

**PATIENT PARTICIPATION GROUP MEETING MINUTES  
WEDNESDAY 26 NOVEMBER 2014**

In attendance-

**Penny's Hill Practice staff-**

Maria Kay (Practice Manager), Jacqui Balston (Data Manager and Assistant Practice Manager), Lynette Bouchex (Operations Manager and Assistant to the Practice Manager), Sister Sue Morse (Senior Sister & Treatment Room Manager), Dr Geoff Hamp (GP partner).

**PPG Members-**

Marilyn Adcock, Denys Byron, Sarah Byron, Graham Hustings, Jennifer Jenkins, Michael Martin, Ken Orman, David Rogers, Douglas Scott, Edouard Sefton, Steven Walker, John Wilcox, Lynn Wilson, Sally Parkinson, David Parkinson, Steve Jones, Alan Wakeford, Brian Newton, Mary Newton, Tom Wilson, Celia Bell, Geoff Voisey, Heather Barnsley.

**Agenda**

1. Welcome
2. Actions arising
3. Summary Care record
4. Hearing
5. Information films
6. PPG priorities
7. Any other business
8. Date of next meeting

1. Maria Kay welcomed the group and thanked them for coming out on this dark, wet night. Agendas were circulated and a copy could also be seen on the overhead screen. The panel was introduced belatedly.

2. Actions arising from the previous meeting-

- More information had been requested regarding dates when our flu clinics were being held and the best time to telephone for an appointment. The Practice felt it had met this action as we have tried to advertise more, and dates have been added to prescriptions. This was **AGREED**.
- Telephones- some improvements have been made but extensions still ring for a long time. Peach telecom (who supplied and maintain our telephone system) could put a message on the phone to say that the secretary is away from her desk, or we could arrange a call divert so that the call could be picked up by another secretary? An engineer would have to come in to make these adjustments and the charge for this would be approx. £600 + VAT. The PPG were asked if they thought this was a good use of funds and would it be worth it? A vote was taken and it was decided that this was too expensive a cost. It was commented that it would be ideal to move to a digital telephone system, but this was too expensive to consider at this point in time.
- Friends and family survey- The PPG were informed that the short survey is now on our web-site. There is one main question, with 5 options. We have the option of funding from the CCG for an iPad to go in the waiting room for patients to complete the survey after each visit. Some people were concerned that it would 'walk', and it was agreed that it needed to be locked down. Others thought that there might not be time to complete it, but the PPG were informed that the intention was that patients would complete the survey AFTER their consultation. It was commented that it would be slightly easier to analyse the information if

the information was entered electronically. The PPG **AGREED** that it was a good idea to have the iPad. Maria Kay reiterated that the survey was important as it proved we are trying to engage with our patients in as many ways as possible. It was noted that the intention was for house bound patients to receive information about the survey through the post.

### 3. Summary care record-

We have now gone 'live' for patient data which is uploaded to the NHS 'Spine'. Initially it is just for core data only, for example: allergies, medications and contra indications that have been shared. This core data would be made available to hospitals and other health care professionals in case of emergency. Patients can "opt out" by completing one of the surgery's yellow forms, which are held on our Front Desk Reception. The meeting was informed that once a patient had opted out an "opt out code" is entered by the Practice onto the patient's medical record; this initiates the upload of a blank record onto the Spine for that patient, overwriting any previous uploaded data. It was noted that only a small percentage of patients have opted out to date and any previous requests to opt out (when it was discussed a few years ago) have been entered into the relevant patients' records. If any patients have any concerns then these should be discussed with the Practice Manager.

### 4. Hearing at meetings-

We are aware that some people cannot always hear what is being said at our meetings. We have obtained a microphone, but were unable to connect it for this evenings meeting. Hopefully it will be up and running for the next meeting.

### 5. Information films-

Dr Hamp showed 3 films, which were proposed for showing in the waiting room via the television screen in the form of a presentation. The first film was from the British Heart foundation TV advert showing basic life support (for which we had received permission), the second film was a stroke video (F.A.S.T) about spotting someone showing the early signs of a stroke and acting quickly to seek medical advice; and the third film showed the adverse side of smoking and was graphic in places. The meeting was informed that the films will be on a loop, playing every 30-40 minutes. The PPG were asked to view the films and consider (after viewing) if they felt the films were suitable for viewing by **all** our patients or if they were likely to cause offence? The videos were reviewed and comments were made that children could be upset, but most people thought it was no worse than what people (including children) can see on TV. The PPG **AGREED** the films could be shown for a trial period of 2 months. It was noted, that as with the current presentations, there would be no sound.

### 6. PPG priorities-

**Pathway:** The pathway outside was discussed again. We have been unable to proceed as we are still awaiting an Orchid House decision. It was suggested that a sub committee was formed with representatives from next door to discuss matters with them.

- Before the pharmacy was built, there was a slope and this was replaced with steps making it difficult for disabled access.
- This had been ongoing for 2 years with no resolution.
- Planning for steps was approved, but it has not been assessed by a disabled society.
- Access is difficult and the PPG felt that something does needed to be done.
- There are utilities under the steps in a concrete bunker, so it is a difficult area to work on to improve access
- A cycle type path which had been suggested by Penny's Hill Practice was deemed too dangerous by Orchid House (the neighbouring surgery).

- A decision was needed - one way or the other.

It was suggested that maybe the Health and Safety Executive should come and assess it? Rowlands Pharmacy is owned by a limited company, which included partners from this practice and the practice next door. Maria Kay will speak, to the Practice Manager next door and try and reach a plan. It's not the best time to approach the CCG for funding as there are a lot of other changes going on in the NHS at the moment.

**Door to Waiting Room:** The door way in the waiting room was too expensive, so ideas have been put hold for the time being.

**Seating in Waiting Room:** The seating in the waiting room has been recovered and everyone seemed very pleased with the result, it had caused minor inconvenience with less seating available during the refurbishment.

**Phlebotomy:** Phlebotomy is still on the radar, we are hoping for some changes in April next year. We do feel this is Ferndown issue and perhaps an alternative location could be found for this, with appropriate funding? Christchurch phlebotomy waiting times are better than Bournemouth, especially if patients go at lunch time. We have had quite a lot of patients who have been rude and aggressive to our reception staff since the rationalization of phlebotomy appointments. We are steadily increasing the amount of tests that are being done due to demanding patients and pressure to give in to these people and let them come here, which is sometimes inappropriate. One patient had complained to their MP. The meeting was informed that a practice representative attends CCG (Clinical Commissioning Group) locality meetings regularly and phlebotomy is raised as an ongoing issue. INR's testing does cause a problem as the tests sometimes have to be done urgently and at short notice, but for routine INR's we expect able bodied patients to go to the local hospitals.

#### **AOB**

One person commented on how well run the flu clinics were this year. Thank you to all staff members who participated.

Details were given about the Memory Clinic.

Someone questioned why the meeting had moved to 6.30pm? The reason was because staff found it easier to get back half an hour later. Some people enquired about the NHS meeting at the Barrington Centre in Ferndown. We were unaware of this and thought it could be to do with the Dorset wide Clinic Services Review?

Dr Richards wanted the PPG to be made aware that we will now be a dementia friendly practice. She would welcome suggestions on how we could make location of EXITS more obvious. The suggestions that were considered were lines painted on the floors, arrows and different colour toilet seats in patient toilet areas as people with dementia find colours easy to relate to. It was **AGREED** we would trial a coloured toilet seat.

#### **Date of next meeting-**

Wednesday 4 February 2015 at 6.30pm.

Thank you for attending.