**The Muswell Hill Practice**

**Patient Participation Group (PPG) Meeting 05/06/2024**

**In person meeting 18:00-19:00**

Present: Dr Amanda Sutton (GP Partner), Natalie Ker Watson (NKW - Practice Manager), and 14 patients (Christa, Susanne, David, Gill, Gordon, Lucy, Stephanie, Lorraine, Louise, Mike, Dimitri, Richard, Lorraine, Gloria).

Apologies: Jeffrey Bruce, Simon

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| **No.** | **Agenda item** |
|  | **Welcome all and matters arising**  Thanks were given to all who joined for the face to face meeting.  We did an audit on the Pod to see if the results were correctly being automatically transferred to patient records. All were, so this gave us confidence. Raised about the signage being better – will action. Two patients who helped on flu day found that there are clear instructions in the pod room. Dr Sutton said text messages are sent to patients where we require a blood pressure reading, as it is valuable clinical information. |
|  | **Building and practice updates**  Council tendering the work to fix the roof to prevent leaks.  Extra bike hoop at the front to be installed.  A cycle hanger will be installed in a car parking space, for staff bikes.  No update from the council about the pavement in Dukes Mews. Two patients reported that they did contact their councillor about this but neither received a reply! Any one else who can contact, we would be grateful. We are trying to see the allocated money for pavement work improvements spent to ensure there is easy access to the practice down Dukes Mews, without people having to walk on the road.  Query whether pharmacists appointments are offered online and 2 weeks in advance like the GPs (2 weeks in advance for GPs is a contractual requirement, we are not allowed to offer further advanced appointments).  One patient asked about our list size and staffing. 16,400 list size. We have 3 GP partners, 9 salaried doctors, 6 GP trainees, 4 pharmacists, 2 nurses, 2 HCA (many of the clinical staff work part time), 14 in the support team (reception or administration) and an operations manager and a practice manager.  One patient asked about the services we offer. Over and above the core GP and nursing services, we have an anti-coagulation clinic, joint injections fortnightly clinic, shared care clinic with The Grove fortnightly, long active reversible contraception (coils and implants) and travel. |
|  | **Dimitri’s paper on the workings of the group (circulated to members in advance)**  *Intro:*  The purpose of this ‘paper’ is to stimulate ideas rather than provide ‘solutions’. But as always it can be helpful to start with an idea or two that we can react to.  *Why do it?*  We know that our GP’s and surgery colleagues are really pushed for time.  The PPG is an additional although necessary requirement, which we need to make as meaningful as possible for all concerned.  A good PPG assists our GP Practice in identifying concerns, suggesting ways forward, and supporting The Muswell Hill Practice (MHP) and its methods of working.  The experiences of patients are important in supporting the MHP in maintaining its high standards, which we all value.  Differences of views are often helpful in maintaining good working or thinking of different ways of doing things.  Our PPG is now one hour, shortened from 1.5 hours, which leaves less time for thinking and discussing.  It is important we do not slide into becoming a ‘token’ or acquiescing meeting.  *What can we do differently?*  Is there a value in patients holding a 30 minute meeting *prior to* the PPG to reflect on the items on the agenda and identify issues they’d like to raise in the PPG?  Is there a value in patients holding a 30 minute meeting *after* the PPG to reflect on aspects of the meeting and generate questions/items for the next PPG?  Is it time to re-visit the chairing of the meeting? Natalie does this extremely well, and so it might feel intimidating to take this on. But is it worth considering again? How can we support whoever wishes to take this on, as they get into the swing of doing this? Should we trial a Chair and a Co-Chair to support the Chair (roles/support to be decided between them).  Learn from other PPG’s what has worked well for them?  Any other thoughts/ideas/suggestions on how to ensure these meetings remain useful and helpful for all? Or to freshen them up?  Trial preferred one of the above, and see how we find it?  Or else…continue as we are?  Thanks was passed on to Dimitri for his paper. He had received a couple of comments in advance of this meeting.  We looked at the Healthwatch suggested draft terms of reference and will circulate that. People would prefer nothing too corporate or business like in them.  Query about how representative this group is? Gender yes, age sort of, ethnicity no. Disability not sure as not all visible.  How do people find out about this group? It’s asked as a question for new patients on their registrations form. Advertise on our website. Added to Instagram, which may have a different demographic. We have 400 followers at the moment. Could be a place if we were to post a survey out to get views.  Discussion about would any patient like to chair? No one interested as it stands. NKW to continue to chair.  To have a meeting before or after the meeting with the practice staff? Trial having a 30 minute meeting before the meeting starts (either face to face in the practice if a face to face meeting or 30mins online if online meeting).  Query about how do other practices work with a PPG – could their chair come and talk? Healthwatch also chair a meeting for all patients in Haringey. One patient here looked at the minutes and they were very long!  Thanks given to Dimitri for raising his item. |
|  | **Annual review of complaints 23-24**  An anonymised detailed summary was given of the 10 complaints that were investigated in the year 23-24.  8/10 received direct from the patient (aged between 20-59), 2/10 from parents of patients under the age of 19.  4 were upheld, 2 were partly upheld and 4 were not upheld.  The subject area of the complaints were;  Clinical treatment 1  Delay in referring 1  Disability issues 1  Misdiagnosis 1  Practice management 2  Prescription issues 4  Staff attitude/behaviour 4  Waiting time for appointment 1  Comments from patients given that they were pleased to see the action and learning from them, e.g. adding warnings to patient records related to their clinical needs.  Query was how does this compare with how many positive reviews? We get lots more positive feedback than complaints! Positive feedback, left on Google or the NHS website really does boost moral. |
|  | **Other items for the minutes only (not discussed)**  We are holding a dementia awareness afternoon this Friday at 2pm. Families that our Social Prescriber have been working with have been invited. There will be some speakers, time for mingling and light refreshments.  June is LGBTQ+ Pride Month. As a practice we have been trained by the LGBT Foundation and have submitted our application to achieve a ‘Pride in Practice’ award. |
|  | **Any other business**  Positive feedback given to Dr Hill for her work at the Meadow and end of life care.  Positive experience of a video consultation when on holiday and accessing a prescription. |
|  | **Date of next meeting**  Autumn TBC |