**Minutes of Bingley Medical Practice**

**Patients Participation Group**

**Monday 9th March 2015**

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| **Agenda Item** | **Minutes** | **Outcome/Action** |
| **Apologies and Attendance Sheet** | **Present** Kathie Naylor (Chair),Lynn Asquith, Dania Leslie, Michael Francis, Shelagh Mudd (Minutes), John Menmuir, Ian Hodgson, Jill Wadsworth, Madeleine O’Beirne, Pam James, Alistair Coy, Norma Bartle, Carey Dowson**Apologies** Jean Gallagher, Dr Bridget Pitcairn, Ann Howarth, Pam Vinnicombe, Carole Copping, John Barrans, David Childs, Dave Rowlinson,Linda – resigned due to ill health. |  |
| **Minutes of Last Meeting** | Minutes of meeting 12th January 2015 were approved. |  |
| **Matters Arising****(not covered by items on the agenda)** | Kathie informed the group that Shelagh had agreed to take over as secretary.Lynn – regarding the pharmacy, she is still getting medication she no longer requires. Chair – we all have a responsibility to check our own medications. Carey – re-stated the position outlined in previous minutes, that if pharmacy is handing out medicine unnecessarily patients should advise surgery or contact Carey directly.Retirement – flowers were purchased on behalf of PPG, for the recent retirement of Dr Jennings and Dr Robson. Kathie suggested a float for small gifts. Some on the committee preferred to send their own gifts as appropriate. Others felt that as attendance is voluntary there should not be an obligation to such a float. Carey suggested that the cost of flowers could be reimbursed by the practice.Telephone queuing system – large project that will take a few months to implement Patient Group Training (25th March/15th April and 8th/22nd April) – Kathie, Madeleine and Shelagh have booked to go on it. Lynn suggested we should report back following.Confirm the induction loop is in operation as per emails outside of meeting  |  |

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| **Patients Comments and Suggestions**You asked......we did | From the suggestions box - one comment received regarding ‘sharp manner’ at reception – this was passed to CareyAll the reception and back office staff have been on a district wide (CCG) sponsored training event (may have seen the article on ‘Look North’ recently) The emphasis was on Customer Care and empathy. Feedback from the team was very positive. Prescriptions – the online system was stated to be not user friendly. Carey – the e-mail system is checked daily, just identified a problem with the occasional email dropping into the spam folder – now also being checked. The PPG acting as ‘mystery shopper’ is useful for checking the system. The online system can also fail due to user error.Patients requesting their prescriptions are synchronised so they only visit the surgery or pharmacy once a month.Carey - patients need to initiate the request with exact (or minimum numbers) required when requesting via the surgery or reception. Madeleine suggested that a fact sheet about prescriptions might be helpful. She has offered to draft one. Kathie – would like to understand the speed that other Practices process prescriptions on the same day. Michael (GP) – some could be done quicker, but better to guarantee two days for everyone. Checks are needed for clinical reasons.  | **Madeleine** |
| **Practice Report** | **Telephone queuing** – additional discussionJill (1) – how do you know how many are trying to get through? Carey - data only shows how many calls we handle, as we don’t know how calls are at the BT exchange waiting to be dropped into our systemJill (2) – undertook some research on Monday morning stating she constantly rang and it took 107 attempts to get into our system then 5 minutes before the phone was answered. Carey – the Practice has12 lines with 4 members of staff answering the phone, 2 lines for GPs ringing out, triage GP must be able to ring out, fax, emergency line and prescription line. Shelagh pointed out that the survey may answer the question of peak times for patient calls.Madeleine – we need to encourage patients to book online. Carey agreed but added that we also need to cater for people who don’t use e-mail. **CQC Inspection** – cancelled due to long term sickness. Carey thanked those who volunteered to talk to the inspector. Don’t know when the inspection will be. **IT failure** – Carey reported serious incident in early February, all NHS computers in Bradford, Airedale, Craven were down for 7-8 hours and the backup also failed. Staff had to revert to paper systems – did brilliantly and Pam Ford was specifically mentioned.  |  |

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| **Terms of Reference/Proposed AGM** | The Terms of Reference document is now completed. The committee accepted the version produced following sub-com meeting in Feb. Needs to be reviewed when? Annually.Kathie – Need to organise AGM for next meeting in May. Need a Chairman’s report or newsletter, to be held in reception and get as many patients as possible to attend. The Committee then elects officers. We need a short AGM followed by a normal committee meetingIan – could we promote with an educational event to encourage patients to come along. Examples could be an arthritis information session or stalls with a variety of subjects or self-care (would be good practice for Bingley show) or CVD or, diabetes,  | **Carey to provide Norma with a copy****Communications committee to look at events for AGM.**  |
| **Posters** | Lynn sent e-mail re mental health with red poster attachedKathie – can Carey print this and put it up in the waiting area. Jill had asked Carey to get posters – he’s asked CCG but has been unsuccessful, so back to the drawing board | **Carey** |
| **Practice Survey - Dates** | The survey will be sent out electronically tomorrow (10th March) to approx 500 e-mail addresses and will be available on the front desk. Carey thanked the committee for putting together the survey. Survey monkey is now set up.Kathie asked for volunteers to attend practice and ask people to complete. Need badges, clipboard - Need to schedule members to ensure adequate cover and spread for the duration of approx 2 weeks Committee members to e-mail Shelagh with availability. Kathie – access to mum and baby clinics to get survey completed? Alistair – how many written complaints? Carey – reported 15 written/verbal complaints in 2014, mainly admin bor reception based and not clinicalAlistair – we should be concentrating on increasing the number of e-mail addresses. | **Carey will supply****Carey to identify**  |
| **Sexual health & HIV - Ian** | Ian – suggested this is done as first item of next meeting, as we are running short of time. | **Ian to give talk on sexual health/HIV at next meeting.** |

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| **PPG Support – Self Care at the Bingley Show** | 25th July – joint stand with Springfield, Wilsden and Oak Glen in a 20’x20’ marquee. No clinical people on stand. About self-care. Carey confirmed leaflets, posters banner etc + badges. People who are available to be on the stall to e-mail Shelagh. | **Shelagh to collect names of volunteers and put together rota** |
| **Communication with patients – Challenge**Newsletter, leaflet, notice board etc | Kathie – not much achieved, due to terms of ref, survey – but Shelagh attended patient network meeting – to report back by e-mail. | **Shelagh to e-mail committee re Patient Network Meeting** |
| **Any Other Business** | The name of this group is confusing as it is variously referred to as forum, group etc. Suggestion that we call ourselves Patient Group consistently. Information governance means setting up virtual members is problematic. Communications group to look at virtual membership.  | **Carey to change name on website to Patient Group**. |
| **Date of Next Meeting : Monday 11th May 2015 at 6.30pm****Planned Schedule for 2015/16 – All Mondays****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