







306 Medical Centre

Minutes of PPG Meeting held on Thu 10 Sept 2015

Present: **Staff:** Mo Dawood (MD), Dr M Chawdhery (MC), Safiya Ali-Ibrahim (SA-NURSE),
Patients: Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Ronald Halden (RH), Khurshid Qureshi (KQ)

Apologies: **Patients:** [Redacted] (Redacted)

	Agenda Item	Timings
1	Meet, greet & eat	12.15 - 12.30
2	Welcome & Introductions Introductions - A big welcome to all.	12.30 – 12.35
3	Minutes of the last meeting and any matters arising Minutes agreed as accurate No matters arising.	12.35 - 12.45
4	Commissioning update and Locality Group Meeting (if any). Due to inevitable circumstances our Reps were unable to attend the last meeting, so no feedback.	12.45 – 12.55
5	Progress on agreed 3 Priorities for the year 1. New seating in reception New seating in place and patients very pleased. Seating comfortable and practical. Child table and chairs also purchased and have been effective in keeping children occupied. Practice has also provided some books. 2. Review appointments and strive to improve wait times for routine appointments to within 2 weeks, based on patient feedback. It was felt that this was reasonable and currently wait times for any GP usually 5 days but this increases for named GP. 3. 3rd Priority – Health Promotion Event was under consideration. Mo advised that after a conversation with Mr Ocloo who suggested that automatic doors should be considered for accessibility. A new proposal seeking a grant has been made and includes:	12.55 – 13.10

	<p>a. Installation of wheelchair ramp at the front – This would also allow wheelchair users access from the front entrance. In the event of an emergency this would allow easy access for stretchers to enter the building. Also this would provide additional safety in the event of a fire making all fire exit doors wheelchair accessible.</p> <p>b. If practicable the installation of three single automatic doors to allow easy access for patients who are on wheelchairs, or mothers with buggies and children</p> <p>c. Landscaping back garden to facilitate the creation of children's play area with a covered wheelchair/cycle and buggy parking.</p> <p>d. Soundproofing works in the waiting area for patient confidentiality, particularly the wall adjacent to the consulting room attached to the waiting area. This is an issue at the moment and patient confidentiality has to be reinforced by making the wall of the nurse's consulting room soundproofed.</p> <p>e. Converting the utility room to a holding room for cases requiring isolation or mothers requesting privacy to feed their babies.</p> <p>After due deliberation, consensus obtained on the above as 3rd priority and it would enhance access and facilities at the practice.</p>	
6	<p>GP National Patient Survey/Friends and family Feedback</p> <p>A. Friends and Feedback June, July & August Reviewed:</p> <p>Feedback generally very positive. Circulated Data for June, July & August Reports now published on the website and copies on noticeboard:</p> <p>June 2015  91%  5%  4%</p> <p>Previous Month: May 2015  88%  6%  6%</p> <p>Passive</p> <ul style="list-style-type: none"> ✓ The doctors are fantastic have told family/friends I have a new gp and she is very good but I am out of catchment area for home visits <p>Not Recommended</p> <ul style="list-style-type: none"> ✓ Receptionist gave wrong information when booking the appointment on the phone. I asked for two appointments for antenatal referral but booked me to see the nurse. Asked for smear test at the same time but I wasn't advised that it couldn't be done when pregnant. Total waste of time. ✓ The wait for appointments. 	13.10 - 13.30

- ✓ Myself and Mr B had and appointments yesterday I call to say I am running late. I explained to the receptionist why? I told her that Mr B was in pain ,he couldn't walk very fast I told her that he is a 86 years old man we try to get a cab they was Nunn was available for half an hour to one hour so that is why I call to say we are running late. We try to walk to the bus stop?but he was walking very slow

July 2015

👍 94% 👎 4% 👁 2%

Previous Month: June 2015

👍 91% 👎 5% 👁 4%

Passive

- ✓ Surreal experience sitting in the waiting room with the theme from Casualty playing in the background...perhaps not the best choice for patients sitting there and also incredibly irritating

Not Recommended

Nil comment

August 2015

👍 93% 👎 4% 👁 3%

Previous Month: July 2015

👍 94% 👎 4% 👁 2%

Passive

- ✓ Cannot see the GP within a reasonable time. 2 -3 weeks to see my GP is unacceptable and unreasonable.

Not Recommended

- ✓ Because we don't get appointments when we want. Surgery is always very busy. Also, the appt reminder messages come 3-4 days ago. Instead it should be on the same day or the day before. Thanks.
- ✓ I do not feel that my health issues are being looked at and supported holistically and am unsure if this is due to its complexity or the size of my medical file. But what I am certain of, is that I struggle daily to manage my symptoms related to pain and control of the illnesses and diseases related to below joint hypermobility syndrome, Chronic Fatigue Syndrome, Fibromyalgia, Sinonasal Disease, Postural Orthostatic Tachycardia Syndrome, Raynaud Disease, GORD, IBS Migraines, Autoimmune Dysfunction, Over-Active Bladder ,Very low Vitamin D and Depression. The struggles I face with managing the above, has always prevented me from engaging in successful self or referred rehabilitation in order to 'healthily' promote and protect my emotional, physical and mental health. To date I have not engaged within any non-pharmaceutical treatment / support that has had a positive impact on my health. I solely believe that this is due to the fact that I suffer from invisible illnesses. Despite me saying I be unlikely to recommend your surgery to others, I probably would to those who are healthy and those with 'visible' illnesses.

	<p>a. Explained that the Reports are in colour on the website and include patient comments positive, negative and passive. Comments in the main were positive and the small proportion of negative and passive comments were reviewed. Copies available in the board.</p> <p>b. All negative comments reviewed and it was felt that it was inevitable one or two patients may have something negative to say and as the comments were subjective it was very difficult to counter these, except to reflect on all comments. It was agreed that the practice tried very hard to provide care with a personal touch and was responsive to patient comments.</p> <p>c. It was suggested some negative comments were not actually negative but gave feedback for reflection and review.</p> <p>B. NHS Choices feedback with practice response was reviewed for period– 18 June 2015 20 July 2015. 5 reviews in total.</p> <p>a. It was felt that the comments were mainly positive in this period. However there were some negative comments and we had responded to these positively with appropriate explanation. Staff did feel upset when negative comments were posted, particularly when they did not accurately portray the situation as it occurred or vital facts were withheld to give a bias to the comment.</p> <p>b. It was suggested that we should not worry/stress about some of these comments as the practice was providing a good service and isolated comments do not reflect this (the numbers were small).</p>	
7	<p>AOB</p> <p>a. Mr Halden conveyed information about:</p> <p>Singing for Better Breathing Workshop planned for 29 Sept at Christchurch on Barry Road with Guest Speaker</p> <p>Week of activities from 28 Sept -3 Oct at Christchurch on Barry Road</p> <p>b. Date of next meeting agreed</p>	13.30 - 13.40
	Date of next meeting: Thursday 10 Dec 2015 @12.30pm	

Meeting closed at 1.35pm

Proposed dates for future Meetings 2016:
Thursdays @12.30pm: 10 Mar, 16 Jun, 8 Sep, 8 Dec