**Constable Country Medical Practice**

**Patient Participation Group**

**Minutes of Meeting held on Monday 31st July**

Present: Andrew Ravasio (AR) Chair, Lyn Matthews (LM), Nancy Cohn (NC), Mike Huard (MH), Liz Nalet (LN), Kirsty Nicholls (KN), Pete Keeble (PK), Jack Ingram (JI), Dr Tettah , Dr Victoria, Dr Parekh

1. **Apologies**

Jan Cheng

1. **Minutes of last Meeting**

Comments Boxes

These are now in place in Capel.

It was requested that a card holder be put in place underneath the box.

AOB

JI said the toilet seat was fine.

1. **NAPP**

NC asked NAPP about their experience of virtual meetings.

One PPG does a monthly newsletter which is sent out by the practice to about 600 patients. They run on-line surveys (using Survey Monkey) and the results go out in newsletters.

Another has quarterly Zoom meetings which include a presentation by an outside expert. (Topics have included dementia, diabetes, sepsis, MH etc). This gets a good number of participants.

One has meetings which are combined virtual and physical. The practice has a video conference set up. Committee members have seats at the table and others can join if there is space.

Discussions were held about different ways of communicating with patients and different ways of attracting more members to the PPG.

AR said he liked the idea of a Zoom type meeting where a doctor perhaps could give a presentation. But it was thought that Zoom would be too hard for older patients to use. PK thought it would be hard to get clinicians to do presentations.

LM thought it should be more targeted.

NC suggested using patients’ emails but PK said the practice didn’t usually ask for email addresses. He also wouldn’t want to use text messages to communicate general information to patients as text messages were specifically for medical information.

Discussions were held about whether a code could be put on a patient record to show their interest in the PPG.

PK liked the idea of a newsletter which could also be used to attract more members to the PPG.

Everyone agreed that the idea of a virtual meeting was a good idea where the main members of the PPG and the practice would meet, but all patients of the Practice would also be invited virtually. The agenda would need to be carefully worked out. The first meeting could be about what the PPG does and could also include Practice updates.

The Practice could advertise the meeting on the website, on Facebook and in the parish magazines. PK to look into the possibility of sending out the information about the meeting by text message. It was proposed by KN that the first meeting be put forward as a trial so we could see how it worked.

It was agreed to finalised the details at the next meeting in September with the idea of having the virtual meeting in November.

1. **Letter to the Practice**

Dr Victoria said she agreed with a lot of what we said in our letter and agreed that the relationship between the Practice and the PPG could be improved.

Dr Tettah agreed as well and said she thought the purpose of the PPG should be to help the Practice find out more about their patients. She thought it would be especially helpful to work out how they could engage with young people.

JI had some ideas about what the PPG could do to help the Practice:

Help out with flu vaccination days.

Help out with fund raising for the hospice.

Help out with getting third party information out to patients.

Set up coffee mornings/afternoon teas to help lonely patients at the Practice.

PK agreed as well and said the work of the PPG could be very helpful to the Practice as the staff were all so busy.

KN mentioned that in the past an information pack had been given out to new patients. This could include information about third party agencies. Is this something the PPG could help with?

AR thanked the Practice for all their ideas and suggested it would be helpful if the Practice could identify where the PPG could help in the future without being prompted by the PPG to do so.

1. **Practice Updates**

More trainees are joining the Practice so there will be seven in total. Rooms are being used upstairs to help accommodate them all.

There is a new patient arrival system that will operate over two floors.

There is also a new waiting area which will have new chairs. New signage will also be installed.

PK said that with the arrival of the new trainees more patients can be offered appointments. The trainees usually stay for one and a half to two years.

A new nurse is joining next month, a healthcare assistant has started and a nurse practitioner has come back.

1. **CCMP Strategy for increasing local population**

Concern has been voiced about the new houses being built in East Bergholt. There are 80 houses being built next door to the Practice and 155 nearby. This means there is a potential of one thousand new patients in the next 3 years.

PK reported that the Practice currently had 10,555 patients up from 10,250 in 2018.

1. **Virtual PPG Update**

See notes under NAPP

1. **Patient Feedback Surveys**

The Practice would like more feedback from patients.

It was agreed that Instant Polls work as long as the question is well defined. It was suggested that this could be done at the virtual meeting.

It has been difficult in the past to get patients to complete surveys. The Practice asked if it was possible for members of the PPG to do half days in the waiting room to persuade patients to fill in the surveys and collate the responses.

It was also suggested that the flu vaccination clinic days would be a good time to do this.

JI to let us have the dates of the vaccination days. **Action JI**

1. **Emergency First Aid**

A day has been set for the First Aid Course.

Posters to be designed and put up at the Practice.

The PPG email can be used to register patients for the course.

**Action LM/KN**

1. **Comments Boxes**

A comment was received saying that the call back service doesn’t work for everyone.

Dr Victoria said that patients can request a call back at a defined time.

It was felt that this was not a well-known fact, and that receptionists didn’t usually tell patients that they can request a specific time.

GP Plus is another option where you can get a set time for a face-to-face appointment.

**11. AOB**

There was a question about a problem with an urgent referral, but this had nothing to do with the Practice and was an issue for Ipswich hospital.

**12.** **Date of Next Meeting**

Monday September 25th.