

## PPG Meeting 20th April 2023 18:30pm

### **Present:**

Dr J Hobman JH (Lead GP)  
Tracy King TK (Assistant Practice Manager)  
LL (Chair)  
IL (Vice-Chair)  
PR (Secretary)  
CE  
JL  
MW  
JK  
MK  
BW

### **No Apologies:**

The meeting was opened by LL the Chair who welcomed everyone.

TK gave an update regarding the email that was sent to all 'virtual' and core members, for feedback of who was still interested in remaining in the group. There were 9 responses from those who had previously shown an interest in physical attendance; with 5 responses out of 45 of virtual. Out of the virtual responses, one showed an interest in the core group. Another responder wanted to be kept in the loop for the future, as he believed he had a skill set that would be useful to the group. Another member also responded suggesting more notice of what's going to be discussed in advance would be helpful.

Recommendations by a member, who also replied were as follows:

1: Responses could be measured through patient's feedback would give more indication of patient satisfaction.

*We agreed that statistics are already kept and have been published.*

2: Appointment waiting times should be kept as short as possible.

*We tended to agree that the feasibility of this could be difficult as patients have different needs and often some will need more time than others; therefore, it would be difficult to predict in advance in many cases.*

3: Referral rates/ figures relating to the practice.

4: Indicators and statistics of immunisation rates etc.

*We agreed that these figures are on the website*

5: Staff satisfaction. *TK and Dr Hobman said everyone is happy*

LL said despite most of these issues were satisfactorily already addressed, it would be still good to take the comments on board; with the PPG group being a 'doing' group striving for ideas. CE suggested a type of governance over monitoring. LL also reminded us about how we had the urgent care discussions and asking each other their thoughts and comparisons. Confidentiality was discussed as to what could and could not be shared outside the group. We agreed this was something that should be discussed in more detail at a future meeting.

There was a suggestion that meeting with other PPG's to share ideas would benefit both the Practice as well as the patients and staff. Provision for those who don't have technical appliances such as computers or tablets or smart phones is something we need to think about.

MW brought up that although it took some getting used to, the MFT app has proved to be useful. The patient receives feedback from appointments and letters very quickly which is positive. TK saying that the patient often receives the letter before the surgery due to the queuing system they come in.

LL brought up that meeting goals and targets as well as needs was something the group would like to assist with.

Ideas of having a topic of the month that could maybe fit in with national events such as Diabetes Awareness Week etc would be a good visual way of promotion on a separate board.

IL suggested a campaign calendar so we know what's coming up in advance. Public Health England have information, but it is down to the staff or us to have to look, rather than PHE sending it out.

Provision at the practice for ethnic groups was discussed. JH and TK reassured us that with pre-arranged appointments that an interpreter could be got with 24 hours' notice. It would be more difficult though when an emergency. The surgery does have access to telephone interpreters who can be accessed on demand.

IL gave an update on the defibrillator and had completed research with establishments in the area and these were the results:

1: The Community Centre and Nisa Convenience Store has no defibrillator at all.

2: The Bowling Green has one, but it is inside the building.

3: Sale High School has one but can only be used when open. They did approve a system that allowed it to be 24/7.

4: Tesco has one but can only be used between 7:00am - 22:00pm.

There was a recap on the various checks for maintaining and checking a defibrillator; these included permissions; placement; registration on the national database; checking for consumables. CE has experience in this field and stated that it is an ongoing weekly commitment.

To conclude on this issue: It was agreed that at this time, it would not be feasible to go ahead installing a defibrillator on the outside of the building.

### **AOB.**

CE made a special point on behalf of the group of thanking the staff at the practice for all they do.

### **Next Meetings**

The next 2 meetings were agreed to be as follows:

July 20<sup>th</sup>... 18:30pm

October 19<sup>th</sup>... 18:30pm