**Slaidburn PPG meeting held on Thursday 28 November 2019 at 7.30pm in Slaidburn Surgery**

Present:

Dr Amy Bonner

Mike Fairbairn

Kim Shutes

Malcolm Herbert

Lynda Stephenson

Mary Beattie

Zoe Elms

Vicki Wood

John Ashworth

Apologies:

Tracey Ankers

Bob Staples

Cath Curry

Heather Harrison

Neil Webster

Paul Elms

Mel Shutes

Jackie Howard

Liz Scott

Val Sharpe

1. Welcome, introductions and apologies

Dr Bonner welcomed those present and apologies were read out. Apologies were accepted as above. Those in attendance introduced themselves.

1. Minutes and matters arising

Minutes of the last meeting were appended to the next meeting for ratification due to a long agenda and lack of time.

1. Update on practice progress
	1. Appointment system

Dr Bonner explained that she had rescheduled the appointments system in order to be more efficient; sessions have been reduced from ten to seven but still offering the same number of appointments.

A discussion followed about how patients should be advised of this change.

**ACTION** – Vicki to update the Facebook page with the new appointment times.

**ACTION** – Heather to organise flyers with the new details to be posted in local shops and pubs.

* 1. Quality indicators for the practice (prescribing, QOF etc)

Dr Bonner explained that the surgery is ranked very highly for a number of measures in East Lancashire and this will be maintained. The surgery nurse (Cath Webster) is going to train in cardio-vascular disease management which will assist Dr Bonner greatly.

* 1. Liaison with CCG

There are to be monthly contract review meetings between the CCG and Dr Bonner in order to monitor the budget. Mike pointed out that there was a comment made at the AGM about indicators of stability.

**ACTION –** Dr Bonner to follow up and find out what the indicators are.

* 1. Administrative staffing (HR support regarding casual staff)

Dr Bonner explained that due to current staffing levels, there is high pressure on admin staff if one is absent for any reason. The practice is considering taking on an apprentice and has been fortunate to be able to take a member of staff from the Clitheroe practice to assist as and when required. A contract needs to be sorted out for this member of staff.

**ACTION** – Kim to speak to Charlotte Grover about implementing this for the practice.

* 1. Introduction of iPlato

iPlato can talk to the patients via the myGP app when downloaded on to a mobile phone. It is possible to book appointments online and send out messages via the app; this has the potential to reduce admin costs considerably. It was pointed out that this is totally dependent on patients having access to smartphones and being able to use them. It is not known at this stage how many patients will be able to use this system. The system is still in the development stage.

* 1. Students and apprenticeships

Covered under item 3(d).

* 1. Challenges: preparing for CQC, dispensary

The surgery is likely to have a CQC inspection and Dr Bonner is planning for this. In order to have some patient feedback for the inspection, Mike suggested some PPG representation in the surgery to speak to patients to ensure that their needs are being met particularly those ‘hard to reach’ issues. In addition, young patient representation on the PPG would be advantageous.

**ACTION** – PPG members to approach any young patients to ask if they would be interested in joining the PPG (also see item 4b).

Regarding the dispensary, on change of contract, the surgery is not at the moment able to dispense ‘scheduled drugs’. This gap in service is currently being managed by the drugs being dispensed through the Clitheroe surgery who send the prescriptions to Slaidburn for collection by the very small number of patients affected. The application for the dispensary is in hand.

1. Role of PPG going forward
	1. Introduce the PPG Information and Support Pack

Dr Bonner presented the PPG Information and Support pack; this will be circulated with the notes.

* 1. Are we engaging with any under-represented or seldom heard groups?

A discussion followed about engaging under-represented and seldom heard groups. It was agreed to put an appeal on Facebook to patients.

**ACTION** – Vicki to put out a message on Facebook.

Linda suggested setting up a regular session on Wednesday afternoons, when there is no surgery, for patients with mental health issues or loneliness issues to attend and meet with like-minded patients.

**ACTION** - Dr Bonner to contact the mental health outreach worker to discuss the viability of an informed meeting or sessions at the surgery.

* 1. Collecting and review of patient feedback

The surgery already collects feedback from the ‘friends and family’ facility offered by NHS. We also do a MORI poll and the surgery is currently showing an above average positive feedback.

**ACTION** – agenda item for the next meeting in order that the PPG group have the opportunity to understand and plan for negative feedback.

Concerns were raised about how we could work to improve the current service if there are no negative feedback reported.

* 1. What are the priorities for improvement from the patient’s perspective? For example, would the practice population benefit from access to other services at the practice?

PPG reported no negative verbal feedback known to them in the community.

Dr Bonner reported that she is introducing innovative ways of fulfilling patient expectation and has recently introduced a telephone triage service which is being well received.

* 1. Schedule/frequency of meetings

Dr Bonner is keen to have public meetings from time to time in order to solicit feedback and to give her the opportunity to hear personally any issues.

It was unanimously agreed to hold quarterly PPG meetings.

Dr Bonner explained that the current website needed updating and that this was in hand with the existing provider.

**ACTION** – Mike to set next set of meetings up in order to try and get good attendance.

Dr Bonner said that she is planning to develop lifestyle briefing sessions and introduced Malcolm to give his ‘Lived Experience’.

Malcolm spoke about the bowel cancer test he received whilst working as an Estate Manager on the Isle of Skye. He received his test pack at the same time as three of his colleagues. After a couple of weeks, he did the test and sent it off, he was recalled for a further test and then called to hospital for a procedure. Malcolm admitted to some bad lifestyle choices regarding his food and alcohol intake but was otherwise very fit due to the amount of walking that his job entailed. The surgery removed a small piece of cancerous tissue and some years later he had a further piece removed. He is now clear of the bowel cancer that killed two of his friends that didn’t return their test pack.

The moral of this ‘lived experience’ is that, caught early enough, bowel cancer is totally curable!

A suggestion was made to ensure that ‘lived experience’ stories are sent out in the Tosside News, The Villager magazine and Parish Magazines. The Villager due to go out in Feb/March is to be targeted with a story.

A discussion ensued about how we can get this message out further and it was suggested that information should be made available at the proposed public meetings in the future.

Bowel testing kits in UK are sent out to the 60-74 age group but you can get one by calling 0800 707-6060.

The public meeting was suggested to be held in the spring.

* 1. Producing a PPG action plan

Appended to the next meeting.

* 1. Should we produce a handout for prospective patients?

John Ashworth presented a suggested patient information leaflet which was well received and will be discussed at the next meeting.