

## **Ainsdale Medical Centre**

### **Patient Participation Group Meeting Thursday 5 January 2017**

#### **Present**

Chair: David Waugh

Practice Clinical Representative: Doctor Colette Nugent

Practice Administration Representative: Paul Ashby

Minutes Secretary: Margaret Waugh

Members: Roy Connell, Rodney Dykes, Paul Ellis, Roger Exley, Roger Grand, Ian Watson

Sefton Healthwatch speaker: Betty Boner (arrived 6.45pm)

#### **1. Apologies**

Barbara Jones, Ken Lowe, Jean Washbourne

#### **2. Minutes from the last meeting**

DW welcomed everyone to the meeting. He was pleased to see the PPG insert in the Practice newsletter, but as yet has not seen the article in the new Natterjack magazine.

#### **3. Matters arising**

PA was disappointed with the Natterjack's article from the Southport Labour Party regarding the difficulty in gaining medical appointments. Both Ainsdale surgeries do not have a problem with booking appointments and he felt it was inappropriate to use the Natterjack as a political tool.

DW said that he would produce another article for the Natterjack if requested in the next issue.

PE said that the new PPG website would be monitored by him and not as stated in the minutes which said DW.

#### **4. CQC**

PA reported on the good outcome of the report. An enormous amount of work had gone into the preparation for the visit during 2016. Work in the practice had focussed on the CQC, 2017 will see a reprioritising of work not necessarily around compliance. The report is now on the practice website.

RC congratulated the staff on their excellent work. Users of the practice will know of the good work. It's always important to analyse to achieve outstanding results.

DW praised the good management in the practice which is reflected in the happiness of the staff at all levels in the hierarchy.

PA was delighted that one of the criteria had received outstanding. No practice in Sefton has received outstanding overall: only 2 practices have received outstanding in any criteria and both are in Ainsdale.

RD thought the process to be a waste of money. He had seen an article online from Roy Lilley (Health Policy Analyst) which he felt the PPG should see regarding GP practice and service delivery. PA to forward this to everyone.

PA reported that Primary care will change in 2017.

## **5. Development of the website**

The website is live. There was discussion over the speed of adding information, and what information to be added. Editing would not be PE alone.

DW outlined the importance of continually adding information to keep the interest of patients.

PE asked for other methods of attracting patient interest to the PPG, not just by the website.

RG worried about the conflict with the newsletter for information. What is there to tell patients?

PE commented that all elements of the website are live. He wondered who the readers were e.g. only patients. There is a forum to chat but who would monitor and moderate this? Articles can be viewed by all: contributions would be by login. Who will write the articles? These elements should be considered and addressed at the next meeting.

Chicken and egg situation: which comes first, website or interest in PPG.

DW emphasised the need for communication for awareness of the PPG e.g. Natterjack magazine. He offered to visit community groups with differing age groups to increase awareness e.g. family groups, ladies groups, Mums and toddler groups etc. Different age groups have different viewpoints and should be represented on the group membership.

RC suggested asking different health/medical bodies to write articles e.g. NHS

The flu clinic visitors completed 450 forms. However RG pointed out that this was a captive audience. There would need to be a trigger for patients to look at the website e.g. SMS when new articles are added.

Another form of communication is social media. This produces followers i.e. audience. Facebook has bulletin boards with no control, but Streetlife is aimed at community groups. RG also pointed out that this could be more negative than positive help e.g. Plumber reputations.

PE could set up a twitter account, but there was no interest shown for this at this time.

RE said there should be clear objectives and benefits for the site e.g. advisory themes of health and wellbeing. DW asked if frequency of adding information e.g. monthly would be advisable. IW suggested adding reasoned health views from the daily papers.

RG mentioned that people visit specific medical sites e.g. cancer, where this is heavy usage for specific information as and when required for certain purposes, we could offer local information and link this to national websites.

RE doesn't use the practice website and wasn't sure who would use ours. IW pointed out that people worry about health. There is a wealth of information available online. We need to advertise in the surgery to show our website will be of benefit to patients.

DW has tried to find other local PPGs with websites – to no avail. There are a few active groups about e.g. Formby, but they operate very differently. PA offered to use the Facebook group for Practice managers (100 members) to nationally see if any PPG groups have websites and new initiatives for development.

## **6. Speakers for the year**

RD said that as the community service providers were changing, information on this impact would benefit greater understanding.

RC suggested care for the elderly: perhaps Social Services could outline the problems they are faced with. This is a complex process involving finances. DW to approach Age Concern.

Betty Boner (Sefton Healthwatch) said that they had a list of a wide variety of speakers.

RG suggested caring for the carers.

PA said that there were Health Watch and Community Service changes this year which were of major concern. Handover will be a major issue. A representative of the CCG would be useful.

## **7. AOB**

RC was concerned there was no Christmas spirit outside the surgery e.g. lights, tree. Was this a funding issue? The surgery is in the heart of the village and lots of other establishments had trees. He felt the practice should take part in the village Christmas celebrations. Do we need to raise funds? CN replied that it wasn't considered by the practice, as when the issue of European flags flying outside arose it was rejected. There was nothing political about it. She felt most trees were outside commercial premises to attract business at Christmas. RG suggested the use of laser lights. RC felt that we should be the same as the rest of the village. CN & PA to review the situation for next year.

IW asked if there was a defibrillator in the village. CN said there was one at the surgery – fortunately it has never been used. He asked if there were any others. We need to find out and produce signs.

PA on a personal level has stepped down from the governing body of the CCG. He has been voted on as a Director of Sefton and Formby Health Ltd, (provider of services for 13 out of 19 local GP practices e.g.) which has been established for 1 year.

### **Speaker: Betty Boner – Sefton Healthwatch**

Betty outlined the role of Healthwatch: to help people get the best out of their local health and social care services. They are a pro-active group who have mechanisms in place to make change for the better. They don't take on individual cases but viewpoints from the public, which relate to themes. These are then sent to the associated health body for a reply within 20 days.

Trained to look at an interim view, they access services at a personal level and often give the CQC information. There are no tick boxes, they merely talk to clients. After chatting to clients of the service, they report back to the providers. The providers can reply. There are open reports on a compassionate level, on their website e.g. for care homes: are the residents happy, is the décor good, how clean etc. Ken Lowe, a member of the group is a community champion, who is eyes and ears of Healthwatch. Other examples of themes reviewed are, Podiatry (booking system), St Marks GP practice (booking appointments), Aintree hospital appointment system treatment of patients with impaired hearing/sight loss (leading to a buzzer system), dental services (better access).

Betty asked if we could help her organisation she could help ours, or vice versa. The aim is to improve services! We can link via websites. There are 600 members giving updates in Healthwatch.

RC asked how the services are improved from their feedback and monitoring. There is no order to do anything e.g. improve the food in a care home. CQC ask for feedback before doing an inspection.

Betty was unsure of the structure to reporting issues and feedback but promised to email DW of exactly how this achieved.

The inequality of Drop-in centres in Sefton was raised. North Sefton use both Litherland and Ormskirk – where is the Southport centre that was scheduled? She couldn't comment as raised as an individual issue not a theme from several people.

DW asked if Healthwatch could communicate their existence with others. Her reply was to share PPG group information when visiting other groups.

Betty commented on the excellent forum achieved at the practice flu clinic for agencies present to disseminate information between themselves.

Betty left numerous handouts and leaflets to be displayed in the waiting rooms at the surgery.

Meeting finished at 7.44pm

Next meeting :- Thursday April 27<sup>th</sup>