

Appletree Patient Participation Group (PPG)

Minutes of the 7th Meeting, 27th July 2011

Attendees: David Greatorex, John Beavis, Frank Hodgkinson, Philip Mucklow, Martin Thorne, John Rowlands, Theo Portlock, Margaret Raw, Jenny Humphreys, W Stuart Holmes, Elena Whinfrey, Rosemary Donovan, Wendy Palmer, Maxine Cheesbrough, Dawn Payne, Lianne Burke, Suzannah Macken, Dr Mark Browne, John Meggitt.

Apologies: John Raw, Ann Martin, Di Hancock

1. Position of chair and vice-chair

Since Wayne Lenton has stepped down as chairman of the Group for personal reasons, David Greatorex has agreed to step up from his role as Vice Chairman and Martin Thorne has offered his services as Vice Chairman. These appointments were endorsed by all present.

2. Report from treasurer (Philip Mucklow)

Philip has been investigating the possibility of a suitable (bank) account for Appletree PPG and indicated that his research shows the PPG may need to be registered as a charity. He will investigate this further as so far the Nationwide will not provide a suitable account; a building society in Belper will be investigated next.

3. Networking developments – interviews held at the Weston Centre with women 65y+

- i. Margaret Raw and Elena Whinfrey led the discussion with responses from Dr Browne, starting with an explanation that it is now standard practice for GPs to include the patient in every stage of decision making regarding treatment, and this seems to be well received by patients of the practice.
- ii. This age group would like to see information passed on via notices in the Chemists, Weston Centre and Duffield Scene publication, not by electronic means or that of mobile phones.
- iii. The issue of patients wanting to know which doctor they are registered with has implications for continuity and quality of care, e.g. regarding communication when patients are admitted to and discharged from hospital. The practice would like to address this, ideally with input from patients, but the process is certainly not trivial with nearly 11,000 patients and several doctors with differing working weeks. However Dr Browne believes he is not alone amongst the partners in wishing to work towards a 'personal' list as opposed to a practice list, so that with the exception of acute medical situations where there is an urgent need to see any doctor on duty, a patient would be granted an appointment with their registered doctor, which is optimal for the management of chronic conditions and helps build a good doctor-patient relationship. When members of the PPG asked Dr Browne and Lianne Burke (IT manager for Appletree) for a date when this re-allocation of patients might be achieved, they suggested September 2012 might be a date to aim for given that the practice has to

incorporate a new computer system before then. Little Eaton as a branch surgery will provide an additional challenge in this regard.

- iv. Discussions revealed that some patients are not aware that it is possible to book twenty minute appointments (as opposed to the usual ten), although this is advertised in the surgery, on the website and in the newsletter, therefore it was suggested that a larger notice displaying this information could be displayed in the waiting area and on the rolling display screen. The PPG was reminded that use of the computerised booking-in system is entirely optional and that a member of reception staff is visually present at all times to offer help. The friendliness of reception staff and consistency of training was discussed.
- v. Dr Browne showed PPG members the forms that have been introduced for patients to take to reception following their appointment to ensure that a follow-up appointment can be made with the appropriate doctor at the agreed time. This was welcomed by those present.
- vi. Some elderly people have concerns about the process for gaining an appointment with a doctor out of hours which also led to discussions about the telephone queuing system and its cost from some phone operators, the PPG was informed that there is a long-term tie-in on this system with considerable financial penalty for early release but there is the intention to improve on this at the first opportunity. Concerns over particular delays when phoning at 8AM were raised by some PPG members, with the triage system perceived to help in some cases.
- vii. There was a suggestion to run the course 'Living with Long Term Conditions' from Appletree as it was reportedly of immense help to one lady in the community and was highly recommended. It is run by trained tutors who are themselves living with the conditions and is part of Derbyshire County Health Promotion Service. Dr Browne and Lianne Burke were very interested in this proposal; similar courses have shown their worth in improving for example glucose control in diabetics. Thus PPG members were encouraged to pursue this.
- viii. It was felt that the same interview process with other age groups would be of benefit in gaining views and suggestions for Appletree from the wider community. The question sheets (to facilitate interview) were handed out to a couple more members of the PPG to potentially lead to discussion of further responses at the next meeting. Target groups include Ecclesbourne sixth formers and parents of school age children.

4. Electronic communication – developments

- i. Martin Thorne drew attention to the web pages for PPG use on the Appletree website <http://www.appletreemmedical.co.uk/ppg.aspx>. Whilst it is appreciated that the outreach of this form of communication is somewhat limited amongst people not so familiar with or interested in using the internet, it is nonetheless a useful opportunity with the potential to reach a lot of people. The practice staff have offered technical assistance in uploading the PPG material. Martin stressed the need to create

interactive, live, regularly refreshed content. It was suggested that posting the results of the networking interviews and the corresponding responses of the GPs or other practice staff will represent dynamic content, as would giving the public the opportunity to comment on the practice and related issues in this space. However there is still the need to nominate someone (or several people) with the responsibility of dealing with any comments, with practice agreement and guidance. This led to the point that people will initially need to be made aware of the website and the PPG area before any content will be accessed by people and commented on.

- ii. A suggestion that Appletree 'literature' could have reference to the PPG led to the suggestion that the quarterly newsletter produced by Appletree could contain a regular column from a PPG member reporting on aspects of the meetings and related activities. Wendy Palmer volunteered to take responsibility for this, coordinating with the minute taker to extract relevant points, and pass to Lianne Burke for publishing. The next newsletter is due out in October/November.
- iii. PPG members also suggested helping to distribute the Appletree newsletter.
- iv. PPG members are asked to pass ideas to Martin Thorne on content for the PPG internet pages e.g. links to information on the Living with Long Term Conditions Programme.

5. Autumn Flu clinics - how PPG can help

- i. The dates for the flu clinics are: Saturday 8th October 2011 8.00am – 11.00am – Duffield Surgery; Wednesday 19th October 2011 8.00am – 12 noon – Little Eaton Surgery; Saturday 5th November 2011 8.00am – 11.00am – Duffield Surgery.
- ii. There are approximately 3000 patients invited to participate in the flu clinics over a very limited time period therefore some volunteer help is needed. For example (1) facilitating car parking and traffic flow, wearing high visibility clothing. (2) Providing lifts to patients who may struggle to arrive independently. The implications of this need to be investigated from an insurance point of view, input from PPG members is needed to borrow ideas from similar voluntary car schemes in the region. (3) Welcoming patients and directing them to the appropriate rooms. (4) Checking on well-being of patients for 5 minutes or so after the immunisation. (5) Using the opportunity to make patients aware of the PPG and its role and means of communication. This might inform future plans to have PPG members present in the Appletree waiting area.

6. Other Business

- i. A query on the new computer system (for 1 year to 18 months time from now) revealed that it is broadening to manage appointments as well as medicines and that it will be possible to book some appointments online as well as ordering repeat prescriptions electronically (the latter which can already be done).
- ii. A suggestion was made to display photographs of practice staff with their names and roles, however some caution is required with this to protect staff confidentiality, but it is being given serious consideration.

7. Specific actions arising.

- i. Further interviews with members of the Appletree community using the questionnaire/interview already used by MR and EW.
- ii. Thoughts and volunteers invited for help running the flu clinics; ideas on the lifts scheme.
- iii. Further pursue the Living with Long Term Conditions Programme.
- iv. Ideas to Martin Thorne for developing the PPG area of the Appletree website.
- v. Next PPG meeting is Wednesday 31st August, 7PM, Appletree Medical Practice waiting area.
- vi. Some items from the agenda were postponed for discussion at the next meeting due to a shortage of time – (1) PPG presence in waiting areas; (2) Patient survey – design.