

Broomleys Surgery

Patient Participation Group meeting

Minutes

Date: Tuesday 20th June 2017

Time: 6:00 – 7:00

Venue: Waiting Room

Attendees: Gordon Smith;

For the Practice: Becki Sharpe; Pauline Beall; Dr S Scrivens; Nurse Practitioner K Smith

Apologies: Frances Johnson, Colin Statham, Catherine Leeland-McLaurin, Anthony Brooks; Dr S Rahman

Item	Item	Action	Owner
1.	Welcome and Introduction Becki welcomed everyone to the first PPG meeting and thanked everyone in attendance for taking the time to come along and join in. An explanation about what the PPG is all about and what the surgery hopes to gain in the future. It was suggested that there are various ways in which we can work within the community through community held events such as health promotions and local fates. Also that we are an inclusive group and anyone who is a registered patient can join up and attend the meetings.	Information	BS (5 mins)
2.	What is PPG all about Becki explained that the PPG is a forum in which patients can give their ideas/suggestions on various topics and that they feel could be improved on or expanded. Also it was discussed that it's about working together in partnership with patients to ensure that their views are heard and that we hope in future the PPG group will be patient lead and any suggestions are taken on board and if it's something we can implement or help with we will. Mr Smith commented that he was extremely happy with the service the surgery has provide to himself and his family over the years and looks forward to using the PPG to help give something back.	Information	BS (10 mins)
3.	Input from Clinicians Karen Smith Karen talked about her role within the practice as the Nurse Practitioner and that her role is more managerial but still holds clinics when necessary and supports the doctors clinically as well as supporting the admin team. It was explained that there are 4 cohorts of patients that are directly under her management and that the surgery are working to be one step ahead in making sure patients receive the best care and directed to where they need to be	Information	(15 mins)

	<p>rather than struggling at the last minute. Karen also talked about that the majority of acute prescriptions go through to her and that we do our best to uphold the 48hours turnaround for a prescription – however this is not always possible due to the amount of daily requests.</p> <p>It was also mentioned by KS that we are looking to hold more services / clinics in house providing the patients with access to more services without having to travel too far. Mr Smith mentioned that when he needed more batteries for his hearing aids we went out of our way to help him get in touch with the right people and gave him a contact number and within 2 days his issue was sorted and stated that the service given by the reception team was brilliant.</p> <p>Stuart Scrivens</p> <p>Dr Scrivens commented on that we are looking to be smarter with the service we provide as a doctor's time is scarce and by providing a telephone triage service to patients helps the DRs to make sure the patients get seen by the correct people as soon as it is needed. KS also commented by stating that as Nurse Practitioner, she can also triage calls and patients to the correct clinician and or service needed allowing the GPs to concentrate on patient interaction and duties only GPs can authorise/complete and making sure that the majority of admin duties are carried out by our in house admin team supported by herself. By doing this it frees up more of the doctors time allowing them to have more patient contact.</p> <p>Dr Scrivens and KS touched upon the fact that we have various teams in place such as Secretary and Medicine Management so not all queries require GP attention – by providing this service queries can be dealt with much quicker. Dr Scrivens mentioned about our electronic services such as EPS making it easier and more efficient for patients, as well as online access.</p>		(5 mins)
4.	<p>Patient Question Time – an opportunity for patients to raise any questions to the practice team</p> <p>Mr Smith commented on the practice and that he feels this is a good opportunity to give something back to the community. He commented that he is very active in the church and likes the idea of being able to offer a befriending service to patients / church members enabling company and support to those who need it. Mr Smith also mentioned that church members are also patients at this surgery, Becki then offered to have a handful of leaflets and comment slips for him to collect to help get the word out and Mr Smith agreed and was happy to partake in this and hand them out to people he may come into contact with via his church connections. BS asked that if he has any suggestions for the agenda for the next meeting to let Becki know in advance to that the agenda can be issued prior to the next meeting. Compliment slips will also be given to Mr Smith allowing any other members who wish to join to put forward their ideas to be discussed next time – advised to just drop them back to the surgery FAO Becki.</p>	Discussion	(15 mins)

	<p>Mr Smith also commented on an article that he had read in the Daily Mail regarding GP Practices employing not fully trained GPs as a cost cutting measure and directed the questions to Dr Scrivens. Dr Scrivens then answered by stating that trainee Drs can do sessions within primary care practices – whether it be alongside other GPs or running clinics independently, both situations with adequate supervision. Although Dr Scrivens did confirm that this would be a cost cutting exercise as the NHS doesn't have the resources and doctor's time is scarce, it wouldn't impact on the care services being provided. Pauline Beall commented on this stating that she had in fact read the same article and informed the group that it wasn't in fact as it is researched by herself, however PB did mention that in the future if possible would like the surgery to become a training practice allowing trainee GPs to learn on hand within a primary care facility.</p>		
5.	<p>Looking to the Future Pauline discussed her vision for the surgery by keeping in mind and practice traditional values of a doctor's surge, but maintaining excellent customer service and expanding where she can. In the last 12 months since PB became practice manager she has worked hard with all of the team to establish new processes in which the patients benefit and enable the surgery to run smoothly. PB explained that we have put together a directory of other services on offer within the local community so that patients upon request can be given some information to help inform/support them with the issues they may have. We are looking into providing more leaflets and information which can be viewed and taken away by the patients – the Surgery is in the process of creating and designing advice leaflets for the surgery to provide patients with much needed information on various topics and services available to them. Every interaction counts and it has the ripple effect, word of mouth is very effective as well as publicising and advertising our group through the surgery.</p>	Information	PB (10 mins)
6.	<p>Date and Time of next Meeting To be confirmed for early August 2017 and patients will be contacted in due course.</p> <p>Next meeting to be held on Monday 14th August 2017 at 18:00</p>	Information	(5 mins)