

**Minutes of the Meeting of
The Lonsdale Medical Centre Patient Participation Group
26 April 2016 at 7pm**

Attendees

Dorota Debbache "DD"
Nicholas Fuller "NF"
Kelly Harper "KH"
Simon Koekemoer "SK"
Clare MacAdie "CM"
Moir Millar "MM"
Selina Moutia "SM"

In attendance:

Ann Lee, Patient Services Manager "AL"
Dr Leela Thangavelu

1. Minutes of the previous meeting

The minutes of the previous meeting were approved.

2. PPG/CCG

Selina (SM) was welcomed to the meeting. The group discussed the relationship between the CCG and the PPG. AL explained that we were currently operating without a Chair of the PPG and as a result no-one was attending the CCG meeting for Chairs of PPGs and SM offered to attend the next meeting. AL also explained that currently the surgery's focus was for the PPG to work with the surgery on local issues.

3. Fundraising and PPG Awareness

AL said that Dr Stewart had suggested arranging a surgery walk and a gardening day for maintenance of the outside of the surgery with some possible new planting to help raise the profile of the PPG and possibly these could be combined with fundraising for equipment. SM mentioned an APP called "Meet Up" as a way of publicising events.

AL suggested a fundraising event could be combined with the Macmillan cake sale which is in September this could raise money for both the surgery and Macmillan nurses. The group discussed what we should fundraise for and CM said it was important to fundraise for specific items. The next item required by the surgery is a Doppler Machine. SM asked if we could have a list of items required by the surgery. SK asked who will lead the fundraising and suggested we have a brainstorming session.

4. NAPP Questionnaire

The email relating to this had been circulated to the group by AL. The group were asked if they would all sign on to Survey Monkey to complete this short questionnaire about medications.

5. DNA (Did Not Attend) Protocol

AL circulated a letter the surgery would like to send patients who had missed three or more appointments. AL also said that there had been nearly 200 missed appointments in one month this year and Dr Leela said that there had been six DNAs on that day. The surgery and NHS has significant issues with patients making appointments and not attending. A discussion followed about DNA protocol and how to handle this problem. What tone should the letters take to achieve a positive effect? Should patients get a phone call asking why they hadn't attended? Should the surgery adopt a policy of "three strikes and you're out"? AL also said that 30 to 40 were the same patients who had not shown up on average three to four times a year. It was decided that if a patient has DNA'd three times the surgery should send a letter after the first missed appointment, then follow up with a second letter and then a phone call (to be recorded on patients' notes) telling the patient that if a pattern of not attending for appointments continues the doctors have the right to remove the patient from the surgery's list. Obviously extenuating circumstances will be taken into consideration. AL would circulate the letters to the group by email for comment.

6. Chronic Disease Letters

AL distributed examples of letters surgery sent out monthly by the surgery. After discussion it was suggested that the letters should stress the benefits of their regular reviews, for example with diabetic patients, stress the importance of monitoring foot impulses due to the possible loss of limbs relating to their condition. Dr Leela mentioned that asthma sufferers in particular didn't come for follow up/monitoring appointments. AL said she would e-mail the various letters.

7. Information Display Screen in the Waiting Room

The group discussed what could actually be put onto the electronic display in the waiting room. CM suggested that the GPs should hand out information leaflets. Dr Leela said that the GPs can and do where relevant and can also suggest lifestyle changes and make referrals for self-help where relevant. A discussion ensued on how to encourage people to pick up self-help leaflets or raise awareness of what help is available. AL said that the surgery is in the process of revamping the new patient leaflet with a view to getting sponsorship from local businesses in the form of advertising to pay for the printing of this leaflet. It was discussed who or what companies to target.

8. AOB

SM suggested we have a PPG Facebook page to raise awareness of important topics and the PPG itself. The administration would be the responsibility of the PPG and not the surgery but content would be endorsed by the doctors. The group decided it was a good idea in principal and that they need to discuss further particularly in regards to who will set up the page and be responsible for its content as well as monitoring comments.

9. Next Meeting

MM said that the next meeting is currently scheduled for Thursday, 23 June and that she would not be available on that date. It was decided that a new should be chosen that would hopefully suit the majority of attendees.

The meeting adjourned at 8.10pm.