

Haughton Thornley Medical Centres

Patient Participation Group

Minutes of Meeting held on 3rd September, 2019

in the Health Promotion room at Thornley House Medical Centre

Present: Dominic Sexton (Vice Chair), Cathy Dobson (Secretary), Olive Harper, Jen Mellor, Don Hunter, Nina Hunter, Dr Hannan, Harry Newman, June Evans, Christine G, Cath Collingwood, Yvonne Bennett, Marilyn Gollom, Ciaran Wilson, Deb Smith

Apologies: Ingrid Brindle, Cath Shaw, Kath Mills, Roger Paul, Phil Barker, Glenys Mottram, Mary Cunliffe

1. Dominic opened the meeting.
2. The minutes of the last meeting were accepted.
3. Actions from last minutes.
 - a. In tray at reception for PPG messages had been requested but is still not there.
Cathy to request again.
 - b. Re the car park; Debs has made enquiries and learned that it is cleaned monthly.
 - c. A Facebook session has been involving Dr Hannan and Cathy and anyone else who was interested. Approximately 130 people engaged although only a few were active. This involvement of the practice with patients impresses the CQC (Care Quality Commission – the body responsible for the regulation of GP services and other health and social care services in England) – after the recent inspection the practice is rated ‘outstanding’. We will hold another session and invite more people to comment, and maybe set a topic for discussion.
4. Tai Chi. Marilyn ran a very successful taster session last week. Those who attended are keen for regular sessions to be set up, involving both patients and staff if possible. One person asked whether Tai Chi is possible for someone with numbness affecting the feet due to diabetes. The answer is a definite yes. Tai Chi has been shown to improve balance and reduce falls and it can be done sitting down, or with support e.g. from a wall or furniture.
Actions: **Debs to consult Marilyn to see if she is able to offer sessions at the practice, Dominic to email the PPG to find out if others will be interested in attending.**
5. Practice Matters.
 - a. Ciaran introduced himself as a physician associate and explained that the role is to support the GPs and take some of the load off them. Physician associates are professionals who aid in the diagnosis and management of patients in all areas of

healthcare but mainly with GPs and in hospitals. They cannot prescribe, although legislation is being introduced to change this. Ciaran has a background in pharmacy.

- b. The car park on Tower Street is now controlled by an external agency which means that patients parking there must enter their car registration at reception to avoid a fine. There are signs in the car park and in the reception area and receptionists also mention it when people come to the desk. The £100 fine goes to the car park management company and not to the practice. Restricted parking is enforced when the surgery is closed as well as when it's open and has already reduced the number of people parking there.
- c. Debs talked again about the CQC's annual review which has recorded the practice as outstanding. Feedback mentions the work the practice does with the PPG and patient engagement, also innovations such as the employment of Ciaran, and staff development e.g. training a receptionist to be a healthcare assistant. The practice is also involved with the neighbourhood; practices working together to help each other. One example is the use of multidisciplinary teams to bring different staff groups together (GPs, community nurses, occupational therapists, etc) to ensure the best care and outcomes for patients, and to help patients to see the person who is best able to meet their needs.

6. Questions for the practice

- a. Do we have drop in sessions for e.g. housing issues?
Not at the moment but the health promotion room could be used in future for sessions run by patient volunteers to help other patients. Also the practice is involved in other initiatives e.g. the dementia care at Asda. Twenty-six people turned up to the last session, and were able to talk to each other and to a solicitor, community nurse, dementia nurse and dementia support worker who were also there. These activities divert people away from the surgery and to support and services that they need, but publicity is a problem.
- b. When will flu jabs be available?
At the end of September and then throughout October. Dates will be sent out soon. The practice benefits when patients get their flu jabs here rather than at a pharmacy.
- c. What about shingles vaccination?
This will be available to patients in the right age range (which keeps changing) but there are no details yet. Eligible patients will be invited to attend. This vaccination is required only once, unlike the flu vaccination which is needed annually. One patient suggested that when being telephoned about vaccinations they should be invited and not told to come, as happened to a relative of theirs.
- d. One patient reported that on three occasions they had been unable to get their repeat medication after requesting it online. Prescriptions can be ordered a week in advance and it's recommended that patients do not leave sending the request until the last minute, so that if there's a delay there is still time to sort it out. Patients should also be aware that there might be shortages of some medications due to Brexit.
- e. One patient reported that they used to have their ears suctioned at hospital on a regular basis but the frequency has been reduced. This, and syringing, cannot be done at the practice, but patients can soften wax themselves using olive oil.

- f. There is confusion about the podiatry services available at the practice and locally. **Debs will find out the rules about who can use the clinic and how they can be referred.** High risk patients are seen at the surgery.
 - g. Evergreen Life – patients can maintain their own records in Evergreen Life e.g. blood pressure, but these records cannot be seen by the GP.
 - h. Pharmacists dispense only what has been prescribed even if it means taking some tablets out of a packet. Can these be left in, in case the patient accidentally drops and loses a tablet? Answer is no, because patients should not stockpile medications that might either be dangerous if taken all at once, or might lose effectiveness if kept for too long.
 - i. A patient reported that a relative had paid for a prescription for travel medication but had only been given half the dose (one tablet instead of two). They had then had to pay again for the second dose. Why was this? **Dr Hannan will ensure that all prescribers know how to prescribe this medication.**
 - j. When was the website last updated? Patient thinks that the website is very busy and could be simplified. Dr Hannan talked about how it includes all the information and links that patients need to help to support themselves, and once they know how to use it they find it easy. He uses it in surgery to show people details relevant to their condition. Some pages also have additional unrelated information to encourage people to think about other things, e.g. organ donation. The discussion about the webpage continued later to include comments about font size, colours, and accessibility.
7. The main agenda item was deferred in the absence of anyone to talk about it!
8. Any other business
- a. Dominic gave an overview of ESOL (English for speakers of other languages) and the work that has been done by members of the PPG to help patients whose first language is not English to access services at the practice.
 - b. It was suggested that PPG meetings could be videoed and broadcast (after editing) to encourage others to attend.
 - c. PPG minutes are on the HTMC webpage but not Facebook. We could ask for them to be added to the practice webpage.
 - d. BEST WISHES TO INGRID who is now out of hospital.
9. No agenda items were put forward for the next meeting. If anyone thinks of anything they'd like to raise please let Dominic or Cathy know.
10. Date of next meeting is Tuesday 22nd October.

Please send comments, suggestions or apologies to htmcppg@gmail.com and thank you for being involved in the Haughton Thornley PPG.