

## PATIENT PARTICIPATION MEETING ON 1<sup>st</sup> October 2014

### ATTENDED

Dr G R Bhorchi  
Dr Naeem  
Angela Elsom  
Carol Allen

Mrs Kathleen Clark  
Mr John Berry  
Mr Bernard Kelly  
Mr Eric Jacombe

**APOLOGIES** – Mrs Peggy Hodson  
Mr Frank Hibbert  
Mrs Wendy Carr  
Mr Ron Moore

1. The minutes from the previous meeting were agreed and approved.  
Proposed by Mr Kelly and seconded by Mr Jacombe.
2. Matters arising from previous minutes:

#### Doctor's Report

Mental Health services (POESIS) have started on a Thursday morning every other Thursday in the surgery. This seems to be helpful to our patients. The Group asked if there were any further proposals to develop it into further services i.e. coming into winter if they need any further help during this period. The service offered only manages patients with certain levels of mental illness and anything else can be referred to further services.

Dr Naeem has started doing joint injections and is going to be doing some minor surgery in the future; he has started the freezing of warts. This means patients do not need to be referred to outside services.

Dr Naeem is enjoying his time in the surgery. Dr Naeem's wife is going to be doing a few sessions at the surgery in the future after Dr Bhorchi's retirement if patients wish to see a female doctor.

3. Chairman's Report

Mr Berry was invited to attend meeting for Chairpersons of the PPGs by Healthwatch and the CCG.

The PPG is an enhanced service

1<sup>st</sup> presentation by Ian Reekie about the Friends and Family Test which is a contractual requirement of the surgery by December 1<sup>st</sup> 2014. It replaces the requirement to do a survey however it is best practice to continue doing the survey alongside it.

The Friends and Family Test is made up of two questions; one of which is statutory and the other to be formulated by the practice and PPG. The data will be collected and reported upon monthly and then published. The participation rates and scoring rates have yet to be decided.

From the survey 3 improvement priorities need to be decided in the form of an action plan and the PPG should agree the changes to service before they are implemented.

The PPG is supposed to be representative of the practice population as a whole.

There is some PPG induction material to be produced and the CCG is to offer training for the groups. The group was asked if they would like to volunteer for this and it was agreed to be guinea pigs.

There is to be a Spring Conference which will be open to all members of the PPG

**Action: AE to contact Ian Reekie to volunteer the group.**

2nd Presentation was by Healthwatch .They gave information on their role.

They can be an advocate for patients who want to complain, a service to signpost or a consumer voice.

They have the right to enter and view the practice with a view to making recommendations

This means the surgery is open to inspections from several different bodies: Infection Control, CQC, Healthwatch etc.

There will be a second chairpersons meeting in December. The conference is a good opportunity for networking with other groups.

**Action: JB to express concern over the amount of bureaucracy in today's Health Service.**

#### 4. Any other Business

EJ brought up he had heard reports from NHS England about patients who don't visit the Dr for 6 months that can be removed from the panel.

2 months into delivery of blister packs all going very well with feedback from patients.

The meeting was closed and date for the next meeting arranged

Next meeting 3<sup>rd</sup> December 2014 1pm