**Minutes of PATIENT PARTICIPATION GROUP Meeting Thursday 3d March 2016**

1. The meeting opened at 1200

Present: Dennis Ford (Chair) DF, Joanna Gibson JG, Toni Goodley TG, Joyce Lee JL,

Dr. Michele Legg ML, Patrick Legg (Practice Manager) PL, Daniel Perriton DP,

Sandy Ramdany SR, and Ronnie Waterman RW.

1. Apologies from: Brenda Reeves, Elizabeth Hyatt, Alfred Murdoch
2. Minutes of previous meeting on 30th November approved without amendment
3. Ballot for the position of Chair 16/17.

In the absence of any other member(s) wishing to put themselves forward for the position,

DP suggested DF continue in the position, seconded by JL. A show of hands unanimously

voted that DF continue as Chair up to and including the first meeting in March 2017.

1. Matters arising from Minutes:

Proposed meeting times for the next 12 months. After considerable discussion the following

was agreed: a) All meetings will be from 1130 ~ 1300

b) Day of the week will alternate between Mondays and Thursdays

c) Meetings will be during the first complete weeks in March, June and

September, and the last Monday in November.

(These dates should avoid all Bank holidays and school holidays)

**Hence the next 4 meetings will be**:

Summer meeting Monday, 6th June @ 1130 ~ 1300

Autumn meeting Thursday, 8th September @ 1130 ~ 1300

Winter meeting Monday, 28th November @ 1130 ~ 1300

Spring meeting Thursday, 9th March @1130 ~ 1300 (2017)

**NB: Some of the above will vary from the dates and times attached to the**

**Minutes with November’s meeting, so please alter accordingly.**

No comments were forthcoming re the reply from AGE UK on ‘Age Friendly Surgeries’

Patient Passports:

PL explained that there are a variety of ‘passports’ produced by different organisations for

a variety of uses. The Patient Passport is a credit card size, machine readable, summary of an individual’s relevant medical history and requirements. They are available on request. But, like

so many innovations at the moment, he recommended that members and the general public

wait until national guidelines are produced which will standardise the information contained etc.

1. Practice update.

The imminent closure of a practice in Ryde, has resulted in a further 1,300 patients being

allocated to the Tower House books, bringing the total up to approximately 12,000. In order to

try and accommodate the extra workload; an extra Nurse Practitioner is being recruited as well

as additional administration staff. Also, an extra casualty room is being made available. ML stated that whilst the practice is obviously still under considerable strain, the quality of care and safeguarding patient safety remains their top priorities; and they are doing their best despite the lack of funding, particularly for social services, and the lack of available GP’s.

1. Practice website. DP questioned the difficulties being experienced with ‘Myvisiononline’ to make appointments on-line. PL explained that the surgery will soon (July) be moving to ‘System 1’, for exactly that reason, and the procedure should greatly improve.

Regarding putting the PPG Minutes on to the website, the most recent Minutes (November 2015) are available via a link at the top of the PPG page.

In reply to DF’s question as to whether the practice was likely to benefit from the recent tranche of money from NHS England to support MLAFL, the answer was ‘no’ – not directly.

1. Questions & Issues from members:

DF: When transferred to a nursing home by St. Mary’s, to whom does one complain if the experience is below standard – the hospital or the nursing home? ML replied, in the first instance to the nursing home, but if that fails the CQC, since St. Mary’s has no jurisdiction over private nursing homes.

JL: What ‘preventative tests’ are available to patients within the practice? ML’s response was to list most of the tests that we are already familiar with; namely blood tests, screening for certain conditions, referral to other specialists and/or x-rays etc. If necessary these can be done privately.

Does the practice have a specially trained diabetic nurse or GP? Apart from the fact that all the clinicians within the practice are familiar with the problems associated with diabetes, Dr. Rana has made a particular study of this condition.

TG. Does the practice have any dealings with the Alternative Transport Advisory Group? Not specifically. There is a considerable amount of literature available (some in the surgery), outlining several organisations which offer patient transport, on the Island and to and from the mainland.

DF. Put a copy of the Minutes on one of the surgery notice boards. PL admitted that the surgery notice boards do need tidying up a bit. He added that the intention is to make references to the PPG more prominent, as well as advertising for more PPG members. The notice boards could also be used for news ‘flashes’, and general practice updates.

Pl is also considering other ways to attract more PPG members, especially the younger patients on the surgery’s books, possibly by use of social media and/or creating a ‘virtual’ PPG membership.

DF. The place and value to the practice of Locality Health & Wellbeing Forums? These are very much in their infancy at the moment. Intended to draw together the community groups and voluntary sector within the 3 designated Island settings (south, west & central and east – which includes the Tower House area). Each forum is made up of a local GP, local councillors, patient representatives, AGE UK, care navigators etc.; all held together by a small number of employees from MLAFL.

1. AOB:

RW: Have any appointment times been altered? No (ML).

Parking in surgery car park problems. PL explained that a number of places are allocated to the dentist, Boots and surgery staff. Otherwise it is open for patients. Parking by those not related to any of these would be difficult and impracticable to police. DF suggested putting up a ‘clamping’ warning, buying a clamp, but put it on a staff member’s car. The average individual may well be

put off using the car park if they were using the car without proper reason!

DP: Marked ‘drop off’ place just outside surgery (Age Friendly Surgeries). Again PL explained that he has been in contact with the council and Island Roads – for 11 months – requesting such a facility; but so far with no apparent success.

JL: Tower House as a training practice. Is the practice paid to undertake training of GP’s?

ML – no. She continued to say that, despite this fact, and that they can be very time consuming, she is keen to keep up this aspect for several reasons. GP’s need the experience of a working practice, and hopefully this one is a good example (also, with any luck they might just stay on!). Additionally they bring in new ideas, ask interesting questions and make everyone concerned keep an open mind about their work etc.

DP: The condition of the outside grounds - litter and overgrown hedgerows etc. (Minutes 5/3/15).

PL has engaged an outside firm to keep the litter down, but it is a never ending problem, not helped by the hedging surrounding the car park etc. Regarding the overgrown hedges; 3 suggestions were put forward: JL – Ask one of the surgery’s patients if they would be prepared to put a few hours in to keep the place tidy; DF – Take a hedge trimmer to the hedges and cut them right back so they only need attention once a year; DP – Remove all hedges and replace with a grit/gravel like covering.

JL: Physiotherapy availability in Ryde? PL - The physiotherapy clinic at the top of George Street has

closed, but a new company has been appointed to work within the surgery building.

DP: White paint on the edge of the steps leading up to the surgery doors. PL – in hand as part of the practice being made more ’age friendly’. The same applies to some of the surgery seating being replaced with chairs with arms (to aid getting up) and an automatic light in the toilet.

*Overall, it is acknowledged that all members of staff within the surgery are working hard, just to maintain the status quo, and that this winter has proved to be particularly difficult.*

DF: Looking back over the Minutes since I took over the Chair, a progress report on a number of

issues would be appreciated at the next meeting in June:

Staff photo board (4/6)

Patient surveys (5/3)

Instruction on the use of home defibrillators (home use) (5/3)

Are early and late appointments by GP’s and nurse still underutilized? (20/11/14)

E-mail access to staff (20/11/14)

Well woman clinic for the over ??’s (20/11/14)

Additional subjects that came from a recent visit by NHS England re future plans for the CCG:

24 Hour ECG – how?

List of GP surgeries specialities? Does Tower House have any rare or unusual specialities?

How will the ‘£5/head for over 75’s’ be used, and will it make any appreciable difference?

Late item: DF checked with Wightlink reference patients remaining in their vehicles during a

crossing (possibly following an operation etc. on the mainland). The only person who

can authorise this is the Master, which probably means that it cannot be ascertained in

advance of the sailing. A request should be made on arrival at the port, to allow staff

to contact the vessel for a response. Please note that wheelchairs and a lift are available

on all ferries. Passengers requiring the lift should make themselves known to the staff on arrival, so that sufficient space can be left around the vehicle to aid getting in and out.

**PLEASE NOTE: NEXT MEETING will be MONDAY 6th JUNE @ 1130 ~1300**

**IF ANYONE WOULD LIKE TO JOIN THE PATIENT PARTICIPATION GROUP**

**PLEASE TALK TO ONE OF THE RECEPTIONISTS OR CONTACT THE**

**PRACTICE MANAGER - YOU WOULD BE MOST WELCOME.**