

GROVELANDS & GRENOBLE MEDICAL CENTRE  
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**Natal Road Site**

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Patient Participation Group (PPG) Meeting

Date: Tuesday 22<sup>nd</sup> November 2016

**Attendees:**

Mr Stephen Wells (SW) - Chair  
 Mr Ray Hill (RH)  
 Frank Bocchi (FB)  
 Dr A Bhagat (AB)  
 Mrs Rosemary Maduike (RM)

**Apologies:**

Mrs Pearlle Esteen (PE)  
 Ms Helen Kacouris (HK)  
 Mr Barry Kelland (BK)  
 Mrs Janet Renton (JR)

Agenda Item	Action by	Due date
<ul style="list-style-type: none"> <li>- Welcome and introductions</li> <li>- Minutes of previous meetings</li> <li>- Comments from PPG informal meeting</li> <li>- DNA update</li> <li>- Patient education</li> <li>- CQC result</li> <li>- Structural work in place</li> <li>- Survey/FFT</li> <li>- Any other business</li> <li>- Next meeting (date and location)</li> </ul>		
<p><b>Welcome and introductions</b></p> <ul style="list-style-type: none"> <li>- The Chair did the introduction and opened the meeting, starting at 1505hr</li> </ul>		
<p><b>Minutes of previous meetings</b></p> <ul style="list-style-type: none"> <li>- SW updated the group on previous meeting</li> </ul>		
<p><b>Comments from PPG informal meeting</b></p> <ul style="list-style-type: none"> <li>- The meeting heard that some patients feel that they are not listened to by the GP.</li> <li>- AB responded that it was a shame to hear such comments, but pointed out that NHS GP consultations are limited by the allocated 10 mins per patient during clinical session(s). AB mentioned that patients with complex problems can request an extended appointment, or try to deal with problems over</li> </ul>		

<p>a number of appointments, but acknowledged that this may not suit all patients.</p> <ul style="list-style-type: none"> <li>- Further, he would be happy to discuss such concerns directly with the patients involved to try to resolve them.</li> <li>- The group agreed to continue the experiment of holding informal meetings in the evening, possibly in members' homes and formal meetings at times when clinicians could attend.</li> <li>- The chair (SW) and the whole house agreed that the practice should also draw attention to patients' responsibilities to work with the clinicians by self managing conditions (common cold and head lice in children, for example) that do not require the attention of a GP.</li> <li>- AB requested agreement from the team to display a notice – updating patients on how many queries should normally be discussed while in the consultation room.</li> <li>- FB suggested a notice display across all sites advising patients to tell the reception team the nature of their calls, in order for the team to make appropriate appointment with the appropriate clinical team.</li> <li>- RH suggested that across all surgery sites there are so many posters on display that patients do not have time to read them – instead main information can be uploaded onto the TV display system in the waiting rooms. Fewer posters on display could work to improve the profile of the most important messages and make them more likely to be seen and noticed by patients.</li> </ul>		
<p><b>DNA Update</b></p> <ul style="list-style-type: none"> <li>- SW asked if there had been any progress on reducing the number of missed appointments (Did Not Attend = DNA) following the change to the message displayed on TV screens from mid-October. AB said that the number of DNAs had not reduced as patients are not cancelling appointments.</li> <li>- The team agreed to that a 3-DNA letter system can be introduced before the SMS system is in place.</li> <li>- The team agreed to create an auto dna alert sms that can be sent to patients after the appointment time by the appointment system.</li> </ul>		

<p>RM to liaise with the messaging system providers.</p> <ul style="list-style-type: none"> <li>- AB suggested that an information text alert should be sent to all patients notifying all of the new system of 3-DNA letter system – this was agreed by all.</li> </ul>		
<p><b>Patients education</b></p> <ul style="list-style-type: none"> <li>- SW suggested a system in place that will educate patients on handling of DNAs', the use of pharmacy for simple medical issues and self-medicating.</li> <li>- The group agreed the new system should be displayed on the display TV system across surgery sites</li> </ul>		
<p><b>CQC result</b></p> <ul style="list-style-type: none"> <li>- AB updated the team on the outcome of the recent CQC inspection; which was carried out on 2<sup>nd</sup> June 2016. The result is 'Good'. AB indicated that no GP practice in Greater London has achieved the higher rating of 'Outstanding'.</li> <li>- AB further updated the team on the areas highlighted for action in the inspection report <ul style="list-style-type: none"> <li>- Surgery business continuity document needed updating.</li> <li>- Hearing loop to be installed at all surgery sites</li> <li>- DBS (formerly CRB) check of a clinical staff</li> <li>- Improve access to the disabled entrance at the Grovelands road surgery site.</li> </ul> </li> <li>- AB confirmed all above actions are already in hand, or there is a plan in place for structural work to meet all requirements.</li> </ul>		
<p><b>Structural work in place</b></p> <ul style="list-style-type: none"> <li>- AB updated the team of the planned work scheduled for the new year, before the end of the current financial year (march 2017)</li> <li>- There will be disruption to each site, but the plan will be organised to minimise the disruption, as the work will affect one site at a time and clinics will be transferred across sites to avoid any reduction in the number of clinical appointments during construction.</li> <li>- It was noted that the disruption will be minimal at Natal road surgery site due to the opening hours of the site.</li> </ul>		

<p><b>Survey/FFT</b></p> <ul style="list-style-type: none"> <li>- The team discussed the process of getting the patient survey/FFT during patient's visit to surgery.</li> <li>- The survey will be done after the planned structural work, probably in May 2017</li> <li>- Due to the additional services running at Grovelands road surgery site, the team agreed to add a question to the survey so it would be easy to distinguish registered patients from other users of the premises.</li> </ul>		
<p><b>Any other business</b></p> <p>-</p> <p><b>PPG newsletter</b></p> <ul style="list-style-type: none"> <li>- It was agreed that the mix of important messages to patients would be best presented through a Practice / PPG Newsletter, to be issued as soon as plans for structural work are approved.</li> <li>- SW mentioned that PPG newsletter would have the DNA update notice, the planned disruption, the new repeat prescription system and CQC result</li> <li>- THE PPG will arrange an informal meeting to draw up the newsletter and notices wordings.</li> </ul> <p><b>Informal meeting</b></p> <ul style="list-style-type: none"> <li>- The group discussed plans and possible locations for informal meeting.</li> <li>- Proposed 7-day opening program</li> <li>- AB updated team of the new Enfield CCG program or linked surgery opening that will be open to all patients living and registered within enfield GP.</li> <li>- AB further confirmed that the data sharing agreement and other legal requirement are currently in place, as soon this is sorted the team will be updated.</li> </ul> <p><b>Locality champion</b></p> <ul style="list-style-type: none"> <li>- SW updated the team on the locality champion and a planned programme of health and well-being events to take place at Ruth Winston Centre in 2017.</li> <li>- SW suggested the whole group get involved</li> </ul>		

<p>and the group was happy to do so.</p> <ul style="list-style-type: none"> <li>- AB nominated himself to present a diabetes talk during the programme, emphasising Diabetes management and prevention</li> </ul>		
<p><b>Next meeting (date and location)</b></p> <ul style="list-style-type: none"> <li>- (Informal) – to be advised</li> <li>- (Formal) – Tuesday 28<sup>th</sup> February 2017 – 3pm at Grovelands road site</li> </ul>		