**Minutes of Bingley Medical Practice**

**Patients Participation Group**

**Monday 11th September 2017**

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| **Agenda Items** | **Minutes** | **Outcome/Action** |
| **Apologies and Welcome** | **Present:**  Jill Wadsworth (Chair), Ian Hodgson (Vice Chair) Norma Bartle, Charlotte Hamilton, Michelle Beaumont, Lisa Wade, Pam Vinnicombe, Jessica Prance, Nadia Long, Carey Dowson (Practice Manager) Ophelia Lightowler, Kathleen Naylor, Pam James, DrBridget Pitcairn (GP) Emma Oates, Akram Khan-Cheema.  **Apologies:**  Dave Rowlinson, Margaret Tetley, David Child, Jean Gallagher, Lynn Asquith. |  |
| **Minutes of Last Meeting** | Minutes of Monday 10Th July 2017 Approved |  |
| **Guest Speaker** | **David Streatfield** - his background. A degree in psychology, general nursing at Guys, he was one of the 1st nurses to work as a GP councillor, crisis intervention in the 90s. Teacher training, Kings College as a lecturer, with over 20 years of experience. Career as a trainer.  Mental health is ubiquitous and personal and carries with it a social stigma. You can be very rationally distressed without having a mental illness. Murderers tend to be known to us as / vulnerable / distressed. 70s / 80s medication came on the scene to help people through their episode but the expectations even without drugs – they will get better.  People with serious illness will have some form of mental health issue - How is the practise supporting patients with mental illness?  Society has become more complex – what was once the norm to have a secure network of support ie. extended families. Now there is often an absence of someone who loves us - Intimacy – our culture doesn’t allow us to meet people anymore. There is a human need to know that there is someone who will be kind to them. Loneliness – Online brings its own isolation.  Students beginning collage can often suffer with depression leading to suicide.  The ages of suicide & anxiety have become lower. Children below the age of 11 have been on the increase. There is a need for clinical psychologists in schools. However, Universities haven’t succeeded in meeting the number of people on the courses. This is the national trend is problematic – he says it is a privilege to sit down with people and find out how they have got where they are |  |
| **Report back from the Executive Committee** | **Defibrillator update** thanks to Kathie. For a contact re- health and safety unfortunately they were not able to help us. Local electrician quote turned down by landlord. Jill concerned that Carey is having a lot of work to fight for the defibrillator fitting. Jill feels we need a cut off date when we then go to the press and offer the defibrillator to another organisation that will site it more easily. The committee have decided Novembers meeting after which tactics will be discussed.  Carey replied we’re hitting red tape, they wanted £1,800, but we’re well on the way to getting it fitted. He explained that it was a minefield and that he had spoken to the landlord and that it will happen!  **Young persons survey** Jill has sent thanks to Wilsden for carrying out the survey.  We have 32 replies that Jill will analyse. There are 5 young persons interested in becoming members off the PPG. These have been passed to Ian to add them to the group. Carey has suggested offering the young persons group a visit to the practice to meet with Dr Andrew Jackson.   **New project** - Health Trainers - Jill has joined a group that is a service of Bradford District Care NHS Foundation Trust’s Wellbeing to help her loose weight. The only offered venues offered are in Shipley or Keighley.  She followed this up with the organiser using her PPG hat, stating that Bingley patients were loosing out. It was agreed that if she could find a room in Canalside, a group could be available for patients in Bingley. This would be a good move to answer the needs of patients raised during the Self-Help week  **Hearing Loop** another patient has complained about the system not being fit for purpose.  The patient has reported that the microphone being sited above the receptionist head and them speaking in a low voice for confidentiality reasons makes it impossible for the patient with hearing disability to hear. After the last report on this Carey got the system checked by the technician and it said to be working properly.  Carey has now said that we should have a patient present at the next test to tell them exactly what the difficulty is.  This test is to be arranged. | Jill to monitor  Executive to discuss  Jill to follow up |
| **Patient Comments and Suggestions** | 1. Praise from a patient towards a receptionist was witnessed showing great empathy and compassion to a patient.   **Response** – Carey to pass these compliments onto the staff.   1. Encouraging a healthy lifestyle - adult gym equipment outside and a measured mile for walking, jogging etc. from the practice to the town centre and back.   **Response** – PPG to write to the council to ask if this is possible.   1. Long waiting times for appointments with a specific doctor.   **Response** – the Partners are aware of this situation and are looking at ways to address the issue. The ‘Buddies’ or ‘Continuity of Care’ system should help.   1. Doctors running behind and having to wait too long.   **Response** – Dr Pitcairn said no one runs late out of choice, it is a matter of patient need and patient care, or if a patient needs to be admitted. Patients need to come with just one issue – perhaps this could be raised in the newsletter.   1. Waiting area could be more interesting. Magazines out of date and appealing to a very narrow audience Perhaps a television screen and even low piped music.   **Response** – Jill would still like to have a TV monitor in the waiting area showing NHS self-help DVD’s. Dr Pitcairn said she is concerned about who would manage the system.   1. Hearing Loop – dealt with on the agenda. 2. 3 from a patient with learning difficulties – one said why doesn’t someone help me? No one listens!   **Response** - Doctor Pitcairn stated that people should have full access to services, how to support people with disabilities. PPG to discuss this in more detail and feed back any suggestions. | Carey to take back to his staff  Letter to be sent by PPG  Executive to discuss  Executive to discuss |
| **Practice Report**  Carey Dowson | 1.The young person's survey resulted in 4 possible new members; Dr Pitcairn suggested that it would be good for them to have their own meeting.  It was discussed that the 16year olds would have different needs to the 18year olds. Carey suggested having PPG Meetings in schools – Akram said schools are very busy they have existing timetables. However, about offering our services to the subject areas, if you offer the correct subject matter it would be much better received  2. Health Champions were discussed. Jill still following this up but the meetings that have so far been arranged have had to be cancelled due to illness of the organiser.  3. GP. Access - it is in its infancy and has to be integrated into the care of patients. The executive committee are involved with this issue and will report back as soon as they feel they have something to report to the patients.  4. Flu injections– Pharmacies are telling patients that GP's wanted them to do them – patients have a choice of where they get them done – The Pharmacies get paid more than the practice and our nurses have to enter all the information of patients who have vaccinations done at pharmacies | Executive to discuss  Jill to follow up  Executive to discuss  Newsletter |
| **Report from the Network Meeting.** | 20th July 2017 Attended by Norma Bartle & Michelle Beaumont  1 Prescribing & Medication information  2 Access plans  3 Extended access  6th September 2017 Attended by Kathy Naylor & Michelle Beaumont  1Peoples Board update (Brief summary of the role of the peoples boards latest issues  2 Introduction to social prescribing (National & Regional contexts)  3 Community connector video.  4 AOB for input from network members.  5 Next steps - Evalution.  6 Extended access was briefly discussed.  Full minutes of these meetings can be obtained from Michelle Beaumont. |  |
| **A.O.B.** | New GP Details to be placed in the newsletter at the end of October.  Ian asked if Jessica could write about her time spent in the back office for 'A day in the life of a receptionist.  Could we offer patients a clipboard like they do in dentists asking them if their details are correct & up to date?  Dr Pitcairn approached the PPG. Wanting ideas for blood clinics.  Jessica felt that the youth access information was too long winded – Jill pointed out that there is a more condensed version online.  Dr Pitcairn wants people with special needs to have full access to services – Looking for ideas on how to support people with hearing loss & disabilities – Jill stated that she knew of a gentleman that could come in and discuss.  Dr Pitcairn said could we continue to flag this. | Jill to co-ordinate.  Ian to follow up |
| **Date of next meeting** | **Monday 13th November 2017** |  |