**PUDDLETOWN SURGERY**

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# Minutes of Patient Participation Group Meeting

# held at 6.30pm on Wednesday 20th June2023

# at Puddletown Surgery

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**In attendance**: Dr Jonathan Bond, Clare Stickland (Practice Manager), Dawn Arthur, Kate Trevett (Care Co-ordinator/Social Prescriber), Jim Gammans (Engagement & Communications Co-ordinator, CCG), Nicholas Spearing, Lionel (John) Mayo, Philippa Rodale, Mandi Mansbridge, Emma Taylor, Ian Newby, Richard Burden, Angie Benford

**Apologies**: Glad Antell, Teresa Baker, Georgie Webb, Anthony Felstead, Victoria Maslin, Alexia Davis

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|  |  | **ACTION** |
| **1.** | CS welcomed everyone to the meeting. |  |
| **2.** | Notes from the meeting 21st Junewere accepted. |  |
| **3.** | **PPGs – the role and responsibility of the Chairperson and of PPGs**  JG explained that he is one of two people across the area overseeing PPGs in the Primary Care Network (PCN), our area of Mid-Dorset being huge, covering 9 Practices. He explained about the role of PPGs and how they were an opportunity for the PPG and the Practice to work together for the benefit of each other, specifically to support Practices to make improvements. It is a national requirement for every Practice to have a PPG but it is down to individual practices how they work, eg some just have a very basic group which only circulates general information and practice Newsletters etc. Others are much more proactive where formal agendas are created for meetings and genuine efforts are made to support Practices in improving and maintaining standards, by challenging the Practice to address issues where they arise. It’s a genuine opportunity for patients to have a say in how their local NHS services are delivered. Puddletown Surgery is very much supported by Dr Bond (Senior Partner), Clare Stickland (Practice Manager) and Kate Trevett (Patient Wellbeing Team Lead) which in itself is quite unusual.  One of the most recent struggles for this PPG has been to recruit a Chair and possibly a Vice Chair as well. JG explained that the PPG meetings take place quarterly but whilst there are a loyal group of regular attendees at the PPG meetings, no-one has felt able to take on the role of Chair.  Everyone present at the meeting was encouraged to join/continue to attend the meetings on a regular basis and not only to consider taking on the role of Chair or Vice Chair, but with a view to speaking to fellow patients to see what support they need from the Practice.  No two PPGs in Dorset are the same but successful PPGs share different ideas and work together with their Practice, to everyone’s benefit. Examples of work done to date include helping to run health talks (eg pre-diabetes, high blood pressure etc with menopause coming up soon). Coffee mornings have been held, health walks organised, befriending, digital initiatives (eg helping people to use the NHS App). Gardening, knit & natter groups are also examples of work set up and run by PPGs. One Practice in Weymouth has generated a great deal of goodwill by creating small material tote bags with donated books inside, which are then available to children in the waiting room which they can then keep or return if they want to. The children don’t have to be attending an appointment to take advantage of these.  If anyone is interested in membership (hopefully everyone attending this evening as well as those unable to attend will join future meetings) and also for those interested in the role of the Chair/Vice Chair, it would be extremely valuable to get this in place by the next meeting in December (20th). It is not a pre-requisite to be computer literate to take on the Chair/Vice roles as there are many different ways of communicating. (Post meeting note: an email has been sent to everyone indicating how to express an interest in the vacancies, with a deadline of 6th October. Thereafter, PPG members will be asked to vote for their preferred candidates by 3rd November.) CS has also sent a letter with the information to those with no access to email.  The idea is to have various PPG members leading separate sub-groups, eg the coffee mornings, the digital support etc. NS asked whether there was contact between the various PPGs but JG explained that although PPGs used to have networking meetings once or twice a year whereby ideas were shared, these have regrettably not continued but it is hoped to resume them in the New Year. JG shares regular updates with all the PPGs and each Member is sent a copy for information. IN felt a Chairs’ Group would be beneficial but sadly that doesn’t exist either, largely down to the PPG Chairs themselves not wanting to have one. | **ALL**  **ALL** |
| **4.** | **Matters arising from meeting** were covered in the Practice Manager’s update. |  |
| **5**. | **Practice Manager’s Update**  **Winter vaccines**  We are offering Covid and Flu vaccinations this autumn to eligible patients. Our first clinic is scheduled for Saturday 30th September. We hope to have everyone vaccinated by the end of October. We have advertised the Winter vaccinations in all the usual ways, Facebook, website, village magazines and in the surgery. In addition, we decided this year to phone all our patients aged over 80, that don’t have an appointment already booked. We have also called any patients under 65 where we have a mobile number registered.  Clare specifically asked for PPG Members’ support at the Vaccination Clinics to help with queries, to be an “extra pair of hands”. AB will circulate the dates and put together a rota. One volunteer per session is helpful so any time you can give to support the team will be much appreciated. Post-meeting note: thank you to everyone who responded, a rota has now been set up to cover the sessions.  **New staff**  We have successfully recruited a trainee dispenser, Tara, who started with us at the beginning of this month. Phillipa, one of our receptionists is leaving us to join the Mid Dorset Primary Care Network (PCN) team as the Occupational Therapists Care Co-ordinator. We are sad to see her go but delighted she is staying within the PCN. We are interviewing this week for a replacement receptionist.  **Upstairs**  We are almost done! The PCN plan to move in over the next few weeks. We do plan to have an official open evening which you will all be invited to. (There has been a major challenge to secure a contract to sell electricity back to the grid from the solar panels. A formal complaint has been made to British Gas and CS believes this has been escalated. RB will see if he can help to push this forward.)  **GP patient survey**  You may have seen in the local press that we managed to stay at the top end of the rankings for the GP Survey once again this year, scoring 96% overall for good patient experience.  235 surveys were sent out to our patients at random and we achieved a 57% completion rate with 134 surveys being retuned.  We scored highly on the helpfulness of the reception team, patients feeling involved in decisions about their care and patients having confidence and trust in their health professionals. We scored lower on satisfaction with appointment times (88%) and patients being offered a choice of appointments (89%). We have discussed the feedback with the team and receptionists have all been asked to ensure they share with patients the full range of appointments we can offer.  LJM congratulated the Practice on these excellent results. CS noted there is some local, friendly, rivalry with 2 other Practices to get the highest results, and this time Cerne Abbas and Milton Abbas got 97% overall – so always room for improvement!  **Patient Feedback:**  In **June**, 16 patients left us feedback: 94% patients were likely to recommend us with 0% patients unlikely to recommend us (6% didn't answer or gave a neutral response). Extremely likely = 14 patients; Likely = 1 patient; Not answered = 1 patient.  Someone suggested having a tea/coffee machine in the waiting room but health and safety wouldn’t support that. Patients can ask at Reception for a glass of water. Another person wanted to sit in silence (no radio) but the radio actually adds another level of privacy, especially at Reception. Someone else requested a seating area outside but that would just put more pressure on staff, having to go outside to find them!  In **July**, 14 patients left us feedback: 93% patients were likely to recommend us with 7% of patients unlikely to recommend us. Extremely likely = 11 patients; Likely = 2 patients; Extremely unlikely = 1 patient, but without explanation so no opportunity to deal with the dissatisfaction.  Someone suggested that “A ticket system in the morning would save fisticuffs. Actually, people are pretty good at queuing, but it would save awkwardness if there were tickets or something similar”. There has been no evidence of any “fisticuffs” but patients are generally seen in order of attendance, unless clinical need dictates that they should be seen as a priority. There is no pattern as to why some morning surgeries are more or less busy on any given day.  In **August**, 12 patients left us feedback with 100% of patients likely to recommend us. Extremely likely = 11 patients and 1 Likely.  One patient asked if blood tests could be taken at the same time of an appointment and this already happens for urgent conditions.  A regular theme throughout the patient feedback is a request for longer appointments but it’s difficult to quantify how long that could/should be as the open surgeries in the mornings aren’t timed and the afternoon appointments are already 15 minutes. KT suggested that there is an educational need here about patients being “armed” with the questions they need to ask, how they need to prepare themselves eg perhaps write down the issues so nothing is forgotten. NS believes part of the problem is around expectation, as something like an ear problem may simply need antibiotics whereas something more complex can be difficult to get to the bottom of. MM noted that not everyone is good at verbalising the issues and the doctors are being asked to deal with increasingly complex issues. As the questionnaires are anonymous, it could be the same person making the same complaint/request each time.  JB noted that it was important not to be dictatorial when patients are in front of the doctors, eg you’ve got 3 minutes then you’re out! – which has been known to happen elsewhere. KT suggested that when the morning surgeries are full, patients may be conscious of the need not to take up too much time so as not to delay the waiting patients. Everyone’s thoughts and views on this particular issue of longer appointment times are most welcome. RB suggested that the speed most people work at will not be as fast as the way the doctors work – but this is likely to be perception rather than reality? DA wondered whether the physical action of the doctors typing on the keyboard may be off-putting to some people but this was difficult to avoid as everything has to be recorded.  PR felt the answerphone message is a little off-putting and CS will look into this to see if it needs to be amended. CS reiterated the need to refer to dialing 999 in the event of an emergency as we do receive calls to the Practice, on a fairly regular basis, where patients report emergencies such as “chest pains” or “having collapsed”. Everyone appreciated knowing where they are in the queue on the telephone. | **AB/ALL**  **CS/ALL**  **RB**  **ALL**  **CS** |
| **6.** | **Update from Kate Trevett, Care Co-ordinator/Social Prescriber**  KT’s role is to support people with non-medical issues, such as housing, low-level mental health etc. She and her 3 colleagues support the clinicians as so many different issues affect people’s health. Part of the last Patient Wellness Newsletter introduced the team and how to contact them. KT welcomed feedback.  The “Better Care for Carers” submission resulted in being awarded Gold for the exceptional work put into the document, highlighting the work that is done by the team to identify and deal with the health inequalities for carers. The Panel’s feedback is attached.  Many congratulations to KT and her team for this amazing achievement in their first year – the Practice will be very proud when they are called to the Award Ceremony on 4th October. They are aiming for Platinum next year!  IN asked if there is a Carer on the PPG and without divulging who it is, it was confirmed that there is indeed.  KT noted that Age UK have no capacity in the area to provide a Befriending scheme and, as there is a definite need in the Puddletown area, KT is hoping that the PPG could take this on as its project. It would need someone to lead it as Co-ordinator, with support from Age UK. If anyone is interested please let KT know – her email address is sp.puddletown@dorsetgp.nhs.uk There will be an information session, open to everyone. Age UK would provide training and all costs associated with DBS checks etc will be offered at no cost to the Practice. CS suggested that we need to canvass interest, perhaps at the vaccination clinics? KT’s role as Social Prescriber identifies those who would benefit from such a scheme. The idea would be to get the Befrienders to help and support people to get out into the Community. It is likely to be time-limited support, eg 12-weeks, to ensure there is no over-dependence on the Befrienders. | **ALL**  **ALL**  **CS/KT** |
| **6.** | **Update from Jim Gammans, Engagement and Communications Co-ordinator**  JG referred to his regular emails which often highlight particular events and/or useful information which are circulated to the PPG Members. Earlier this month, an annual campaign focused on blood pressure awareness – “Know Your Numbers” took place for a week. It is planned, however, that this will become an ongoing project, not just once a year, as the sooner blood pressures can be controlled the better. Patients are encouraged to buy their own machines and cuffs but the Practice does have a few which can be loaned out. There are Apps available for people to monitor their own BP, which also link to GP Practices. The aim is to have an event in the Practice soon and the Patient Wellness Newsletter will share the date. | **KT** |
| **7.** | **Any Other Business**   1. IN was unable to find the Newsletters on the website – CS will feed back this difficulty and after it’s been adjusted, will welcome feedback re ease of access. CS was delighted that people are actually reading it! She noted that it seems the website may need some updating. 2. IN queried where the funding came from for the Care Coordinator post. CS confirmed that the funding is shared fairly across the 9 PCN Practices and the system works well, with each having an agreed number of hours. 3. RB noted that getting more involved in environmental prescribing very much helps the social aspect. He noted that Purbeck have a hut/shed available for use and that there are various pots of money available to bid for, including the Lottery, the Council etc. | **CS/ALL** |
| **10.** | **Date of Next Meeting: Wednesday, 20th December, 6.30pm, Puddletown Surgery.** | **ALL** |