**Mickleover Medical Centre Patient Participation Group**

**Brief notes of meeting held on Thursday 7th March 2019.**

**Present**

Sue Walker, Colin Scrivener, Marcus James, Liz James, Norah Wickerson, Beryl Pooley, Saraiya Lindsay, Janet Van Craeyenest, Rachel McCartney-Hayer

1. **Welcome and Apologies for Absence**

Phil Coultas, Apostolos Fakis, Emma Wall

2. **Notes of meeting** 10.1.19. No alterations.

3. **Matters Arising**.

* Apostolos says it is taking some time to get the research proposals organised at his end but that it is in hand. It would be helpful to him if the next meeting could be at an earlier time to facilitate his attendance. **Action MRJ on time of next meeting**
* We are still hoping that Deep, the Boots pharmacist will be able to attend a meeting soon. Janet offered to speak to her. **Action Janet**

11. **Coffee Morning** – Rachel McCartney-Hayer

* The group discussed the practicalities of putting on coffee mornings for patients. Challenges exist around timing, availability of the waiting area, funding of refreshments (the group does not see itself as a fund-raising group however, we could ask for nominal donations from participants to cover the costs).

We would like to see a rolling programme of speakers, perhaps linked to awareness-raising weeks e.g. Diabetes Week. We could have a session on online access and help patients sign up.

Proposed date for a coffee morning: 4th May 11.00 to 13.00 (setting up from 10.00)

**Volunteers: Beryl, Norah, Sue, Janet, Liz, Marcus**

***NB This date is now under discussion with the Practice and the 11th may be an alternative.***

4. **Practice update**

* The new website is live
* There is a new “reception and enquiries” page which includes options for patient queries. 3 staff have been trained to handle such things as new patient requests, and a range of other queries. This has freed up the phone lines a little.

The practice will be closed for protected Training Time on the 20th of March to train the remainder of the admin team.

* “Ask a nurse/clinician”. This is another way of handling non-urgent questions and queries. The commitment is to respond within 48 hours and currently they are taking no more than a day.
* It is hoped that standard responses will be developed along the lines of “Frequently Asked Questions”.
* Registration for online services still requires a visit to the Practice to present 2 forms of identification. It is difficult to see a way round this.
* Some of the GP sickness absence has resolved leading to better cover and fewer cancelled appointments and clinics and a reduction in complaints.
* More patients are now using online booking of appointments. More on-the-day appointments are now available online. The group raised the issue that appointments with partners do not seem to be available online. Saraiya agreed to take this back. **Action Saraiya**
* Where appropriate, nurses are contacting people who have booked online appointments but may not need to see a doctor.
1. **DNAs** are at 4.8% this month, up from 3.5% last month. Online-booked appointments are over-represented in the figures (? even including on-the-day appointments). Perhaps people struggle to get through on the phone to cancel and have to give up? More people need to be made aware that appointments can be cancelled via the website even if you are not signed-up for online access. Practice Comment: more articles in the new section explain how to use the website, Practice asks for PPG support in getting the word out

The group discussed the follow-up of people who miss appointments (messages, letters, seeing them).

* The practice is looking to improve/refine its use of automatic texting. It is examining the costs.

8. **Primary Care+** no update. There are 21/23 appointments available each week at other surgeries

9. **Zero Tolerance Policy**

Attitudes of some patients have worsened. 3 Letters were sent out last week and incidents are affecting staff morale. We asked to see example letters at the PPG. **Action Saraiya**

10. **NAPP**

Attention was drawn to the bulletin which has some interesting information including the fact that GP practices are still required to have a PPG and some details on the NHS Long Term Plan (published in January 2019).

12. **PPG Noticeboard**

Sue talked through her ideas for rejuvenating the noticeboard. These were welcomed by the group. We need to make sure out-of-date Constitution and NAPP affiliation certificates are replaced. We could also post up the DNA rate and whether the trend is up or down.

The issue of the position of the board was raised. It is currently right by the door where patients will be focussed on checking in for their appointment or leaving the building. Could the PPG space be on a board in the waiting room instead?

13. **Derby Healthwatch**

Marcus is going to a GP “Mystery shopper” event. Information to follow.

14. **NHS 10 Year Plan** otherwise known as the NHS Long Term Plan

Here is a link to the plan

[**https://www.longtermplan.nhs.uk/**](https://www.longtermplan.nhs.uk/)

15. **Clinical Commissioning Group – Communications link**

It is possible that we may have a speaker at our next meeting, willing to talk to us about progress on “Place”. **Action Marcus, to be confirmed.**

16. **Potential Activities**

Keeping the noticeboard up-to-date and interesting. Encouraging patients in the waiting room to sign up to System 1. Promoting the Suggestions Box.

17. **AOB**

18. **Date of next meeting: 30th May 2019 at 16.00.**

This earlier time is to allow Apostolos to attend on this occasion.