**Minutes of Bingley Medical Practice**

**Patients Participation Group**

**Monday 12th January 2015**

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| **Agenda Item** | **Minutes** | **Outcome/Action** |
| **Apologies and Welcome** | **Present**  Kathleen Naylor (Chair) Ian Hodgson, Pam Vinnicombe, John Menmuir, Jill Wadsworth, Jean Gallagher, Dania Lesley, Lynn Asquith, Shelagh Mudd, Madeleine O’Beirne, David Rowlinson, David Child, Dr Karen Greenhorn, Carey Dowson, Ann Howarth.  **Apologies**  Bridget Pitcairn, John Barrans, Alistair Coy, Pam James, Linda Barlow |  |
| **Minutes of Last Meeting** | Minutes of meeting 10h November 2014 were approved.  Dania Leslie has resigned as the Minutes Secretary due to other commitments, but wishes to remain on the Group. Kathleen thanked her on behalf of the Group.  Jill has agreed to take the minutes of meetings and Madeleine will proofread any letters that need to be sent. However, both would feel happier if someone would take on the complete role. This is to be brought up at the next meeting.  . | **All** |
| **Matters Arising**  **(not covered by items on the agenda)** | * **Ballot box** - Purchased. * **Telephone** - A telephone queueing system with messages is being looked at and hopefully being installed soon. * **Name Badges** - Name badges are being worn by all Reception staff. * **Antibacterial hand wash** - Installed by the touch screens. Dr Greenhorn highlighted that they are not as effective as washing hands properly. So, patients should be encouraged to use bathroom facilities. * **Use of Wi-Fi** in the waiting rooms is not possible due to risks to confidential material. * **Guest Speakers** – Ian Hodgson will be our first guest speaker at our next meeting speaking about HIV. Then others to speak at following meetings. A sub-committee has been formed to make a list of speakers on different subjects.   . | **Carey**  **Kathleen** |
| **Patients Comments and Suggestions**  You asked......we did | 1. Kathleen asked if we could have a poster in the waiting room with the GPs’ photographs and a brief description of their specialities. Carey pointed out that this information is on the Practice website, in the new patient’s booklets and packs if ‘old’ patients want this information a booklet will be available at reception. 2. Feedback from a diabetic patient requesting early morning or late evening appointments due to working long hours. The Practice already has early morning and late evening appointments available on Mondays. The issue is how we communicate this to patients.   Carey has given the PPG a challenge to investigate how communication between the Practice and patients can be improved.  A sub-committee of Madeleine, Shelagh, Ian and Jill are to look into this and report back at the next meeting – this covers item 9 on the agenda | **Sub-Group** |
| **Practice Report** | **NHS** – Carey is sure we have all seen on the news and read reports about the extreme pressure the whole of the NHS is undergoing due to the sheer volume of patients. Our Practice is affected just like every other Practice in Bradford (and the UK)  This is a very difficult subject to discuss and anecdotally across the CCG patch approx 1/3 of patients attending appointments don’t need to be seen. These are patients who could be dealt with by self care at home or dealt with by a pharmacist or by a telephone appointment. How to communicate this to patients is a problem.  VitruCare is running a self care programme whereby patients are being asked to monitor their own blood pressure. This information has been trialled with approximately 100 patients (all been written to). Unfortunately this programme has run into teething problems and is not effectively working at the moment. It is a trial and we need to look at how we could improve and learn for future schemes.  Carey has suggested that the sub-committee looking into communications with patients should also look to how at ways we can get patients to take more responsibility for their health.  **Drs Jennings and Robson’s retirement** – Both will be retiring at the end of January. The PPG would like to send a card wishing them both well in their retirement and thanking them for their hard work and dedication to the Practice.  The Practice is in the process of appointing long term replacements with one GP due in March and another GP in May. In the meantime the Practice will be using locums to ensure we have adequate cover for appointments.  **Prescriptions** – Pharmacy-run prescription service is causing problems for some patients. Dr Greenhorn said that when GPs are requested to change prescriptions they do so; however, patients need to take responsibility for checking their medication given by the pharmacy. If it is not right, bring it to the pharmacy’s attention.  Pharmacies should not be handing out medication that is no longer needed – if this is the case, would patients kindly advise the surgery or contact Carey directly  **Staff Training** – All reception staff are to attend customer care courses beginning this January. |  |
| **Working with other Locality PPG’s – Self care at the Bingley Show** | **Bingley Show** – The PPG stand has been confirmed at the Bingley Show on 25th July 2015. We, along with Springfield, Oakglen and Wilsden, will be staffing the marquee, and Carey has requested that volunteers from the PPG help distribute leaflets about self care. Anyone who could give their support, contact Kathleen.  The Practice Mangers have a meeting in January to draft the Self Care leaflet for distribution at the show. | **All** |
| **Practice Survey** | A draft copy has been circulated and most of the committee feel it is too long and too wordy. This survey, if it is to be a useful comparison against last year’s survey, must be carried out before the next meeting.  Need to consider how we get a representative demographic response and also how we approach specific groups such as new mothers etc.  Need volunteers to approach patients in the waiting room and ask patients to fill out questionnaire.  An email-based sub-committee – Kathleen, Shelagh and Madeleine – will look into the survey and report back. | **Sub – Group** |
| **Terms of Reference** | The Terms of Reference have not been approved yet and so an AGM in March is unlikely to happen. Therefore, it was suggested that everyone could bring back comments or suggestions at the next meeting. Once discussed and approved, a date can be set. | **All** |
| **Phlebotomy Blood results** | Unfortunately Gabrielle, who was to report on this subject, was taken ill and was unable to attend. Therefore Dr Greenhorn, Carey and Ann explained.   * Text messaging the results to the patients seems to be working well for those patients who have mobile phones. * Patients can also receive their results at a follow up appointment with the GP. * When the results come back to the surgery a GP will look at them and decide on the appropriate course of action e.g., this could be a telephone conversation with the GP * If patients haven’t heard about their results then they should contact the surgery and not assume that no news is good news. |  |
| **Any Other Business** | Pam asked if we had a ‘Deaf Loop’ fitted to reception. Carey reported that he’d spoken with the Maintenance engineers and it was installed during the building construction (a legal requirement). There was concern that it might not be functioning.  Carey to investigate and report back  Jean also suggested partially sighted people may need help finding their way around the surgery and requested that this could be brought to the attention of reception.  It was reported that a patient had ‘dropped in’ at the clinic feeling unwell and was turned away as there was no duty Doctor available. Dr Greenhorn, Carey and Ann were very disturbed to hear this and would like to investigate this more fully and if necessary raise it as a significant event.  Ann explained the process that there is always a duty Doctor available and if necessary (as a matter of course) GPs have been brought out of surgery to deal with such incidents.  All requests to see the Doctor are taken seriously.  Ann asked if the patient could contact her directly to explore the matter and report back. | **Carey**  **Ann** |
| **Date of Next Meeting : Monday 9th March 2015 at 6.30pm**  **Planned Schedule for 2015/16 – All Mondays**  **9th March 2015**  **11th May 2015**  **13th July 2015**  **14thSeptember2015**  **9th November 2015**  **11th January 2016**  **14th March 2016** | | |

**BINGLEY MEDICAL PRACTICE**

**PATIENTS FORUM**

**AIMS AND OBJECTIVES**

**AIMS**

The Bingley Medical Practice Patients Forum is a group of patients who together try to make a positive contribution to the services offered to all patients by the Practice. It will help the Practice to develop a partnership with patients to discover what a range of patients think about services and to establish their priorities.

**OBJECTIVES**

The Objectives are:

* to provide a patient perspective to inform the running and future of the Practice & contribute to Practice decision making
* to form a two-way communication bridge between patients and the Practice
* to highlight any services that could be improved
* to proactively seek new members for the group
* to develop and support a “Virtual Patients Forum group”

**SCOPE**

The scope of the Forum is limited to clinical and other services offered by Bingley Medical Practice to patients of that Practice. Other clinical services not under the control of the Practice are outside the scope of this group.

**METHOD**

The “day to day” guidelines

* The group is not a forum for individual complaints & single issues
* We advocate open & honest communication & challenge between individuals
* We will respect each other
* Silence indicates agreement – speak up, but always go through the Chair
* No phones or over talking
* We will start on time & stick to the Agenda
* We will have an elected Chairperson & Secretary & meetings will be held regularly