

Minutes of PPG meeting held on Tuesday 28 February at 6.30 pm, Giggs Hill Surgery

Present: Marion Todd, Tony Jefferies, Chris Pinnick, Wendy Wilson, Tony Crumb, Linda Alderwick, Rachel Foster, Paul Thompson, Sue Dennis, Catherine Hazel, Simon Niles, Heather Leport, Karen Young (PPG); Dr A Kapoor, Dr R Strickland, Heather Chatwin, David Roskam, Carole Tyrrell (GMC)

Apologies: Derek Gage, Gary Clayton.

Update from the Partners:

Dr Kapoor/Dr Strickland addressed the meeting giving a brief summary on the following:

- Discussion regarding the merger and explaining how our IT systems are linked.
- Trying to keep equilibrium between the two practices. Moving urgent care from Giggs to Glenlyn.
- General practice is evolving. Hospitals are discharging earlier.
- Funding for general practice is arriving in a 'roundabout way'. The Paediatric Locality clinic being given as an example. The community medical team (CMT) was cited as another example of service delivery and the role of CMT outlined.
- Reiterated that, unfortunately, the traditional GP/patient relationship is changing. It is no longer possible for patients to always see the same GP. Outlined the difficulty regarding the recruitment of GPs and the national GP shortage.
- Outlined the firewalls and provision in place (admin doctor, duty doctor) to protect patients from the failings of the system (with regard to the changing work force, GPs working part time, pressure on the health system).
- Briefly outlined Kings Fund Report findings. Outlined the risk of moving toward a corporate organisation running GP surgeries (as is happening in some areas and to some GP practices) and explained that these models were more high risk than the Glenlyn model.
- Explained that Glenlyn view the PPG as the forum to inform the wider population on how the Practice works and how communication is a high priority for the Practice.
- AK/RS introduced David Roskams, newly appointed General Manager at Glenlyn Surgery, to the PPG.

There was discussion regarding many areas of the practice and health service including:

- The Glenlyn appointment system – why the practice has adopted the current model and why appointments are put on the system at different times.
- The 111 service and how this was a service that was here to stay.
- Text messaging - the pros and cons and limitations of this service.
- Patients who DNA (did not attend) and the reasons for this.
- Paediatric clinic and the method of funding.

Establishing the PPG Group:

Heather Leport (HL) suggested that the PPG group members in attendance introduced themselves and volunteered skills/experience they could bring to the PPG. HL noted names and skills/experience from the group members.

David Roskams (DR) offered to draft the terms of reference for the PPG. The group required a description of the role of the group, code of conduct, etc. Details of this had been obtained from NAPP (National Association for Patient Participation). KY offered to collate the contact details for the PPG (KY gave her e mail address and the PPG members were going to e mail her with their details).

Facebook/Website:

There was discussion regarding the Glenlyn Facebook forum and HL outlined how this operates. HL explained that the Glenlyn Facebook forum was open to all patients and encouraged Thames Ditton residents to join. There was discussion regarding the role of the forum and how this is being used to communicate information to patients. There was discussion as to how this could be used in future. HC to liaise with HL.

Karen Young outlined the idea of a Forum page on the Glenlyn website. KY had brought along a demo to show PPG members. There was discussion regarding linking this forum to the Facebook site. RS/HC to liaise with KY on this.

RS/AK talked about the issue of patient confidentiality and how the practice is unable to respond to medical complaints online.

Suggestions for PPG work/projects:

- Assist with communication to patient group. AK/RS explained that this is a huge challenge for the Practice. Confidentiality issues highlighted in this context.
- Directory of service guide for patients (this could include the role of the pharmacy and the many services they offer. If access to appointments is a problem what do you not need to see your doctor for).
- Spending a day sitting in the practice and talking to patients about their experience.
- It was suggested that one task could be that PPG members from Molesey and PPG members from Thames Ditton have a project to establish 3 points of communication for the group. They could feed this back to the next meeting.

Date of Next Meeting:

28 March 2017 (tbc)

23 May 2017 (tbc)