**Agenda of Bingley Medical Practice**

**Patients’ Group**

**Monday 13th July 2015**

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| **Agenda Item** | **Minutes** | **Outcome/Action** |
| **Apologies and Attendance Sheet** | See attached attendance sheet |  |
| **Minutes of Last Meeting** | The minutes of the last meeting were approved by the committee |  |
| **Matters Arising**  **(not covered by items on the agenda)** | There were no matters arising. |  |
| **Patients Comments and Suggestions**  You asked......we did | **Kathie** – only one comment was received in the comments box since the last meeting. A 47 year old lady who thinks receptionists are rude. Carey is aware as had a previous conversation with Kathie and appropriate action has been taken.  **David** – has noticed receptionists don’t always wear badges. Carey – in warm weather they sometimes forget to move badge from jacket to blouse etc., but the Patient Group should continue to mention to the individual receptionist if the badges are not visible.  **Kathie** – elderly patient (in her 90’s) independent, but is unsure what to do next as she was under the relevant Airedale consultant for sight impairment. Airedale hospital has informed her there is no need to attend further hospital appointments and have discharged her from their care. How does the Practice deal with this?  **Carey –** if the patient has a concern or wishes for further advice then please make an appointment with a GP.  **Pam** – her daughter got an insect bite over the weekend and was advised by a pharmacy to see doctor. She attended reception in person on Monday morning at 8am and the reception insisted on adding her to triage list. A call was made by a clinician and treatment provided. Pam wonders why she couldn’t have just been seen there and then.  **Carey –** it is a difficult one as we do tray and accommodate the ‘walk-ins’ as far as possible but they may have to wait in reception. Most GPs will be in surgery seeing other patients and it isn’t always possible t |  |
| **Practice Report** | **Carey** – Gabrielle Foy (Practice Nurse) will attend meeting later to talk about blood clinic.  Engineers still working on telephone system and should be resolved by mid-July.  **Jill** – the messages installed on the current system have been well received and really assist patients. |  |
| **Improvement in handling blood pressure results from self-care rooms.** | **Carey** – new system in place when blood pressure is done in self-care rooms, results are inputted directly in the records by a reception, rather than going via a GP. This allows patients to receive information directly after taking the readings in real time, such as no further action or please repeat in a few minutes etc. The intention is to improve the patient experience and ease the flow through the Practice.  Like most new systems some initial problems need to be overcome but the system is working well | **PPG to feedback any problems directly to Carey.** |
| **Promoting online communication (for booking appointments and also emails- for Practice to contact patients)** | **Carey** – Accessing appointments need to be cover a range of people’s needs. Some appointments only become available on the day from about 7.30am and ‘normal’ slots that can be booked up to 4 weeks in advance.  Some appointments look as if they’re available when they’re not, as the time has been allocated to a telephone appointment. This is due to a software problem.  **Carey** – we have a virtual Group running in parallel with the PPG main committee. The first 3 months have been poor with almost no response from the 40 or recipients. Need to continue this trial fro approx 12 months or so. | **Carey – to report back.** |
| **Production of other fact sheets (eg sexual health)** | **Ian** has submitted his presentation/ act sheet on Sexual Health and needs to undertake his presentation at some stage.  There are many fact sheets produced by the NHS and we probably need particular resources linked to local organisations.  **Carey** – there is a newsletter going out eg ‘how to make an appointment’, which doctor has which specialty etc..  **Jill** – who is the newsletter going to? The challenge is who would the PPG like it to go to? What’s the most effective way as posting can be expensive. | **Communications committee to discuss most efficient and cost-effective way of distributing the newsletter** |
| **Improving contact with young families/young people** | **Kathie** – talks to young families whenever she’s in the practice. They’d love some sort of get-together, but how do we organise it. Coffee morning upstairs? Would have to be regular to be of any use. Carey reminded us that the aim of improving contact with young families is to get them more engaged in the Patients’ Group. Kathie has put together a survey asking for their input via a virtual group.  There is a Bingley mums facebook page but we need to be careful with facebook re confidentiality.  **Jean** - Perhaps a joint effort with other practices?  Kathie pointed out that Wilsden PPG undertakes a Young Persons survey every year. | **Communications committee to research.**  **PPG to contact other practices.**  **Carey – to chase up schools survey and let Jill have them for analysis.** |
| **Suggestions for charity coffee morning** | Last year we raised £300+ for MacMillan last year and Kathie suggested we repeat it again for either MacMillan or for another charity? Coffee and cakes, tombola.  **Richard** suggested Sue Ryder (Manorlands is the care home of choice for many patients from our Practice)  **Jill** suggested a group of people is needed to work with Kathie so she doesn’t end up doing all the work. Available – Pam, Kathie, Shelagh, Jill, Madeleine(?)  **Pam** – we need to agree a date, proposed 18th September and seconded by Jill- all agreed  **David** suggested envelope on each table, for people to put donations in, sealed, then one envelope drawn from a hat to go to winner.  **Carey** – café is going to be run by HALE, who are currently waiting for their contracts to come through. The deal is that they will support any charity coffee mornings we hold– | **Carey to check with cafe** |
| **Sharing experiences of Reception with staff** | **Carey** – we would like reception staff and Patients’ Group to share experiences – possibly in September/October.  **Kathie/Shelagh** - members of Patients’ Group to sit in on practice meeting.  **Madeleine** suggested a section in newsletter – ‘a day in the life…’ |  |
| **Blood clinic - changes** | We need to make changes to the blood clinic drop-in service and we would like the PPG to be aware at an early stage and listen to their views.  **Gabrielle**  – the drop-in blood clinic has been very successful and we are a victim of our own success. The detail is still to be agreed and practice is suggesting bookable sessions Mondays and Wednesdays, and drop-ins Tuesday and Thursday.  **Carey** – not sure how they’re going to advertise it and would like PPG to think about how best to tell patients. | **Shelagh to collate any feedback and pass back to Carey.** |
| **Condolence cards – thanks and acknowledgements** | Thanks for Patients’ Group feedback. Cards are currently being printed. |  |
| **PPG Support – Self Care at the Bingley Show** | Details discussed at the recent Communications team meeting. July 25th - we’ve got tickets, leaflets, don’t forget your wellies…  **Kathie and Shelagh to be on the stand 9:00 to 12:30, Ian and Jill 12:30 to 4:00, with Madeleine covering the lunch period if available. Carey will be in attendance all day.** |  |
| **Feedback from Patient Group training (including joining NAPP, linking with other Patient Groups)** |  |  |
| **Any Other Business** | **PPG agreed** we should ‘buddy up’ or mentor Patients’ Groups.  **Shelagh** – handed round information about Airedale hospital, courtesy of David. |  |
| **Date of next meeting: Monday 14th September at 6.30pm**  **Planned Schedule for 2015/16 – all Mondays**  **9th November 2015**  **11th January 2016**  **14th March 2016** | | |

**BINGLEY MEDICAL PRACTICE**

**PATIENTS’ GROUP**

**AIMS AND OBJECTIVES**

**AIMS**

The Bingley Medical Practice Patients’ Group 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 and 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’ Group”

**SCOPE**

The scope of the Group 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 and single issues
* We advocate open and honest communication and 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 and stick to the Agenda
* We will have an elected Chairperson and Secretary and meetings will be held regularly.