

Notes and actions of PPG meeting at Clift Surgery Thursday 28 March 2019 at 18.30

Attendees

Dr Roisin Ward (RW), David Gent (DG) Chair, Claire Berry (CB), Keith Osborne (KO), Antonia Dewhurst (AD), Mike Davis (MD), Angela Kerswell (AK), David Canham (DC), Nick Hutton (NH)

1. Apologies for absence

Juliet Crawley

2. Minutes of the previous meeting on 7 February 2019

Approved.

3. Matters arising from 7 February meeting

- RW would continue to submit clinical articles to local magazines. She invited PPG suggestions and contributions. **Action RW and All.** [DC note not for minutes. I have looked at the last 3 monthly Bramley magazines and the last quarterly Sherfield & Bramley Community Ad magazine. I've found no Clift Surgery articles so either articles are not being submitted by RW, or the editor Rachel has not chosen to include them – which is her decision of course. Shall we raise this with Roisin and Claire?]
- Walking sub-group had decided to change the time of the Clift Surgery Wednesday Walks from 1.00 pm to 6.30 pm. To come into effect Wednesday 3 April, i.e. after clocks go back.
 - It was noted that only 5 patients had attended the weekly walks since they began 5 months ago. It was understood that surgery staff did encourage patients to join the walks but agreed that more efforts were needed. PPG offered to provide small cards which could be distributed to patients by doctors, nurses, and at the dispensary. Surgery staff would update the website to reflect the change in time and would also discuss surgery staff participation on the walks at next practice meeting. **Action KO and CB.**
- AD had removed prices from paintings displayed at the surgery.
- Surgery staff had reviewed and tidied the You Said We Did notice board. It was agreed that including a doctor's diary had been helpful, but it was difficult to read because of the small print, so would need to be replaced by a larger print version. **Action CB.**
- The action on dispensary communication would be carried forward. DG noted the recent helpfulness of a member of the dispensary staff. **Action DG and CB.**
- The PPG discussed the Appointments system again. Key points:
 - Pressures on doctors meant it was no longer practical for patients to request to see the same doctor for every attendance.
 - However where specific **ongoing** problems and treatments had been identified for a specific patient, all attempts would be made for those problems to be followed up by a single doctor to maintain continuity of treatment.
 - It was agreed that surgery staff, supported by the PPG, should continue to explore all avenues for better communication of the appointments system (see also later in the minutes). **Action All.** For example:
 - Consider what information on the surgery and appointments could be made available to residents in the new local housing developments – in possible conjunction with information on the parish council. **Action KO and CB.**
 - NH offered to 'translate' the appointments system as understood by the surgery to a document to be made available to patients. **Action RW and NH.**
 - Explain the opportunities and benefits of Clift Surgery linking with its partner practices in the Whitewater / Loddon Primary Care cluster. **Action RW and CB.**
- Above discussion led to further discussion on Surgery Communications. For example:

- NH had produced a Future of General Practices leaflet to be used in future communications required to help patients understand the changes and opportunities offered by the new GP contract and new funding for areas such as social prescribing. **Action NH.**
- CB was intending to promote the Living with Diabetes day on 1 May. **Action CB.**
- Promotion of the PPG role and function, e.g. by personal PPG reps talking to patients in the waiting room. PPG would need appropriate badges to reassure patients. **Action CB and AD.**

4. Matters Raised by Patients or lay PPG members

- a). Surgery telephone and video systems. KO suggested that the telephone system Option 5 could be used to provide more information to patients and that a 'call-back' facility might be helpful. PPG also noted that the surgery TV did not appear to always be on, and that its content could be expanded or reviewed. Surgery staff to review. **Action CB.**
- b). PPG members details. Members should supply KO with information they would consent to share on the Surgery website and noticeboards. Action **lay PPG members.**
- c). Surgery newsletter. NH presented a paper on his proposals to develop a short but regular newsletter on the model of the Tadley newsletter. This was approved by the PPG with the deadline of completing by the date of the next meeting. **Action NH and CB.**
- d). Recipes. AD had added tasty and healthy recipes to noticeboards which RW had noticed patients appreciating.
- e). Patient Transport. KO noted local voluntary groups who could help patients who needed to be driven to the Surgery or other medical appointments. He asked if these could be better advertised at the Surgery and agreed to provide details. **Action KO and CB.**
- f). Car Park and External approach to the Surgery. The PPG agreed that the current one exit / entrance was hazardous. NW advised that he could approach professionally qualified colleagues who could support the PPG on a pro-bono basis to liaise with Hants Highways and others. This was agreed with thanks. In addition KO would raise with the parish council. **Action NH and KO.** DG identified several areas such as the Surgery sign and external lighting which needing improving and making safer. Surgery would review these points. Action **DG and CB.**

5. Matters Raised by the Practice

- a). New GP contracts. (Also discussed previously at item 3). RW took the PPG through recent and ongoing developments such as: the creation of Primary Care Networks which would enable Clift Surgery to work better across local and similar rural practices; community health staff such as physios working at surgeries; funding for social prescribing; targets for online access to appointments. These had been welcomed by Surgery staff and PPG though some aspects would be challenging to implement.
- b). GDPR / SARS requests and online access. CB described recent developments intended to make it easier for patients to directly access their online record and to share this record according to their wishes. These were welcomed by PPG.

6. CCG/PPG membership

This had been discussed earlier at the meeting. DG and NH would continue to attend CCG meetings as practical.

7. Age Concern Hampshire and Old Age / Frailty issues

DC outlined his meeting with the Frailty Nurse and her support worker, and with a Clift Surgery group to discuss frail patients. He thanked RW for facilitating these contacts and noted that he awaited to hear about patients who he and Age Concern Hants might be able to support – ideally intervening by providing patients with advice and information to them continue to live independently.

8. NAPP membership

DG picked out key items from recent NAPP newsletter, namely the annual conference and the PPG awareness week from 10 to 15 June. MD would pass information about the conference to Surgery staff who would consider practical and funding issues re PPG attendance. **Action MD and CB.** The PPG agreed we should promote ourselves as part of PPG awareness week and asked AK, DC and MD to form a sub-group to produce proposals for achieving this. **Action AK, DC, MD.**

9. Best Practice from other PPGs

In addition to using the Tadley newsletter as a model, DG and NH would meet their counterparts from the new Whitewater & Loddon Primary Care cluster. **Action DG and NH.**

10. Patient Surveys

NH noted that survey questionnaires were not always being distributed as required, while DG noted that he had observed dispensary staff distributing questionnaires. Surgery agreed to continue the survey for April. **Action CB.**

11. Future meetings

DG proposed the next main meeting should be on 6 June at 6.30 pm with an additional one item interim meeting on 9 May at 6.30 pm to discuss plans for PPG awareness week.