

**Mevagissey Surgery Patient Participation Group**  
**Minutes of meeting dated 21<sup>st</sup> March 2013**

Present: John Woodbridge, Tricia Atkins, Nikki Deakin, Karen Rowe  
Apologies: Jim MacDonald, David Browne

**Getting PPG back on track**

It was viewed that PPG had become dormant over the past few months and the need to revive the group.

Areas discussed:

- Update website emphasising PPG
- Email newsletter to all patients to improve communication
- Plan regular meetings with good support network

**Review last action plan & recent survey**

Looking back at previous action plan it was surprising how much was covered.

**Car Park**

- A lot of time was taken up last year on this with little progress due to little response from the Council & other parties
- It was agreed that we needed to add this to next meetings agenda for an update from David Browne, Chairman to have a clear view of progress

**Website**

- On-line booking for appointments was explained that this was still not possible due to the software limitations
- Website is in need of an update
- Add newsletters to website for patients to view
- Advertise PPG members required to try to increase numbers

**Display screen**

This has been fitted on the wall since this meeting – a power point is now being created for patients to view lots of information regarding the clinical staff available, missed appointments stats, services available and PPG.

**Opening Times**

Nikki updated that the doctors and all the staff have discussed opening at weekend - the implications on changes due to the demand this would have on staff and resources, having an effect during the week also. No decision has been made as yet on any changes.

**Recent Survey**

A survey has recently been carried out by our local research team. Due to this survey being so recent and covering a good range of areas it was decided by the practice to not re-issue another survey. However to use this survey as a focus point this year for PPG, the members at this meeting agreed with this decision. (Please find attached the survey results)

**Commissioning**

John asked if it was possible for an update on commissioning for all the PPG members and some information for patients to be added to the next newsletter.

- Nikki informed the group that the newsletter was at present in progress. Dr Tiley will be writing a section on commissioning.

- Nikki will organise a representative of the NHS Kernow Commissioning Group to attend the surgery at a training session for all staff and PPG members – date to follow
- Nikki also told the group of the possibility of some PPGs getting together to get a view of the locality as a whole and share ideas

PPG is now 15 months old and we need to re-elect for Chairman and secretary – this will be added to the agenda for the next meeting.

### AOB

**Hospital Discharge** – John asked for clarification on patients being discharged late at night. Nikki and Karen informed the group to their knowledge this should not happen but that unfortunately it does happen! Any patient concerned or needing advice Patient Advice Liaison Service (PALS) are available. Action: Nikki/Karen will ring PALS to gather information and feedback to the group.

**Reception** -Tricia expressed that she was pleased to see that the nurses now close their door in between the corridor and their treatment rooms which has reduced the noise level.

However Tricia is still concerned of the amount of communication that can be heard from the reception area. Nikki has informed the group of some changes that are happening at present to reduce this problem.

- Due to lack of consultation rooms the surgery plan to turn the back admin office into a consulting room
- The admin team will move into the middle office space where all the telephones will be based
- Front desk will be a 'checking in/queries' desk with no phone but the receptionist will have back team behind a closed door if required
- Secretaries will be situated upstairs who will be able to help out with high demand calls while in that office
- Our telephone system may change so that patients do not get an engaged tone when at busy times but an option menu

**Medication** - John was concerned about the amount of medication that accumulates in patient's houses and what does the surgery do to minimise this?

- Repeats are kept to a low quantity so that doctors/dispensary can keep observations to make sure medication is being taken correctly or ordering large quantities. Also if a patient no longer requires a drug this is removed from the list of repeats to prevent further ordering
- Doctors are very good at reviewing patients homes to make sure no stock piling when carrying out home visits
- Karen will add a section on the waiting room power point regarding medication and cost to the NHS.

**Next meeting proposed dates are 25<sup>th</sup> April or 2<sup>nd</sup> May @ 7pm – please let us now your preferred date.**