**PUDDLETOWN SURGERY**

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# Minutes of Patient Participation Group Meeting

# held at 6.30pm on Wednesday 19th June 2024

# at Puddletown Surgery

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**In attendance**: Dr Jonathan Bond, Clare Stickland (Practice Manager), Richard Burden (Chairman), Kate Trevett (Care Coordinator/Social Prescriber), Holly Eastment (Care Co-ordinator), Victoria Maslin, Glad Antell, Jim Gammans (Community Engagement Officer), John Ridout, Lionel (John) Mayo, Ron Smith, Georgie Webb, Dawn Arthur, Mandi Mansbridge, Jane Pryce, Angie Benford (Secretary)

**Apologies**: Teresa Baker, Anthony Felstead, Susan Wood

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|  |  | **ACTION** |
| **1.** | RB welcomed everyone to the meeting. Everyone introduced themselves for the benefit of new Members. |  |
| **2.** | Notes from the meeting 20th March 2024were accepted. There were no matters arising not covered elsewhere in the meeting. |  |
| **3.** | **PPG Core Group Meetings**  RB gave an update on issues covered in the last two Core Group meetings as follows:   1. The Befriending Project, now renamed Connecting for Wellbeing, is dependent on funding from Age UK and this is still to be resolved. 2. The big healthcare event previously scheduled for June has now been moved to 2nd November 2024. 3. The “only order what you need” campaign to minimise medication wastage and costs continues with good results so far. 4. A major exercise to improve the efficiency of access to patient services within the Surgery resulted in the production of a patient questionnaire which was distributed to patients during PPG Awareness Week, 3-7th June, which also included an invitation-only blood pressure clinic mid-week. |  |
| **4.** | **Patient Questionnaire**  As noted above, a Patient Questionnaire has been devised using various questionnaires used elsewhere as a starting point and tweaked for the needs of this Surgery. AF had previously been very keen to get the PPG facing patients with the aim of helping them to get the support they need/want more easily, and as a result freeing up professional time. It was clear that many patients aren’t using the available technology which could make their lives easier and more efficient – eg not having to wait in the surgery for a medical certificate which can be requested on line; looking at test results on line; booking appointments etc – all of which could save a lot of phone calls and staff time.  There had been a very good response to the questionnaire and people generally seemed very happy to complete it. CS/KT/HE have discussed how to analyse the large pile of results – 79 in total. HE has already provided AB with a list of 6 people who have expressed an interest in the PPG and/or volunteering for events and they have been contacted. As a result of the feedback from the questionnaires “Digital Debbie” will arrange a session (possibly in the Surgery) to help patients get on line.  CS had been very pleased and surprised at the level of responses and said it was definitely worth repeating. VM and GA noted how interesting it was to open up dialogue with patients and how good it was to engage with them. |  |
| **28** | **Practice Manager’s Update**  **Website:** Further to the feedback we received from the PPG as part of the review of our website, we have made the decision to update to a new platform. This should provide a better experience for our patients as well as being easier to update from the surgery end. We hope this will be launched at the end of July.  **Open Morning Surgery name:** Thank you to those of you who provided feedback on changing the name of Open Morning Surgery. After reviewing the feedback, we have decided that we will stick to the name and focus on patient education. As was pointed out, it couldn’t be called a “Walk-In” as that discriminates against people in wheelchairs.  **Blood tests in the afternoon:** The lab at DCH now has additional capacity so we are now able to offer routine blood tests in our afternoon clinics.  **Patient satisfaction survey:** We have created a patient satisfaction survey for our nurse team and plan to start rolling this out this week.  **Winter vaccinations:** We are due to start planning this year’s winter vaccination programme. The current information suggests we can start flu vaccinations from the beginning of October, slightly later than we usually do. We assume we will be offering the Covid vaccination at the same time, to those eligible, however I have no further information on this at the moment. We will circulate further information to patients, through the usual channels and volunteers will be needed as for previous years.  **Contract Assurance Visit:** We have recently had a contract review with NHS Dorset (ICB). We received lots of positive feedback. They particularly liked the Neighbour Car scheme. However, you may be aware that we have recently been advertising for drivers as there is a real fear that the scheme may fold if new drivers aren’t recruited. GA confirmed that being a driver for the scheme is not as onerous as people think and people can say “no” if they are unavailable.  **Help your NHS:** Following on from ‘Only order what you need’, NHS Dorset has asked GP teams to stop prescribing medicine and treatment for 35 minor conditions. This allows GPs to focus on caring for people who have more complex needs. NHS Dorset wants people to have the confidence to look after themselves where they can. This gives people greater control of their health without the need to visit their GP for minor conditions. However, GPs may still use their discretion for patients in exceptional circumstances.  **Staff update:** Since we last met, we have managed to recruit a nurse, Helen, to join the integrated nurse team as well as a receptionist, Lydia, to cover maternity leave.  As a side note, Sara’s twin girls arrived safe and well.  Dr Jethro Barker will be leaving shortly as his time in the Practice will come to an end, as part of his training and we will be welcoming Dr Felici Ikpat in August to replace him.  **Friends and Family Test (added after the meeting)**  In **March**, 22 patients left us feedback with 100% of patients likely to recommend us, 20 using the iPad, 1 online and 1 on paper. Comments made were: “nothing, it’s pretty good as it is, no complaints from me; have some water available; I would like to say what an amazing doctor Dr Dermody is. He has a wonderful bedside manner and real patience. He has the ability to make the patient feel very relaxed. I wish he could permanently join the surgery, he would be a huge asset.” The Practice responded with “Thank you for your comments, they are always valuable and help us to continue to improve our service. If required, water is available from reception.”  In **April**, 17 patients left feedback with 100% likely to recommend us, 16 using the iPad and 1 online. Comments were: “Get a new nameplate for the doctors; longer appointments you do your best; no music in the waiting area; improving on perfection is difficult. The response was: “We will look to tidy up the doctors’ sign; there is always a balance to strike between the number of appointments, waiting times and length of appointments, we do the best we can; although the consultation rooms offer sound proofing, the music in the waiting area assists with providing an additional level of confidentiality for our patients during their appointments as well as when patients are talking at reception or dispensary; thank you for your comments, they are always valuable and help us to continue to improve our service.  In **May**, 28 patients left feedback, again with 100% likely to recommend us, 26 using the iPad, 1 online and 1 on paper. Comments were: house visits; email access for advice which can be replied to at any time; fantastic service; you all brilliant; the GPs and all the support staff are as always brilliant. The response was: “if you are housebound, too ill to come to the surgery or a carer struggling to leave your cared-for person a doctor may visit you at home; eConsult is a clever bit of software that allows you to get help and advice quickly and safely from your own doctors online. This can be accessed on our website; thank you for your comments, they are always valuable and help us to continue to improve our service | **ALL**  **ALL** |
| **6.** | **Update from Kate Trevett, Care Co-ordinator/Social Prescriber and Holly Eastment, Care Co-ordinator**  KT has reduced her hours doing this role to one day per week and HE is being trained to take over, working three days per week.  KT confirmed that there will be a **Community Wellbeing event on Friday 5th July in Puddletown Village Hall, 1000-1300 hours**. Posters are available if anyone is able to place some in their villages and to spread the word please. The library is involved as are the Lunch Club volunteers who will be making some cakes – but other cakes etc would be most welcome! There will be a demonstration of how to use the Defibrillator machine; carers support will be there from KT&HE, blood pressure checks will also be available – all in all, quite a lot going on.  **A plea from KT – they need help with making teas etc so if anyone can help, please let Angie know**. JP, GA, CS, AB all volunteered but still more would be helpful. GA will kindly add her baking skills into the mix!  The larger Health & Wellbeing event across all 9 GP Practices within this Primary Care Network (PCN) is scheduled for all day on Saturday, 2nd November 2024 in the Dorford Centre in Dorchester, opposite The Keep. There will be condition-specific support as well as healthy eating sessions for families and crafts to entertain children, as well as seated yoga for all ages. More information to follow in due course. Expressions of interest have been sent out. KT will be looking for volunteers nearer the time!  KT noted that every 4th Wednesday of the month, in Dorchester Library, is an event for carers and people on low incomes. Anyone can drop in. However, lots more community events are being planned in local villages which may be more accessible for people. There is a focus on Men’s Health in July, with a farm offering support to men to work outside in the fresh air, doing light duties. The next event will focus on prostate cancer then U3A later on. | **ALL**  **ALL**  **ALL**  **ALL** |
| **7.** | **Growth and development of the PPG**  RB outlined the purpose of a PPG – which includes to provide a working partnership between the Practice, Patients and Staff to build on the quality of healthcare services; the objectives being to support good decision-making and to discuss topics of mutual interest.  The focus has been on self-help recently, hence the recent questionnaire, but it’s not clear how to engage with interested people as some like attending meetings while others don’t but would be happy to be called on to volunteer for events. It was agreed that the size of this particular group was about right – a maximum of 20 people – but there is a definite need for more volunteers, rather than relying on the same people all the time. RB suggested having an annual forum where everyone is invited and updates are given about what’s happening and what’s needed.  JP noted that it’s much better to speak to people in person to encourage more involvement and commitment – they’re more likely to “sign up” to initiatives. GW noted that it’s much harder to get to people who don’t have or use the internet – and LJM confirmed that he has virtually no technology so very difficult for him to know what’s happening. CS confirmed that there are often posters within the Surgery detailing what’s going on.  KT has 3 people under the age of 50 who want to contribute but don’t want to be part of these meetings – they could be the start of a voluntary group perhaps? HE will do some more work with the recent questionnaires to see if there are more potential volunteers.  GA noted that the previous walking group had collapsed at the time of the pandemic and never really got off the ground again. RB noted that the best organisations work by people organising themselves, eg having team leaders for different groups. KT said we need to identify “passion projects”.  RS recommended a walking App, NHS-led Active 10, on a Smart phone, which not only tells how long you’ve walked but also how much was walking briskly.  RB noted that there is quite a busy Autumn/Winter coming up and we should consider a gathering around Christmas, to which everyone could be invited, including any volunteers who don’t usually attend these meetings. | **ALL** |
| **8.** | **Update from Jim Gammans, Community Engagement Officer**  JG congratulated the group on being his best performing PPG, being a great vehicle to attract involvement and interest. He felt our Core Group was also a good model and was encouraging other PPGs to do the same.  He noted that Poundbury PPG have a small Strollers group which is aimed at those who are able to walk more slowly or those rehabilitating.  The main focus of his work has been the campaign to reduce medication waste and costs and to encourage people to buy Over The Counter (OTC) products for minor ailments rather than via the GPs – something which NHS Dorset has now formally implemented. He noted that although a lot of people believe they have “free” prescriptions, it’s not actually a free service and can cost as much as £10 per prescription, taking into account staff time, dispensary time etc.  JG confirmed that there are digital “champions” available to help and encourage people who want, and can, use technology to use the NHS App for results, repeat prescriptions etc.  JG encouraged the group to shout about their success via the website, eg the Patient Questionnaire group, in an attempt to promote the PPG. CS confirmed that within the new website there will be a PPG-specific widget! It may encourage people to take an additional interest in the group.  JG confirmed his new title is “Community Engagement Officer”. |  |
| **9.** | **Any Other Business –** none today. |  |
| **10.** | **Date of Next Meeting: Wednesday, 18th September 2024, 6.30pm, Puddletown Surgery.**  GA sends her apologies in advance. | **ALL** |