Kirsty Nichols (KN), Nancy Cohn (NC), Peter Wright (PW), Pete Keeble (PK), Casey Francis (CF), Dr C Tetteh (CT)

1. **Apologies:** Gill Jones (Healthwatch)
2. **Declaration of Interest:** None.
3. **Minutes of meeting 15.01.18 and ongoing issues.** The minutes of the last meeting were accepted as an accurate record. There were several on going issues arising from these minutes:
4. **Patient satisfaction research project** – PK was happy with the draft proposal that had been sent through and was happy for the research to proceed. The project would be led by a Senior Lecturer at UEA. One or two students would work on it and it would form part of their dissertations which were to be submitted by October 2019. UEA would meet all funding costs. The research method would be qualitative interviews of randomly selected patients. It was agreed that the PPG had helped to facilitate this research, but the practice would now liaise with UEA.

PK suggested that due to the length of time it would take for this piece of research to be completed that the practice would still like to go ahead with their own patient satisfaction survey. As this was to be in questionnaire format, it was felt it would not undermine the results of the UEA research.

**Action: PK and CF to liaise with UEA and plan own satisfaction questionnaire.**

1. **Training issues** – AR asked about feedback from recent communication training that took place in January. PK stated that on the whole the practice were happy with how it went, although it wasn’t exactly what they expected. It was a good start. AR was present on the day and said the training was broad based and not entirely of the format most trainers would use, ie there was no role play. Lengthy discussions took place around how training days could be better. PPG suggestedthat better use of expertise on PPG (AR) in initial planning of training would have helped focus training on the main area of concern – doctor/patient consultation. KN asked about in house communication and whether regular meetings including members of all areas within the practice took place. PK said the practice do try to get together occasionally, but there is always talking taking place “freely” between all members of the practice.
2. **Public talks** – the subgroup (JC, MH, RC) had met 3 times and agreed that there should be 2 talks a year – April and September. The first one should be on childhood issues. Possible venue being Capel St Mary primary school in the evening during the week. Jan Cavanagh (play therapist) and Ben Jackson (Onelife Suffolk) had been approached and offered two talks – the importance of play and on weight management issues. It was hoped that the Practice would provide a third talk on childhood illnesses, but so far they had not responded to the PPG with a suggestion of who could do this talk, which was disappointing.

JC suggested that following on from Dr Victoria’s request for the PPG’s help with trying to improve patients’ perception of the practice, this would be an excellent opportunity to do this. Dr Tetteh agreed. It was thought a Health Visitor and/or Practice Pharmacist could also be involved.

**Action: Sub-group to liaise with Dr Tetteh**

1. Refurbishment of Capel Surgery  **-** PK told the meeting that work was beginning on 5th March and should be finished at the end of March. During this time, only one consultation room will be in use. Refurbishment includes all clinical rooms and automation of the front doors. This will mean the front door will be out of action for at least one day and patients will access the surgery via the rear doors. KN asked if the PPG could help the practice with directing patients on this day and PK thought this would be very useful.

**Action: PK to let KP know when PPG is needed to help.**

1. Transport – FW reported that transport scheme will restart in March. All but 2 volunteers had been DBS screened now. The practice were unsure if the scheme in East Bergholt was up and running again and whether all their volunteers had been screened. KP suggested that it would be useful for a notice to put up in Capel surgery at the time of the refurbishment to let patients know that transport would be available to EB surgery during this time, as there will be a reduction in appointments available in Capel during March.

**Action: PK/CF to find out whether EB scheme is up and running and whether all volunteers have been DBS screened.**

 **PK/CF to put poster up in Capel surgery.**

1. Potential additional members to PPG – FW had not had any contact from the potential applicant, even after her correct email address had been used. It was assumed she was now not interested. KP had been contacted by a patient who had recently retired and moved into the area. She has been sent an application form and once completed would attend an interview. She seems very keen.

**Action: NC and AR to interview**

1. Practice website and communication noticeboards – NC was keen to get the noticeboards finished in EB so that we could make a start in Capel. KP is able to laminate the photoboard – RC photo to be forwarded to her. The website still needs some work. KP brought up the subject of a practice newsletter.

**Action: NC/CF – to complete noticeboards in EB**

 **KP – to laminate photoboard and display**

 **KP/PK – to discuss the possibility of a practice newsletter**

1. Pharmacy – The PPG had received some complaints that certain routine drug items had not been available at the Capel pharmacy, and patients had to return to the pharmacy, sometimes more than once, to collect them. This was felt to be unacceptable for routine drugs. Dr Tetteh said that when drugs were discontinued this could cause a problem, but it was decided one of the drugs in question had not been discontinued.

JC had been contacted by a patient who was unable to collect her asthma medication as she required a medication review/annual review first. She had not been contacted by the practice by letter about this, so was potentially without her medication for a while. PK said that medication review dates are on prescription slips. However, it was agreed that not all patients read these, and that a reminder about this could be put in parish magazines with the monthly report from the practice.

**Action: PK to put reminder into parish magazine reports.**

1. **Update from Practice Manager** – The practice had appointed one HCA – Lauren, who is working 2 and a half days a week replacing Christina. They are still short on receptionists, but are interviewing and hopefully will be appointing two people. Update on Capel refurbishment had been given earlier.
2. **PPG network meeting** – attended by KP and FW in February. KP noted the Holbrook PPG had approached the Holbrook Academy and pupils are compiling a questionnaire for the practice focusing on young people. Perhaps this is something we could consider? Network meetings are designed to be collaborative and idea sharing for PPG’s and the practices within the locality networks will also be working more closely together. Next meeting is the 27th March – KP and FW to attend.
3. Item 6 on agenda was discussed with 3h earlier in meeting.
4. **Hospital merger** – KP attended the drop in session but was disappointed with the detail given. She distributed leaflets about the merger between Ipswich & Colchester Hospitals that were given out at the meeting, but these lacked content, although did have various links that members could follow for more information. The merger is set to happen in July 2018.
5. **Comment cards** – NC had 2 comments cards from EB which were very positive, especially about the nurses at the practice. PK asked for a copy of this comment card to be passed on to them. KP had picked up several emails from the PPG email address, and brought along some outstanding ones that had not been dealt with by the practice. One email asked if a text message could be sent to patients if an appointment needed to be cancelled at short notice (usually if a doctor was taken ill). This patient had travelled back from London for an appointment, but a message to cancel appointment had been left on landline and not received until they were home. CF said that a message would be left on the preferred number that had been given to the practice by the patient and kept on their file. PK agreed that if the landline was not answered, then a text message could be sent.

**Action: PK to inform reception staff to send text messages**

 **PK to respond to the outstanding email queries received by KP**

1. **Any other business**
2. JC had noticed in Ipswich Hospital speech bubbles on walls that were “you said” “we did” comments and suggested this may be a good idea for the practice to implement as it would send an overall message to patients that the practice was listening and actioning concerns. NC suggested the EB surgery could have one regarding the reintroduction of toys in the waiting room.
3. Several patients (1500 residents in total) had received a letter from Microtechnology, who were setting up a hearing service within the EB practice. FW had brought along a letter which had patient’s personal details on and the practice address at the bottom of the letter. Patients were asking where the company had obtained their addresses. PK had contacted the company about this. Microtechnology had bought this information from a private mailing source, and PK emphasised that the personal information of patients was confidential and that Microtechnology had no access to the information held at the practice. Several private services are run from the practice, and the practice address is on their appointment letters and cards. However, it was considered in this instance, the letter was misleading and had caused some distress to patients, and the source of information should be made clear in subsequent letters.

**Action: FW to reassure patient who had contacted him**

 **PK to ensure source of personal information is made clear in subsequent letters**

1. Record sharing – This had been raised at the recent Network meeting – KP had asked how many patients at the CCMP had signed up for this and was told 30% so far. PK said last year’s flu jab day figures, where a form was given to patients to sign up to record sharing, had not been calculated yet, so this percentage was likely to be higher. It was agreed that record sharing was useful, and indeed could be life saving and we need to look at more ways to encourage patients to sign up. Perhaps more information given to patients in the parish magazines would be helpful.

**Action: PK to put information about record sharing and how you can sign up in parish magazines.**

1. **- Date of next meeting – 19th March 2018, 5 – 7 pm**