

**Minutes of the PPG Meeting**

**Held on 23<sup>rd</sup> August 2012 at 12.00 noon**

<b>Present :</b>	<b>Apologies:</b>
Jane Welch JW (secretary) Dr Alex Giffen AG (Registrar GP) F H (chairman) H W H A SR DS Patients full names not listed for reasons of Data Protection	AB CH LW
<b>1. Welcome and introductions</b> – FH welcomed all attending the meeting and the group welcomed 3 new members DS, who is a retired school master, SR, who is a retired nurse and Dr Giffen, who has joined the practice for a period of 6 months as a Registrar GP. DS pointed out that having the meeting at noon mid week was a problem with regard to recruiting young, working patients to take part in the group. It was suggested that maybe Draycot Sports Club could be used as a possible venue. FH to ascertain feasibility.	
FH	
<b>2. Matters Arising</b>	
a) Chiropody for the housebound and diabetics - FH reported that Pretty Feet at Meir do domiciliary visits FH to contact for more information. Jane advised that all diabetic patients are given a full foot check by Anne, the practice nurse and any patients with complications are referred to the Podiatrists at Meir Primary Care Centre or Well Street Clinic.	
b) FH asked for the minutes of the meeting to be signed and put in the waiting rooms of both surgeries.	
JW	
c) Jane proposed that the Group be known as The Surgery Patient Participation Group (TSPPG) All present were in agreement	
d) Eye tests for the house bound – Jane to contact the PCT to obtain a list of opticians contracted to perform domiciliary visits	
JW	
<b>3. New Salaried GP, Dr Max Kalsi</b> – JW explained that Dr Kalsi had been employed since the beginning of June to replace Dr Donoghue. Dr Kalsi was working 8 sessions per week and was an experienced GP with an extensive background in Public Health. HW expressed her disappointment at the practice not employing a lady GP and Jane explained that the practice and its patients would miss having Dr Donoghue, but that there had been very good feedback from patients following the commencement of Dr Kalsi and also that the practice did have two lady GP Registrars at the moment.	

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<b>4. Accident &amp; Emergency Attendances</b> - JW spoke to the group about a piece of work the practice had been doing around accident & emergency attendances and that it had been identified that there was a need to promote other out of hours services, eg North Staffs Urgent Care, the local Walk In Centres, Minor Injuries Units and local chemists as it was identified that a significant number of A&E attendances were inappropriate and that the patients may have been dealt with more appropriately elsewhere. It was felt that the group could help in promoting these additional services and increasing patient awareness.	
<b>5. Wellbeing Service</b> – JW advised that this service offers Community Psychiatric Nurses, Counsellors, Cognitive Behavioural Therapists and Wellbeing Practitioners and was set up to see patient suffering from depression, anxiety etc. Patients can self refer or be referred by the surgery. FH stated that he had used the service and was happy with the service, but there was a 3-4 month wait for therapy.	
<b>6. PPG notice board</b> – JW suggested there should be 1 notice board dedicated to PPG issues at each surgery. It was decided that subject matter be approved by the group. DS volunteered to champion the board.	JW/DS
<b>6. Health Walk Project</b> - JW gave an overview on the Health Walk Project, where patients could attend guided health walks and also themed health walks e.g. bat walk. All agreed patients should be encouraged to walk more and that this should be included on the PPG notice board.	JW
<b>7. St Johns Ambulance Service Minibus</b> – FH advised that there was a converted minibus that could be hired and used to transport groups of people, i.e. Thursday Club, Bingo, day trips. FH was unsure of the costs and whether it came with a driver. FH to make enquiries.	FH
<b>8. Sign post for Blythe Bridge Primary Care Centre</b> – FH was unsure if planning permission was necessary. FH to make enquiries	FH

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<p><b>AOB</b> – JW discussed the DOH patient survey and advised the group on the ranking in the following areas:</p> <p>Easy of getting through on the phone – 162/186</p> <p>Helpfulness of the receptionists – 170/186</p> <p>Convenience of appointment – 174/186</p> <p>Overall experience of making an appointment – 152/186</p> <p>Overall satisfaction with opening hours – 183/186</p> <p>The group were surprised by the results as they felt that over the past few years appointment access had improved greatly. FH felt that the group should take this matter seriously and aim to build confidence with the surgery, the doctors, the staff and the patients. This item would be added to the next agenda. FH asked the group if anyone had any ideas to let FH or JW know.</p>	
<p>HA stated that she had been asked to contact the other surgery when making a request for information from a hospital letter. JW explained that there was a 24 hour delay when one surgery scanned on a document before it was accessible to the other surgery, but that this matter would shortly be resolved following the installation of Docman.</p>	DS
<p>FH brought the meeting to a close and JW thanked everyone for attending and informed the group that the date for the next meeting would be towards the end of November. The meeting closed at 1.15pm</p>	
<p><b>9. Details of next meeting</b></p>	
<p>TBC November 2012 at 12 noon at Blythe Bridge Primary Care Centre</p>	