

## Patient Participation Group Meeting

Wednesday 17<sup>th</sup> February 2016

- Welcome: Lynne welcomed new members and explained that the meetings were intended to bring forward ideas to improve the practice and not for the raising of complaints or personal issues.
- We welcomed a guest speaker to our meeting: Rob from Voicability. He explained how the service worked by supporting a range of patients with varying health care needs in receiving the best from health care services. It provides these people with “a voice” and can help them access the services they need. Information was provided at the meeting and will be made available throughout the surgery information outlets.
- Kirsty informed the group that Dr Burnett was leaving the practice at the end of April. A question was raised as to who would be the Diabetic lead GP when Dr Burnett left. We explained that we have 3 highly qualified Diabetic Nurses and that Dr Darcy and Dr Gupta are undertaking further Diabetic training also. We also explained that we are in the process of employing 2 full time nurse practitioners as opposed to a new GP. We hope this will make more appointments available. System online appointments were also discussed as patients often mention that there are no appointments available to book. It was explained that only a small number of appointments are open for online bookings and all other appointments can be booked through reception.
- Kirsty explained how reception endeavour to answer all calls as quickly as possible but that the sheer volume of calls means that this can sometimes take longer than we would like. To help ease this we are in the process of employing more reception cover.
- As most patients are aware we regularly have students in with the doctors and we are hoping to have GP registrars starting with us next year.
- Following our recent patient survey when it was highlighted that later appointments would be beneficial to patients, we are introducing later routine appointments at both sites from the beginning of March. 5.40pm will be the last appointment as opposed to 5.10pm which is the

latest appointment at the moment. The early Thursday morning and Thursday evening surgeries that are currently running will continue unchanged.

- We explained that if patients required an urgent appointment they may be called back by the duty doctor, however, this may not be the doctor of your choice and we sometimes cannot either disclose or guarantee which doctor will call you.
- Reception will ask everyone who rings for an appointment if they can give a brief idea of their problem. This is only so we can direct you to the most appropriate service, ie doctor, nurse or in the future nurse practitioner. If you do not feel comfortable giving this information, please just tell the receptionist the problem is personal.
- Following our patient group's suggestion that we have relevant information in waiting rooms via computer, the practice has purchased three TV screens at the Thorne Road site. These screens show up to date health advice and we are in the process of adding personalised practice information. We will look at buying a screen for Hollybush in the not too distant future.
- We discussed patients accessing results and requesting urgent prescriptions. We will continue to ask patients to call after 11am for results and we will not discuss results at the front reception desk for confidentiality reasons. If an urgent prescription is needed, please speak to reception as opposed to leaving a message on the answer machine, we will always endeavour to get your prescription available to you the same day. We have asked all the local chemists to call after 11am with any prescription enquiries to help free the phone lines up at the start of the day.
- We have updated our guidelines for patients who move out of the area. If you move out of the practice area (please see website for details) you will have to register at a GP in your new area. This is because the doctors do not feel they can give a full GP service to these patients. We do have a few patients currently living out of our area – this is historical - we will not be asking them to leave and find another practice unless they wish to, but if they move to a different address which is outside of the area, we will ask that they move GP practice.

- A patient raised a concern regarding the screening for men aged 65 and over for Triple A (Abdominal Aortic Aneurysm). Men are currently invited for screening at the age of 65. The programme has been running for approximately 3 years and the concern was that men who were not called as part of the programme are not always aware of the risk and any screening available. We will look at raising awareness of this and advertise throughout the surgery information outlets.
- A patient also asked if it was possible to have a stylus for the self-check in machine as the screen often gets dirty. It was decided that this wasn't really feasible as the stylus would also need to be cleaned after each use and it was pointed out that there are hand-sanitiser dispensers near the machine and all around the surgery. We will ensure that the cleaning staff keep these topped up.
- Lynne raised the subject of the practice having a Facebook page. Almost all the patients at the meeting were against this idea. The group agreed to go away and have a think – they will also look at facebook pages from other practices and we will discuss it further at our next meeting.
- We will ensure that all group members will be sent an agenda prior to the meeting in future.
- We are be holding a Dementia Awareness open day at the surgery at the end of March, further details will posted around the surgery and on the website.
- Our next meeting will be in June.

## **What is an Advocate?**

### **What an Advocate Will do:**

- Listen to client and their issues
- Support client in their aims and objectives
- Treat client with respect
- Provide information to enable client to make an informed choice
- Create environments in which clients voice will be heard
- Negotiate a plan of action with expectations from both sides
- Attend and arrange meetings to support client to be heard
- Help client challenge services if required
- Provide assistance with things client may find difficult (reading/writing)
- Speak up when instructed if client feels unable to do so
- Maintain a professional relationship and ensure boundaries are in place
- Agree a timescale for any feedback when required
- Be courteous and on time for arranged meetings
- Treat clients on an individual basis
- Work towards self-advocacy from first meeting
- Empower and enable client at every opportunity
- Remain independent of statutory services
- Ensure client rights and user voice remain high on authority's agenda

### **What an Advocate will NOT do:**

- Impose their own views
- Give advice
- Replace a service that is more appropriate to the issue (social work etc)
- Break confidentiality unless under terms of disclosure
- Challenge decisions the client wants to make
- Create an environment of dependency
- Seek to include their own views or agenda on clients issues
- Disempower clients in any way
- Become part of clinical teams
- Work outside of their remit
- Replace client as central person within the issue