

**PORTER BROOK MEDICAL CENTRE  
PATIENT PARTICIPATION GROUP MINUTES**

**Thursday 29<sup>th</sup> March 2012 at 6pm**

Present: Susie Uprichard Practice Manager & Business Partner  
 Natalie Phillips Patient Services Manager  
 Dr Kirsty Goddard GP  
 Anne Baird Nurse Team Leader  
 Adam Havenhand IT Manager  
 Emma Apsa  
 Leslie Green  
 Raza Hussain  
 Craig King  
 Timothy Nelson  
 Eileen Nelson  
 Clare Rushen

Apologies: Dr Gurjit Barn  
 Dr Miriam Alzouebi  
 Clare Rushen  
 Hana Hussain

<b>1. Apologies</b>	<b>Actions</b>
Apologies were received with thanks.	
<b>2. Minutes Of Last Meeting</b>	
The minutes of the meeting held on 26 <sup>th</sup> January 2012 were accepted as an accurate record.	
<b>3. Matters Arising</b>	
Mr Nelson questioned why notices have yet to be displayed in the reception area– to be covered later on the agenda.	
<b>4. Welcome To Guest Speaker</b>	
The Group welcomed Adam Havenhand, IT Manager to the meeting.	
<b>5. Patient Participation Report</b>	
Natalie has finalised a local Patient Participation report which has been submitted to the PCT and uploaded onto the practice website. The report includes a profile of PPG members, details of the patient survey and agreed actions. Actions will be carried out in due course – Natalie will make a start with these over the next month or so.	<b>Natalie</b>
Students were surveyed separately through a 'virtual forum' provided by Sheffield Hallam student union. A separate report has been published on their website.	
Natalie advised that a display should be installed in the reception area so that patients can be updated about the work the PPG is doing. The display will highlight the constitution of the Group and results of the patient survey. All Group members consented to being named individually on the notice board.	<b>Natalie to D/W Janice</b>

<p><b>6. IT Update – Adam Havenhand</b></p> <p><b>SMS Text Messaging</b> ~ Appointment reminders via text are now being sent out to those who have consented. Any patients who have declined the SMS service will not receive texts. 7,000 patients have consented so far – we hope this will have a positive impact on access as it should reduce our ‘did not attend (DNA)’ rate.</p> <p><b>Online Appointment Booking</b> ~ The practice is looking into operating an online appointment booking service, which will permit patients to book &amp; cancel appointments at their convenience. The system will allow you to book up to 26 weeks ahead &amp; can be customised to suit the needs of the practice. There will be a limited number of available appointments which can be booked online, &amp; hence those doing so will not receive preferential treatment to those booking by alternative means. Other benefits of the system include a reduction in the DNA rate (as patients have greater flexibility to change appointments), a decrease in incoming call volume and demand on reception (which will lead to a reduction in ‘queuing time’ on the telephone), and an improvement on access.</p> <p><b>Record Sharing</b> ~ Our new clinical system allows patient records to be ‘shared’ with other community health professionals e.g. Podiatrists, physiotherapists, district nurses. The practice is not happy to opt in for this system without fully investigating the implications. It is imperative that information is kept secure at all times. The practice will keep the Group informed of any developments.</p>	<p><b>Adam</b></p> <p><b>Adam</b></p>
<p><b>7. Medication Instructions</b></p>	<p><b>All to note</b></p>
<p>Leslie acknowledged that children of non English speaking patients sometimes accompany their parents to appointments for interpreting purposes. Anne clarified that the practice always offers an independent interpreter where necessary; however it is often the patients’ wishes to have a relative interpret for them.</p> <p>It was also questioned whether patients of other ethnic minorities find it difficult to interpret medication instructions written in English. This was considered a valid point and Dr Goddard suggested that this issue should be raised with the clinical group. The interpreters could always be asked to write down such medication instructions in their own language for the patient to take home with them.</p>	<p><b>Susie to raise with the clinical team</b></p>
<p><b>8. Practice Newsletter</b></p>	
<p>The spring edition of the quarterly practice newsletter will be available to download/ pick up from reception next week. There will be an article about the PPG and patient survey.</p> <p>The Group feel that an e-mail/ online subscription would prove beneficial as patients may ‘ignore’ text messages if they become too frequent. Adam informed the Group that the practice website is due to be ‘revamped’, and that an online subscription to the newsletter may be incorporated.</p>	<p><b>Adam</b></p>
<p><b>9. Late Arrivals Policy</b></p>	
<p>Patients arriving late for appointments has a detrimental impact on the ability of the practice to run smoothly, &amp; hence the practice would like to adopt a ‘late arrivals’ policy. The Group discussed possibilities but agreed that the policy should remain flexible to allow for extenuating circumstances. It was decided that ‘perpetual late comers’ are a different</p>	

<p>issue and should be dealt with separately. Reception staff would like to adopt a consistent approach, however this proves difficult as the views of individual clinicians differs. It was agreed that a fundamental issue is to increase awareness of the standard length of time for an appointment (action point from the survey).</p> <p>The Group also suggested that polite notices should be installed on reception advising patients that they may not be able to be seen if they are more than 10 minutes late.</p> <p>This Group agreed to revisit this topic at a later date.</p>	<p><b>Natalie</b></p>
<p><b>10. Practice News</b></p>	
<p><b>Reception Team Leader</b> – Susan Wastenev has been appointed as Reception Team Leader at Porter Brook. Susan will start her induction programme on Monday.</p> <p><b>Student Health at SHU</b> – The premises is due to be refurbished and extended over the summer.</p> <p><b>Treatment Room</b> – The treatment room at Porter Brook is currently being upgraded and refitted in line with cross infection requirements.</p> <p><b>New Nurse</b> – Nurse Michaela has left the practice and been replaced by Katie Wight, nurse practitioner.</p>	
<p><b>11. Any Other Business</b></p>	
<ol style="list-style-type: none"> <li>1. <b>Rear Entrance Door</b> – Mr Nelson reported that the rear entrance door was locked at 8:30am when he recently attended for an appointment. Susie advised that all doors should be unlocked at 8:20am &amp; that this would be fed back to the reception team.</li> <li>2. <b>Practice Booklet</b> – Mr Nelson pointed out that the practice booklet is not on display in reception. Susie advised that copies will now be placed in the leaflet rack.</li> <li>3. <b>Compliment</b> – Emma would like to compliment a particular receptionist (Elizabeth) who is consistently polite and remembered her name.</li> <li>4. <b>Educational Event</b> – Dr Goddard would like to get going with setting up a Carers/ dementia awareness day, or an in-house event aimed at parents with young children for self managing childhood illnesses.</li> <li>5. <b>Website</b> – It would be beneficial to have a ‘website of the month’ advertised on the practice website.</li> <li>6. <b>Waiting Room Television</b> – Many patients would prefer it to be switched off. Susie advised that it is likely that waiting room televisions will soon be removed across the City.</li> </ol>	<p><b>Natalie</b></p> <p><b>Natalie</b></p> <p><b>Natalie – to feed back</b></p> <p><b>Clinical Group</b></p> <p><b>Natalie to D/W Adam</b></p>
<p><b>12. Date &amp; Time Of The Next Meeting</b></p>	
<p>To be confirmed.</p>	