**PATIENT PARTICIPATION GROUP Meeting, Wednesday 27th February 2019**

1 The meeting opened at 1200.

 Present: Dennis Ford (DF) Chair; Joyce Lee (JL); Dr. Michele Legg (ML);

 Patrick Legg (PL) Practice Manager; Bobby Mason (BM); Brenda Reeves (BR);

 Elizabeth Sturton (ES); Margaret White (MW).

2 Apologies: Joanna Gibson, Alfred Murdoch, Ronnie Waterman (RW), Judy Higney

3 Minutes of the previous meeting approved without amendment. Chair

4 Matters arising from Minutes:

 New Patient Questionnaire: PL

 PL produced a sample of the new questionnaire for members to read and

 comment upon. Split into 3 sections: Type of Patient; Access to the surgery;

 and Communication – much of it in ‘tick box’ form. Members questioned Pl

 closely on the content and format; including a discussion on the difficulties

 of getting through to Reception by telephone early ‘on the day’ (PL to investigate);

 but generally agreed with the product.

 It should be available in April, and widely distributed on line, on Facebook

 and in the surgery; and is designed to take about 5 minutes to complete.

5 Practice update: PL

 Our student nurse has left, and been replaced by a qualified nurse from

 St. Mary’s. The surgery is also advertising for another Health Care Assistant,

 to help spread the existing load, which may include home visits for the over 75’s

 and patients with a medical history that does not require continual interventions.

 Enhanced access to GP services update: PL

 Tower House is leading the way again in increasing GP access at weekends.

 Recently it helped to arrange and staff a Saturday programme of appointments

 at a small Island surgery; though the administration was conducted by the local

 surgery. Apart from the obvious advantages to local patients, it shows what can

 be achieved, as well as bringing on board many more GP’s to Saturday services. At

 present there are approximately 80 staff across the Island involved in this concept.

 Sunday appointments:

 Generally have a poor uptake, so are confined to telephone only – see next item.

 GP’s present at the ‘HUB’:

 This experiment has proved to be very advantageous by being able to satisfactorily

 manage up to 80% of the relevant calls. From April, this will be continued on

 Saturdays 0800~1400 and Sundays 0800~1200 by a separate company.

 System 1 and the ‘HUB’ (111):

 By working together, this combination is being used to increase GP appointments

 around the Island by being alerted to the existence of cancelled appointments.

 New GP contract – due to be introduced from April: ML

 Based on the present 3 ‘localities’, it aims to use the ‘Third Sector’ (volunteer

 organisations) and other local medical professionals (already working within

 the community), to create a network for improving health and social care

 support on the Island.

8 Questions & Issues from Members: PL/ML

 BR queried the difference between the number of pills per packet supplied by

 chemists? Pl replied that the number can be between 28 or 30, depending on

 the manufacturer. The problem can be solved, either by requesting the chemist

 to supply exactly the number required, or by the renewal date being adjusted.

 RW was concerned that the surgery never gets the actual X-Ray photo from a

 hospital, only a report of what it indicates? ML countered that this has always

 been standard practise, since interpreting an x-ray requires specialist knowledge.

 BM wanted to know why, when trying to telephone the surgery in the early

 morning, using the BT ‘Call-Back’ system didn’t work? PL’s answer was that the

 surgery’s telephone system is designed to ‘stack’ calls in chronological order,

 and cannot also accept the ‘Call-Back’ system at the same time.

 MW inquired into the role of district nurses? ML answered by saying that they

 are only available for the housebound, and for a limited number of procedures.

6 DF, the existing Chair, is standing down (though remaining a member) after 5 PL

 years in the post. Pl intends to replace him with one of the practice’s

 administrative staff; to prepare Agendas, take Minutes, Chair meetings and

 circulate the Minutes after each meeting.

 Members are requested, as before, to send in items of interest or questions etc. PL

 in advance of meetings so that a comprehensive Agenda can be created. Also,

 it is hoped that members will broadly take a lead during meetings to give the

 Chair time to concentrate on taking the Minutes.

7 The timing and sequence of meetings, for the moment will remain unchanged:

 i.e: Alternate Mondays and Wednesdays, 1200 ~ 1330

 Monday first complete week in June; 2nd Wednesday of September

 Last Monday in November 2nd Wednesday of March 2020.

9 Lastly, PL and members thanked DF for his work as Chair, during the last 5 years,

 and are pleased that he intends to continue as an active PPG member.

 **The next PPG meeting will be on Monday 3d June @ 1200 ~ 1330**

#  IF ANYONE WOULD LIKE TO JOIN THE PATIENT PARTICIPATION GROUP

 **PLEASE TALK TO ONE OF OUR RECEPTIONIATS OR CONTACT THE**

 **PRACTICE MANAGER AT THE SURGERY – YOU WILL BE MOST WELCOME.**