**BATH ROW MEDICAL PRACTICE**

Patient Participation Group

**Minutes of the meeting on 19th June 2019**

Meeting commenced at 6.15pm

**Present:-** AndrewImoukhuede **(A)**; John Binns **(JB)**; Marie Sharpley **(MS)**;Satya Devi **(SD)**; Steve Elliot **(SE)**

**Elected Chair:-** John Binns **(JB)**

**Minutes:-** Satya Devi **(SD)**

**Apologies:-** Pat Meads **(PM)** and Ros Jamieson (**RJ).**

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| **1** | **Apologies for Absence**  Received from **PM** and **RJ.**  **SE** added **RJ** hoped to be at the July’s PPG, **MS** also added as **RJ** now resides closer to Bath Row and this will be more convenient for **RJ** to attend. | **-** |
| 2 | **Minutes of the May PPG Meeting:**  **MS** had requested clarification on wording changed, **SD** stated **MS** had sent an amendment to April’s Minutes via **RJ**  Point 5 CCG Update which was recorded as “This enables a more complex picture of the patient’s health etc”; MS requested this should read “a more complete picture”,at the meeting **SD** had suggested “comprehensive” and in the absence of **MS** the PPG Members present agreed with **SD**’s suggestion.  Clarification was also requested from **MS**, **SD** recalled requesting complaint/compliment forms to be brought/discussed at PPG Meetings and Lorraine had informed the PPG Members this would not be possible due to confidential content. **SE** clarified that the complaint/compliment form could be brought and discussed as long as it does not contain any patient information, he was thanked by **SD**.  The Minutes of May’s PPG meeting were agreed to be a true record by **SD**. | **SE** |
| **3** | **Matters Arising**  There were 2 matters arising with **MS** stating she would like to address these later in the Agenda. | **-** |
| **4** | **Update from the Practice**  **SE** informed the PPG that the Practice was finalising the process of giving patients their test results over the telephone. In the proposed changes staff will relay the doctor’s instructions to the patient. For example if the result is normal the patient will be informed. In instances where the blood results are abnormal or the doctor wished to discuss the results further Patients will be asked to book an appointment. **MS** informed the PPG as a Patient you do not hear about results of the blood test particularly if the results are normal and this could be a worry. **SE** added appointments to inform patients that their blood results are normal are a waste of resources and Receptionists informing Patients of their results is a good compromise as many Patients simply wish to know results one way or another. **SE** confirmed the allotted duration for blood test results would be from 11am – 2pm and **SD** suggested including this on the next newsletter.  **SE** confirmed 2 applicants had applied for the posts of salaried Doctors at the Practice and also confirmed Dr Ajanaku’s training comes to an end in a few weeks and he will be leaving the Practice. He will be greatly missed by Patients and Staff.  **SE** also briefly discussed Primary Care Networks. These networks are currently in their infancy with ideas/thoughts being discussed at network meetings. There is a possibility of establishing an Edgbaston Hub at Bath Row Medical Practice similar to that which Harborne Medical Practice offers. **SE** added if the Edgbaston Hub was established the Patients of Bath Row and neighbouring practices would benefit from more appointments and greater options for access. | **SE** |

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| **5** | **CCG Update**  **MS** had attended the PPG Forum on 21st May 2019 which was held at St Andrews Conference Centre, Birmingham City Football Club. The main topics raised by Patients for discussion and presentation were:- Sharing PPG Challenges and Successes and Social Prescribing.  Sharing PPG Challenges and Successes was brought to the group by Sheila Try from Hawthorn Surgery. She talked about the difficulties in achieving what her PPG wanted to do, often without the full support of the Practice. A discussion took place and support and possible advice was offered by the group. The CCG are also trying to advise and help.  Social Prescribing was presented by Bernie Faulkner from Birmingham & Solihull CCG. This is defined as ‘Enabling healthcare professionals to refer patients to a Link Worker to co-design a non-clinical social prescription to improve their health and wellbeing.’ Social prescribing works for a wide range of people including those with long-term conditions, who need support with their mental health/are isolated/are lonely/and who have complex social needs which affect their wellbeing. It is seen to be important because social difficulties can cause medical problems. Apparently, 20% of GP appointments are for non-medical issues. Social prescribing can include help with:- finding accommodation, befriending (lunch clubs), employment, leisure activities and managing debt. Something more than a medical intervention is offered which enables patients to benefit from taking control and finding ways to keep well. It will also reduce pressure on already stretched services such as GPs and hospitals. Primary Care Networks will be appointing Link Workers to move these plans forward shortly.  Future PPG Forum meetings will alternate between the Birmingham City Football Club venue and Solihull College Conferencing Centre, Solihull. The next forum will be on the 18th July 2019 at the latter venue and **MS** encouraged other PPG members to attend. | **MS** |
| **6**  **6** | **Action Plan 2018 – 19**  **I PPG Notice Board/Waiting Room Screens**  **SE** confirmed the notice boards urgently need revising and hoped to undertake this shortly. **SD** commented on the current information and stated it was informative, interesting to read and with several new visual displays.  **II PPG Newsletter**  **SD** confirmed shehas started drafting July’s newsletter and will have a draft copy for collective contributions/ideas/thoughts with other PPG Members, with suggestions welcome. **SE** confirmed the work experience student is due to start his week long placement, **MS** and **SD** will decide on the various monthly campaigns with **SD** requesting if the subsequent organisations could be contacted for promotional material to be displayed on the notice boards at Reception.  **MS** stressed PPG Members should not work on their own or feel that they are working on their own as the PPG is a group, **SD** concurred and also stated the articles she has received have been particularly helpful as she has been able to draft/devise/discuss ideas via email with **MS** and **SE** and communication via email also dispenses with delays, which has been evident with the several articles in recent newsletters.  **III Combating Loneliness CL/NAPP**  **MS** expressedshehas been pursing **CL** since 2018 and added this is in line with the government campaign of social prescribing, **SE** informed the group 20 printed copies of the campaign have been issued to each of the Doctors at the Practice to cascade to Patients and **SE** would send further details to Practice Patients if he had a list, **SE** stressed he was keen to pursue **CL** and did not to abandon all **MS**’s suggestion.  Copies of NAPP’s ebulletin were issued to Members of the PPG by **SE**.  **IV Waiting Room Presence**  **JB** reported back to the meeting that he had attended the waiting room on one of the mornings of PPG Awareness Week and had spoken to some patients. They appeared to be interested in the idea of the PPG.  No other members were at this meeting to provide their feedback. **MS** remarked that at the meeting she had attended in April, she had told the group that she would not be attending the May meeting, but could be available on the Monday of PPG Awareness Week to be in the waiting room. This had been overlooked and she had not been included when plans were made. **SE** apologised for this oversight and emphasised the importance of good communication within the group and expressed his sincere apologies.  **JB** supplied details of 4 Patients to **SE** who appeared interested in knowing more about/being part of the PGG. **SD** apologised for not attending/participating in any of the sessions. **JB** informed the group he had distributed several copies of May’s newsletter, so-much-so that additional copies had to be requested for distribution, he also commented on the chart/table (which had details of Doctors at the Practice and included each Doctor’s morning, afternoon and evening surgeries) and **JB** added Patients found this particularly informative. **SD** added such a chart/table should be included annually/bi-annually on future newsletters and thanked **JB** for his suggestion and **SE** for forwarding the initial chart/table which she formatted/revised.  The group discussed the possibility of meeting outside of the monthly PPG meetings and this would be discussed at next month’s meeting. | **SE**  **ALL**  **ALL** |
| **7** | **Any Other Business**  **SD** requested she wishes to reformat the complaint/compliment form as it is difficult to locate/see on the notice board, particularly as it is an A4 page and impossible to find. | **SD** |

The meeting was concluded with **SE** thanking everyone for attending the meeting.

Next PPG meeting will be held at Bath Row Medical Practice at 6.15pm on **Wednesday 17th July 2019**.