



LEATSIDE HEALTH CENTRE PATIENT GROUP

MINUTES

of the meeting held at

18:30, Wednesday 30th November 2022 at Leatside Health Centre

Present:

Ruth Major
Carol Spencer
Maria Parkes
Amanda Norman
Ian Norman
Maggie Harris
Robert Lamberton
Rosemary Musgrave
Jocelyn Floyd
Rosemary Musgrave

Practice Representatives:

Glynnis Turner (GP)

Practice Liaison:

Lee Collins (GPN)

Apologies:

Tamsin Spargo
Elaine White
Michael Goodland
Jo Craze

The meeting was opened by LC at 1840. BL agreed to act as chair of the PPG committee and was welcomed by the members.

BL gave his vision and goals of the PPG to the members. This was that hard work and dedication was need to facilitate improvements at LHC before the next CQC inspection which would be due in approximately four years' time.

The minutes of the meeting the 2nd of November 2022 were agreed as a true record aside from a minor amendment requested by RM. The minutes stated that there were not many negative comments made by the patients. This should be corrected to state that not many negative comments were made by the patients of the practice itself, but that there were many complaints regarding the COVID/Flu clinic. These were made mainly regarding the flow of patients and uncertainty of order. This seem to upset some of those that attended on the day.

The members were asked if there were any volunteers that would act as secretary of the PPG Committee. There were no volunteers. However, GT put forward the suggestion that JC may be interested in undertaking this role when she was back at work.

LC clarified that the Terms of Reference were accepted at the previous meeting.

BL raised the issue that patients did not know who the current clinicians were in the practice and felt that this was part of the communications issue with the practice. It was agreed that a board with clinicians' photos and name/role could be placed in the waiting room.

BL asked all members to think of one or two action points that could be raised to improve communication with patients by the PPG to get their views for the next meeting. Particularly that of the younger patient groups.

CS raised the possibility of using a questionnaire that could be used in the waiting room by volunteers of the PPG to gain an insight as to patient's feelings and thoughts of the practice. There were concerns that patients may not be well and this not being appropriate. The group was reassured that most patients in the waiting were not acutely unwell and would likely be happy to be approached.

Various methods of interacting with patients were discussed. It was agreed that the questionnaire method was likely the best approach in the first instance.

RM asked if there was a source of PPG related leaflets that were available from a national PPG supporting group. LC said that he wasn't aware of any groups that would supply these free of charge, but would look into this. However, LC raised the point that fundraising and self funding of items such as this was possible, however a treasurer and bank account would be required.

BL raised the ToR agreed were not particularly patient-centred, and felt that they should be focused on this approach. It was also raised that fundraising is a task that should be undertaken sooner rather than later.

BL read from the Chacewater Surgery Patient Forum (<https://www.chacewatersurgery.co.uk/patient-forum-2/>) their vision of a PPG. This was received well by the members and felt it reflected well the ethos and vision of Leatside PG. Volunteers were asked to create a working group with BL to work on and create our own tangible vision.

A general discussion was held regarding booking of appointments, particularly continuity of care. It was raised that it was difficult if not impossible to get an appointment with a clinician of choice. GT confirmed that clinician choice is available, but there may be a wait for an appointment. It was generally agreed that this was a point that should be targeted and addressed by the PPG at a future date.

RM gave a verbal report of PPG recruitment. She found it much more difficult to engage with patients on this occasion. However, the patients she did speak to complained that they were unable to see a doctor or clinician of choice at the practice. There was also interest in the working of the PPG. Ruth explained how the triage system worked to some patients, who then had a better understanding and appreciation of this. It was again felt that this could be better communicated to patients. Ruth also described one patient who was particularly angry with her. This turned out to be mis-directed anger as she had a number of complaints with the practice. Unfortunately the patient became quite abusive and was asked to leave the premises by EW. RM praised EW for her calm demeanour and handling of the situation.

RM then went on to describe a conversation that she had with the admin team on the day and was told about the abuse that they receive from patients on a daily basis, bringing some to tears.

A discussion was held regarding the attitudes of patients towards staff, and appropriate empathy being given to patients by staff. This discussion continued further to patients having expectations that were not in-line with services that were deliverable by the practice. Attitudes towards the practice regarding the hierarchy of clinicians perceived by patients was discussed, and it was agreed that patients needed educating in modern health practice. That they would be directed to the most appropriate health care professional for their current need. A GP was not the most appropriate.

Complaints were further discussed. It was asked if a summary of complaints, without specific details, would be available to the PPG. LC would speak with EW to obtain figures if appropriate. GT reassured the members that complaints were audited, discussed and managed appropriately.

Monies awarded to the practice for green area funding were disclosed to members. A discussion was held regarding the spending of the ~£800 allocated to this project. It was generally agreed that planters and benches to the front of the surgery were most appropriate and to be filled with hardy and scented plants. IH and SS volunteered to help source and plant these, and will ask TS if she would like to become involved.

Maximum capacity of general practice was discussed, and that all local practices were no longer routinely accepting patients due to capacity. Patients would need to apply to NHS England who would now be allocating patients to practices as it sees fit.

Points to discuss at the next meeting:

Patients questionnaire

ToR

Complaints procedure – BL will contact Moira to obtain details of this.

Any other business

None

The next meeting was agreed to be held at 6.30pm on the 25th of January 2023 at Redruth Health Centre.

Meeting closed at 8.30pm.