

Glenlyn Patient Participation Group

Notes of Meeting held on 22 February 2018, Giggs Hill Surgery at 6.30 pm

Present: Heather Leport, Catherine Hazell, Paul Thompson, Jacquie Thompson, John Hugall, Malcolm Gosling, Rosie Hodgkinson, Gillian Smith (PPG), Ash Kapoor, Carole Tyrrell (GMC)

Apologies: Karen Young, Derek Gage, Gary Clayton, Karen Barlett (PPG), Richard Strickland (GMC)

Minutes of Previous Meeting:

The Minutes of the previous meeting were accepted.

PPG Working Group Activity Report:

a) Membership:

It was reported that the PPG membership had increased (mainly as a result of the PPG's attendance at the flu clinics). Total membership currently stands at approximately 50/60 but had increased by 30 since the flu clinics.

The PPG members were still largely unrepresentative of the wider community and there was discussion regarding targeting other groups, such as younger people, families with children, commuters. A coffee morning with parents with young children is one suggestion and AK

agreed to approach health visitors to focus on mothers with young children/approach the community matrons to focus on carers of the frail and elderly.

Flu Clinics:

PPG members had been in attendance at the flu clinics and reported that this had been useful but with more volunteers it would have been easier to cover the clinics. The Mole Hall clinic had been trickier in the sense of chatting with people (due to the layout of the building/flow of patients). There was discussion as to whether, in future, Glenlyn could offer to fund tea/coffee for patients to facilitate a situation for the PPG to chat with patients. **Action: contact Mole Hall and GMC to purchase teas and coffees in advance for patients.**

b) Diabetic Clinic:

Members of the PPG had met with Janet Ridout but were waiting to hear back from Janet regarding how the PPG can help. There was discussion regarding whether the PPG would be able to attend diabetes educational events and AK was in support of this idea. **Action: Heather Chatwin will speak to Janet to discuss how best to structure educational content and what would be helpful.**

c) Staff Notice Board and Website Biographies

AK to prioritise with Joe Todd. Gill and Joe to do handover and website needs to be maintained. AK to speak with clinicians during the Thursday clinical meeting regarding the biographies. **Action: AK to speak with clinicians/liase with Joe Todd**

d) Practice Booklet:

The PPG would like to get this off the ground. There is a Practice Booklet (produced by Heather Chatwin) but this requires updating. **Action: CT/AK to discuss with H Chatwin/Joe Todd.**

e) Networking:

Rosie Hodgkinson reported back having attended the NAPP Networking Conference in December held at the GMC. Rosie advised that there had been approximately 50 representatives from PPGs from SE England. Topics included continuity of care and NHS Networks. With regard to NHS Networks AK advised that this model is very much a political one which only works if GPs work full time. AK also advised that a recent Kings Fund report predicted that the majority of the work force will be part time in the future. AK outlined that IT systems protect patients and that GPs rely on pathway management. With increasing part time clinicians it is safer to work on pathway management rather than work remaining unaddressed. Wherever possible doctors like to see the patients for the total patient episode. Data looked at by Richard Strickland and Heather Chatwin suggested that were 8000 patient contacts per month.

Rosie reported that one GP Practice who attended the conference had a PPG core membership of 12,000 virtual members. Virtual membership for the PPG group was a possibility once the Glenlyn PPG were more established with the website page, possible dedicated e mail address,etc.

f) Communication:

Issues around communication were considered. AK agreed that this should be a priority as many problems/issues could be resolved with better communication.

The PPG group itself wished to improve communication to the broader community in order to increase the number of group members to assist with tasks.

AK advised that the suggestion of bus transport for patients between the two sites was not really practical. PPG requested that the receptionists/administrators be aware of Molesey Care (who offer transport to certain patient groups) and communicate this to patients.

Update from Practice:

AK advised the meeting of the following:

- Dr Phin Vo-Rossiter (GP) joined on 13 December 2017.
- Dr Lizzie Kerr (GP) returned from maternity leave in January 2018.
- Dr Liz Dart (GP) returned from maternity leave in January 2018.
- A paramedic practitioner, Matthew Goodey, has been appointed. Matthew assists the Duty Doctor and undertakes home visits.
- Joe Todd, new Practice Manager, will join Glenlyn on 26 February 2018.
- Dr Catherine Glass and Dr Frank McLoughlin continue to work as regular locums with Glenlyn. Dr Dotun Ajibade has been working as a locum but he is emigrating to Canada.
- A full time GP in training will join Glenlyn in April 2018 (Catherine Aboud).
- Dr Tracy Turner retired from General Practice in January. Glenlyn currently advertising for a replacement for Dr Turner.
- As part of the restructure of Glenlyn MC are in the process of recruiting a Reception Manager. There will also be an Administration Manager in post. These positions will support the new Practice Manager with the delivery of administrative/front line duties.

Glenlyn is also recruiting receptionists/administrators. There would also be more time for training for new and existing administrators/receptionists.

AK advised that GMC has been hosting the locality extended access and paediatric clinics over the winter period. AK advised that these locality (or federation) clinics will be taking place more frequently in the future. The locality, AK advised, consists of 7 practices – Glenlyn/Giggs, Vine, Capelfield, Littleton, Thorkhill, Lantern, Esher Green. Giggs Hill was primarily being used as the host surgery due to its location, size and car parking facilities.

AK spoke about the future development of 7 day access for patients (possibly 8 am – 8 pm access) and the way that this will change recruitment practises (with the possibility of GPs/administrators being recruited to work Saturdays and Sundays as well as week days). AK also outlined the development of linked IT systems with GPs having remote access to patient's medical records (via the computer system EMIS). AK also explained that in the past the cost of medical indemnity insurance was prohibitive for weekend working (because the GPs would not have had access to patient records). However, with these developments in IT systems, this is no longer the case.

AK advised that he would be happy to assist with setting up some educational talks for patients. **Action: AK to liaise with Cardiac Consultant to organise this as the first educational talk.**

There was also general discussion regarding the Facebook page and specifically an inappropriate and upsetting message that had been posted on Facebook by the administrator. AK/CT advised the PPG that this message had caused great upset to employees at Glenlyn. It was agreed that the PPG would discuss, at a later date, the Facebook page and their views on this.

5. Work Plan Going Ahead:

a) PPG Tab and webpage and in surgery PPG noticeboard and suggestions posting box:

The PPG stressed that they are very keen to get the above items up and running. AK suggested that during their meeting with Joe Todd these items be discussed. It was agreed that CT to look at the possibility of having a suggestion box attached to the PPG notice board (as if the suggestion box were clearly marked as belonging to the PPG there would not be confusion and incorrect items (such as prescriptions) would not be posted into the box).

b) PPG Patient Survey:

AK supported the PPG request to undertake a patient survey (asking patients what they would like from their PPG). There was discussion regarding how best to undertake a survey (manually, MJOG, IT survey such as survey monkey). The survey should include a question of whether patients would like to join the PPG. AK proposed that the survey should be short/concise and that the PPG should discuss with Joe Todd. CT to provide HLP with a list of clinics and when they run.

c) Newsletter:

It was agreed that a newsletter should be published by the end of March/beginning of April. **Action: AK/Joe Todd to produce newsletter and liaise with Rosie/Heather LP.**

d) PPG E mail address:

This was discussed along with the various confidentiality concerns. **Action: PPG to ask NAPP for their guidance on this issue/PPG to discuss with Heather Chatwin/Joe Todd.**

6. Questions submitted:

i) Is Glenlyn understaffing medically?:

AK outlined that it was difficult to compare Glenlyn's medical staffing with other practices. Glenlyn use a multidisciplinary team (GPs, Advanced Nurse Practitioners, Paramedic Practitioner, Health Care Assistants, Practice Nurses). It was too simplistic to look at patient numbers and compare these with GPs as there were a great number of medical professionals involved with a patient's care. AK agreed to put together an article explaining this for the newsletter. **Action: AK to outline Glenlyn medical model for the newsletter (including explanation of federation and Surrey Medical Network).**

ii) Pre bookable appointments – why is it not possible to pre-book certain appointments?

AK replied that the system should allow certain appointments to be pre-bookable (further ahead than the 1 week GP appointments). Clinicians have the ability to pre-book appointments if the appointments have been set up on the computer system. The issue of time sensitive appointments is being investigated and changes are being implemented.

iii) Is there is an annual check up for the over 75s?

There is no annual check up for the over 75s. There are regular medication reviews for patients. Patients should call the surgery to book these if they feel that they require one.

7. Any Other Business:

It was suggested that volunteers from the PPG could come along to help tidy waiting rooms.

A PPG meeting with the new practice manager, Joe Todd, has been provisionally booked for 8 March 2018 at 2.30 pm.

It was reported that the NHS Choices web page was displaying a red 'NO' against the EPS. CT to investigate.

8. Date of Next PPG Meeting:

The next PPG meeting will be held on Tuesday 8 May at 6.45 pm, Giggs Hill Surgery, Thames Ditton.

