**Parklands Medical Practice**

**Patient Participation Group meeting**

**PPG Minutes 7th July 2014**

**Apologises**: FP AB

**Present**: IT CH JG JD CD DW JL GF

**GP Appointment waiting times -** JG brought an article in the T & A ‘waiting times’ to the groups attention , IT discussed the challenge presented by funding cuts. IT said we wanted to manage demand better, also we had been involved in a CCG audit programme re appointment requests. Work identifying good practice is ongoing. IT shared the GPs were in the early stages of considering rapid access appointments.

**PPG DES Action Plan -**

**Priority 1 – encouraging feedback from ‘hard to reach’ patients -** IT circulated the action plan and discussion took place around the plan. The agreed hard to reach groups are young people and the various Eastern European groups of patients.

*Young people* – The practice are going to be working with Barnardos and Healthwatch on a project which will hopefully encourage improvements in engagement from our younger population of patients.

*Eastern European Patients* - IT explained that, at the last time of counting, there were 47 spoken languages at Park Road.

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| The practice has made a bid to be part of the Practice Health Champion project – this aims to identify and train volunteer patients to work in the practice. If successful we have already identified a “conversation group” as an appropriate first project. This would hopefully promote better spoken English and raise awareness of NHS services and structure.

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| *Other ideas for Health Champions include*:conversation classes |
| translator group – GF volunteered to deliver Spanish translation |
| befriending |
| weight management |
| flu uptake |
| smear letter (from community imam) – JG volunteered to be involved in this area. |
| anxiety  |

It will attend a cultural awareness workshop on 14/07/14. This is a series of 6 covering 6 different Eastern European cultures. The first workshop is the Polish community.*Travelling Community* – Frequently identified at highest risk of not engaging with health services. The practice already has a small group who have relaxed registrations to ensure the children in the group are looked after. The practice will look to develop a small qualitative feedback form to educate this group re access etc. Will hopefully help practice understand groups needs to try and tailor care.**Priority 2 – Increasing levels of feedback across all patient groups and demographics** - Practice to have suggestion boxes in both reception areas.The practice will develop an ‘E-Comm’ strategy re newsletter style communication via email addresses which are now recordable on the clinical system. The practice will encourage greater use of website/ online booking etc- encourage feedback from patients who attend infrequently.“Feedback” will be added as a regular item to the agenda for weekly practice meetings. |
| **Priority 3 – Improve patient experience (esp Buttershaw Lane)** – Customer care training has been identified as a necessity.The practice is part of a steering group looking to develop a brief for specific reception staff customer care training for both local CCG’s – 2 receptionists and 2 patients will accompany the Business Manager to the next meeting. The reception team has been restructured from 10 down to 9 members. Full team will now work across both sites with occasional swapping for holiday and sickness cover.  |
| *Consulting patients on proposed waiting room development* - The meeting then moved to the upstairs waiting area and discussion took place re the proposed changes to the layout of the reception and waiting area. IT specifically discussed how the group felt we should consult with BL patients in particular. DW thought it was a waste of time and resource as pts just want to see clinicians quickly – don’t really consider the reception space. JG agreed stating that a new building was a better option than remodelling the existing building. Group happy for practice to use any combination of posters, flipcharts, website etc to consult if we think it is worth going ahead. |

**Action plan was approved by the group.**

**Over 75 and unplanned admissions DES (UAD) –** We have 800 >75s and approx 160 patients on the unplanned admissions register. Letters to >75 advising of accountable GP have now being posted. Letters and care plans for pts on UAD register will be posted before the end of July

Meeting closed at 7pm

Next meeting: Monday 29th September 6-7pm at Park Road Surgery