

**Minutes of the Patient Participation Group Meeting  
Held on Monday 9<sup>th</sup> October 2017**

**Present:**

<b>Name</b>	<b>Position</b>
Maureen Flanagan (MF)	Chair
Howard Marshall (HM)	Secretary
Anne Potter (AP)	Vice Chair
Janet Biddlecombe (JB)	Member
Eileen Lewis (EL)	Member
Chris Worrall (CW)	Member
Eddie Bedford (EB)	Member
Dr Paul Danaher (PD)	Practice Senior Partner

**Apologies:**

<b>Name</b>	<b>Position</b>
Veronica Williams (VW)	Member
Joanne Jablonski (JJ)	Member
Betty Jablonski (BJ)	Member
Jacqueline Smith (JS)	Member
Dinesh Vadgama (DV)	Assistant Practice Manager
Adam Williams	Cancer Research UK

No.	ITEM	ACTION
<b>1.0</b>	<p><b>Meeting Opening</b></p> <p>Maureen Flanagan (MF) opened and chaired the meeting and welcomed our new member, Eddie Bedford.</p> <p>Guest speaker, Adam Williams of Cancer Research UK didn't attend due to him forgetting to put the event into his diary and sent his apologies via PD. PD will see if he is available for our January meeting.</p> <p>Post meeting note: PD has confirmed Adam Williams is available for January meeting.</p>	
<b>2.0</b>	<p><b>Minutes of Meeting Held Monday 14<sup>th</sup> July 2017</b></p> <p>The minutes were accepted as a true and accurate record.</p>	
<b>3.0</b>	<p><b>Matters Arising from 14<sup>th</sup> July 2017 Meeting:</b></p>	
<b>3.1</b>	<p><b>System One On-line Workshops:</b></p> <p>HM reported that this went well with 3 representatives from AgeUK providing the training. A total of 10 patients turned up. There were 3 DNAs (did not attend) in the morning and 2 cancelled in the afternoon.</p> <p>AgeUK said we have learnt from these two sessions, that future sessions can be delivered in one hour. It was suggested, should</p>	DV, PD, HM

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	the Practice be agreeable, to advertise other sessions and run them like a clinic, with a set of dates spread over several months. AgeUK can then pop in as required. Should a session have no bookings, then it can be cancelled.	
3.2	<b>Poster re Keeping Children Under Control</b> - It was noted that these have not been reprinted – DV was going to print them in a more vivid colour so they stood out.	DV
3.3	<b>Seating in Waiting Room</b> - PD asked what the PPG thought to the two new 'Perching Chairs'. VW, (not present) had previously communicated that she liked them.	Closed
3.4	<b>PPG Meeting with Practice</b> - PD apologised for the confusion over dates saying that he had forgot that the September PLT (Practice Learning Time) was an external meeting. It was agreed that the PPG would attend the 18 <sup>th</sup> October PLT.	ALL
4.0	<b>Practice Update:</b>	
4.1	<b>Practice Staff</b> – PD said that they are still looking for a nurse to replace Jenny who left a few months ago. In the meantime they are taking on Locums but looking at a longer term roll.	PD/DV
4.2	<p><b>Patient Signposting</b> - MF asked how this was going, PD replied saying very well. Following a question from a member, PD said that Signposting is currently only used for GP appointments. MF said that a bigger poster promoting signposting is needed, i.e. A3. PD said that when the new telephone system is operational, a message will be played giving a brief explanation of 'Signposting'; however, the message will not be played on subsequent calls.</p> <p>Post meeting note: During the PPG meeting with the Practice during their PLT 18<sup>th</sup> October, Dr. George Leather showed the meeting the proposed new poster which would be blown up to A3.</p>	PD/DV
4.3	<b>PPG Newsletter Availability</b> – MF/HM said that these never seem to be available when ever they visit the practice. PD said he would ask Wendy to print some. MF/HM said that a holder is required to display them.	PD/DV
5.0	<p><b>Patient Experience Survey</b></p> <p>MF said the group met with DV 18/09/17 and agreed upon the 10 questions for the 2017 Survey. DV to E-mail HM with actual wording for approval prior to putting on the Practice web site.</p> <p>Post meeting note: The survey is now live on the Practice Web Site.</p>	DV/HM/MF

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6.0	<p><b>Did Not Attends (DNAs)</b></p> <p>HM said he had hoped DV would have been present at the meeting to discuss this further. He went on to explain that the Leicester PPG Forum were very interested in this and a member had offered to enter Practice DNAs figures onto a spreadsheet to enable each Practice/PPG to monitor any changes, in particular to help monitor trends &amp; improvements following any new methods initiated by the Practice to reduce DNAs. HM said he would E-mail PD with further details.</p>	HM
7.0	<p><b>Leicester PPG Forum Reports:</b></p> <p>Several members of the Forum had asked members to take the following questions back to their respective PPGs; HM said he would take the answers back to the next Forum meeting:</p> <p><b>Note:</b> The Leicester PPG Forum meets once a month at the Merlyn Vaz Health Centre, usually the last Thursday of each month; however this date can change to avoid clashing with other related activities and or meetings.</p>	HM
7.1	<p><b>Why do Migrants not attend health screenings?</b> - It was assumed this was referring to patients. PD said that most do attend, maybe those that don't have had their screenings in their home country.</p>	
7.2	<p><b>Why is there a larger number of 'Falls' admissions in Leicester?</b> - No real answer was given. PD said that the city had a younger population than the county and that most falls occur in the home.</p>	
7.3	<p><b>Is your practice carer friendly?</b> - Most defiantly Yes.</p>	
7.4	<p><b>Anticoagulation Service, how is this working at GP practices?</b> - PD said this is working very well. The clinics are run by HCAs (Health Care Assistants) and the session is computer software led.</p>	
8.0	<p><b>Any Other Business:</b></p>	
8.1	<p><b>HNNs (Health Needs Neighbourhoods)</b> – HM asked if the Practice knew about the existence of HNNs and that they had been allocated a lump of money to be distributed to GP Practices and or PPGs as each district wished. PD said yes they knew of their existence and the Practice and a few other practices had been allocated a sum on money to help fund promotion and training for patient signposting. He went on to say the money had been given to the HNNs by the CCG (Clinical Commissioning Group).</p>	

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8.2	<p><b>GP Prescribing</b> - MF enquired why prescriptions sometimes differed from what hospital consultants had prescribed. PD replied saying, the Practice is required to adhere to a formulary that is in place across Leicester, Leicestershire and Rutland for both primary and secondary care. From time to time as new information becomes available, medicines on the formulary change. This can be for safety reasons or for cost savings for the NHS.</p> <p>All formulary changes are agreed with clinicians in primary and secondary care.</p>	
8.3	<p><b>ESCR (Enhanced Summary Care Record)</b> - HM said that following a discussion with James, CCG at the UHL's (University Hospitals Leicester) Public Event and AGM, James E-mailed a Consent Form and associated Patient Information Leaflet, which gives the patient consent to have enhanced medical related information placed on their 'electronic' Summary Care Record. HM acknowledged that this had only recently been rolled out; however, he had handed a completed form to a receptionist who had never seen one before, although did say she would hand it over to Wendy. The ESCR needs to be promoted within the Practice – an item for the next Newsletter!</p> <p>Post meeting note: PPG members assisting with the Patient Satisfaction Survey will hand out consent forms and the associated patient information leaflet.</p>	DV, MF, HM
8.4	<p><b>AgeUK Loneliness Prescription Service</b> - Following on from the AgeUK System One on-line training, HM had been contacted by Yasmin Shaikh, Loneliness Prescription Co-ordinator, AgeUK. Yasmin had subsequently visited HM to discuss the service and to hand over a set of A5 flyers, which HM handed out during the meeting. HM left the remainder of the flyers on the reception counter.</p>	
8.5	<p><b>Newsletter – ideas for the Autumn issue</b> - 'End of Life Care' was already one item to be included. Details of the ESCR (see minute 8.3) will also be included. MF asked members to provide input.</p>	ALL
8.6	<p><b>PPG Social Event</b> – MF to ring all members for their views on possible venue and time.</p>	MF
8.7	<p><b>Calling the Practice</b> - EB said that when calling the Practice, the first question he had been asked was his D.O.B, HM also said he had experienced this too. This is not professional, the patients name should be the first question asked.</p>	DV, PD

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<b>No.</b>	<b>ITEM</b>	<b>ACTION</b>
8.8	<p><b>PPG Focus:</b> At close of the meeting MF, advised the group that DV had suggested to her that the PPG should focus more on one or two topics rather than the broader view it now takes. She advised that following this conversation she had reflected on the discussion and was willing to step down as chair if it was felt that she was steering the group in the wrong direction. She added that she felt the focus had been around the patient survey and the appointments / telephone system, which is one of the main concerns of patients in the Practice.</p> <p>All present advised that they were comfortable with the 'group's' current focus.</p>	
9.0	<b>Date of the Next Meeting and Meeting Closure:</b>	
9.1	<b>Next meeting</b> - Friday 19 <sup>th</sup> January at 13:30 at Groby Road MC.	
9.2	<b>Meeting Closure</b> - The meeting closed 20:15.	