

BODMIN ROAD HEALTH CENTRE - PATIENT PARTICIPATION GROUP

Meeting 02/17

Minutes of the meeting held on 14 March 2017

Present: John Tate (Chair), Marjorie Fleming (Vice-Chair), Mark Eaton (Secretary), Margaret Anderson, Patricia Davies, Anthony Kent-Francis, Margaret Kent-Francis, Ann Mee Carole Lamb (representing Bodmin Road Health Centre)

Apologies for absence: Susan Clarke, Judith Owen and Brian Raby

1. Minutes of meeting 01/17

The minutes of meeting 01/17 held on 17 January 2017 were accepted as a correct record of the proceedings.

2. Matters arising from the minutes

There were no matters arising that were not covered elsewhere on the agenda.

3. Meeting Schedule

A revised meeting schedule was tabled, discussed and agreed with the proviso that extraordinary meetings would be called should the need arise. All meetings were scheduled to commence at 5.30 pm.

4. Direction of the PPG

John opened this item and explained that there was need to establish the way forward for the PPG. A discussion took place which focused on a number of possible ways in which the PPG might develop. It was pointed out that the group still needed more clarity with regard to the expectations of the Practice upon the PPG and how the PPG can work with and help the Practice in partnership. Clearly, there was some role in terms of monitoring and assisting with the basic tasks within the practice. This was however now taking place and the PPG was seeking further involvement.

It was suggested by Mark, that one of the functions of the PPG might be to help patients take more responsibility for their health, this being based from reading around the work of other PPGs across the country. A discussion followed on the benefits of health walks and the possibility of the PPG taking on responsibility for their organisation. It was noted that one other local practice had achieved marked success in this activity. Reference was made to Naturally Active Trafford and Make Sale Move. Involvement of Naturally Active Trafford would be essential should the Practice Management and PPG progress this.

It was further suggested that the PPG might be utilised to help inform patients with regard to other practice issues such as missed appointments.

ACTION: Carole to raise the issues of Walking for Health groups, and to seek further clarity on the expectations of the PPG from the Practice Director and GPs.

5. bluesci update and further development

Although Diane had not returned to the PPG following her detailed and interesting presentation in October, two members of the practice had recently joined the Coppice Library and Wellbeing Centre as volunteers.

The PPG wanted to explore ways in which they might work with and assist the centre. From the experience of one of the volunteers, the best way to find out about the project, was to drop in and see the centre in operation and offer to take part as a volunteer. It might be possible for the PPG to visit as a group, though this would require approval by Diane. In view of the time between meetings the former option of visiting on an individual basis might be the best way forward.

6. Noticeboard Task Group and profile update

Marjorie and Margaret A explained to the group their activities with regard to the Practice noticeboards following their visits to the Surgery. It was agreed that a prominent presence for PPG notices was required within the waiting room and both were working towards this goal. The current board at the entrance to the waiting room was acceptable but it needed something more in order to draw the attention of patients. Brightly coloured signing was suggested, together with appropriate banners. The Noticeboard Task Group had also carried out work in relation to other noticeboards in the surgery, i.e. tidying and removal of redundant and expired notices.

It was felt generally that the profile of the PPG needed to be raised among the patient group and it was suggested that in order to achieve this objective representatives from the group would spend time in the surgery to provide an information/contact point for patients. The issue of diversity was, again, raised and concern was expressed that the group, while functional and well-meaning, clearly did not reflect the population of the practice in terms of minority group representation and age. Measures to improve the composition of the PPG were considered included specific targeting of under-represented groups. It was hoped that the presence of PPG members in the surgery might also assist in achieving this objective.

The attention of the group was drawn to the video presentation which runs in the surgery and it was agreed that this required urgent updating in order to retain viewers interest while waiting for their appointments. The PPG might also feature as part of this presentation.

Updating of the presence of the PPG on the Practice website was also important. It was noted that several local practices include PPG minutes and activities on their websites, including invitations to patients to become involved in the work of the PPG.

ACTION: Carole to liaise with the Practice Director in connection with:

- (i) the production of a brightly coloured signing for the noticeboard;
- (ii) updating the surgery video presentation;
- (iii) improving website presence of the PPG.

7. On-the-day-appointments

This issue had been raised by Judith, *in absentia*. Concern was expressed regarding allocation of on-the-day-appointments, specifically in relation to those patients attempting to make an appointment using the telephone. It had been suggested that these patients were disadvantaged when compared with those who were able to form a queue outside the surgery at 0800.

It was noted that appointments could also be booked on line commencing at 0750. However, this would be of little advantage to patients who did not have internet access.

Carole stated that the Practice had recently increased the volume of on the day appointments with a better spread throughout the day. She also stated that telephone requests would be offered appointments from 0800 simultaneously with queuing patients and while this did not give a guarantee of an appointment for either group it did give equity to both groups.

8. Terms of reference

Mark explained that the terms of reference had been revised in accordance with the wishes of the group from the last meeting. In addition a further clause had been added under Section 2, membership of the PPG. This section related to absences from meetings and worded as follows:

‘Any member who fails to attend 3 consecutive meetings without submitting apologies will be required to provide a satisfactory explanation for their absences. They will also be asked to indicate their wish to continue as a member of the PPG.’

It was agreed to accept the addition.

ACTION: Mark to lodge the terms with Carole.

9. Confidentiality agreement

Carole brought forward a confidentiality agreement for members to consider and sign if they accepted the terms. It was felt important to have this in place to ensure that any sensitive information imparted to the group remained within the group.

All accepted the necessity of such an agreement and signed accordingly.

The meeting closed at 1915

