

**MINUTES OF VICTORIA AND MAPPERLEY PRACTICE PPG MEETING  
HELD 18 SEPTEMBER 2014 AT VHC**

**Present**

Ingrid Green, Helen Crowder, Deborah Main, Sue Hawkesford, Oorvashi Vora, Jan Unczur\*, Helen Thomson\*, Patricia Graham\*, Susan Jones, Christine Roach, Julie Lester-George\*, Barbara Kendal\*, Catherine Wallace, Anne Hardy\*, Sue Clague, Collette Saxon (DPM), Drs Nightingale and Elias.

\*patients at Victoria = 6 Mapperley = 9

**Apologies**

Bill Brown, Christine Bestwick, Peter Benn, James Pam

**Chair** - Collette Saxon

**Minutes** – Sue Clague

**Minutes of previous meeting on 1.7.14**

These were approved.

**Actions from previous meeting**

Several issues were discussed.

- A) Collette will aim to have some detailed patient demographics for the next meeting.
- B) In response to the issue on medical demands of both sites Dr Elias stated that the patient population at Victoria was younger and more transient, that at Mapperley was more stable and older. There are 5000 patients registered at Mapperley and 3000 at Victoria. Given that there are 7 GPs covering both sites (five full time and two part time) this gives a better doctor/patient ration than the national average (1 to 1800). Dr Adams specialises in drug and alcohol misuse which is more prevalent at Victoria, as are accompanying mental health issues. Teenage pregnancy is lower than the national average, helped by the clinic at Victoria.
- C) There was commitment to GP attendance at every PPG meeting.
- D) Budgets to be agreed on an ad hoc basis depending on proposals from the PPG group which would be presented for approval by the Practice Management Group.
- E) Elected officers will be raised at the next meeting as the PPG group becomes more embedded.
- F) Patient surveys have not been conducted consistently in the past. All GPs are now required to have regular appraisals which include patient feedback but the PPG group pressed for a wider ranging patient survey which could help the group better identify patient needs and inform action plans against this research. It was agreed that this survey should be conducted early in 2015 and that advance notice of it should be communicated via receptions and the website.
- G) Collette committed to display photos of staff in both receptions.
- H) The practice website is not fit for purpose and Collette is currently working with the appointed GP to improve this important form of communication between practice and patients.
- I) Online booking of appointments is not imminent but remains a focus of the practice team.

J) All PPG members are asked for suggestions for the mission statement although it was agreed that due to the PPG still being in its infancy, this could be an on-going topic for a while.

In addition to the above actions Dr Elias reassured the group that there was now stability within the practice and all GPs hold permanent positions. This was welcomed as there were comments about lack of consistency on GPs seen by patients. There is also a new GP telephone triage system in place which needs a communication programme to patients. This is supported by reception basic triaging.

### **Today's agenda items**

#### **PPG Constitution**

Collette will send the proposed format for this to members to consider before the next meeting.

#### **Newsletter**

The summer newsletter was welcomed although many members had not seen it. This is displayed in the waiting room at each site & will be available on the website shortly. The winter Newsletter is currently being produced & will be available in December. Effective communication remains a key issue.

#### **Teaching Practice**

Dr Nightingale updated the group and confirmed that the practice is now accredited for newly qualified GPs to work with established GPs to enhance the medical time available. This was welcomed by all.

#### **Building Works**

Improvements to the Mapperley premises start in November and will provide an enhanced reception and waiting area, together with improved clinical rooms. Disruption will be kept to a minimum. Patients will be kept informed of any delays or change in clinic times.

#### **Friends and Family Test**

All GPs are contractually obliged to do this from December 2014. There are two questions on the questionnaire. The first is set nationally and the practice can choose a local one for the second one. The PPG would like to have an input to the local question and Collette will update on proposals for this for discussion at the December meeting.

#### **AOB**

In response to a question on budget constraints Dr Elias said that there were pressures but the GPs were always trying to balance patient care against financial challenges. A question on research initiated by the practice was tabled and the GPs replied that none was started by the practice but there was good participation in all relevant projects subject to time and financial constraints, always maintaining patient confidentiality. There was interest in whether the practice undertook surgical procedures and Dr Elias said that Dr Mawji did small operations monthly. There was a question on returning unused drugs. The advice was to return to the dispensing pharmacy, not the surgery. There was a discussion on how to attract younger patients and make the group more diverse in its membership. PPG members were asked to recruit directly with patients that they encountered in surgery waiting rooms and to also canvass for topics suitable for inclusion in the patient survey. Basic name badges will be provided by Collette for the next meeting to improve communication within the group.

#### **Next Meeting**

December 4<sup>th</sup> 2014, 12 55pm at Victoria.