

MINUTES

**Present**

Barry Foster (BF)  
 Kay Foster (KF)  
 Jane Kent (JK)  
 Margaret Pearson (MP)  
 Louise Ryder (LR)  
 Neil Slater (NS)  
 Andy Teasdale (AT)  
 Sue Tucker (ST)

**In attendance**

Tara Hazledine (TH) (Partner) (Chair)  
 Vikki Royal (VR) (Patient Liaison) (Minutes)

ITEM	ACTION
<p><b>1. Apologies</b></p> <p>Apologies were received from Pat Cussons, John Dickinson, Nona Laughton, Mike Ward and Alison Williams.</p>	
<p><b>2. Minutes of last meeting</b></p> <p>The minutes of the meeting held on 7<sup>th</sup> August 2017 were agreed as a true record.</p> <p><b>2.1 Matters arising</b></p> <p>2.1.1 <i>Flu Vaccination Open Day</i> – The open day had raised £1216.25 for Macmillan Cancer Support. BF commented that feedback from his contacts at U3A had been very positive. Despite using the Whitby Gazette, signs, posters and social media attendance had been less than last year - TH said that the Practice had been disappointed by the overall level of uptake, although unfortunately RHB had run out of vaccines on their day. PPG suggestions as to how to promote next year’s Flu Day were invited. KF noted that schools had also experienced a lower turn out than expected. Issues around pharmacists promoting their own vaccine services were briefly discussed, TH commenting that as long as people received their vaccinations, it mattered less where that happened. BF said the level of PPG support could improve but it was agreed that PPG members attending on the day had engaged people well to promote patient online access.</p> <p>2.1.2 <i>Pharmacist recruitment</i> – TH reported that two applications had been received, but neither candidate had held appropriate qualifications, so the post would be readvertised.</p> <p>2.1.3 <i>Better Access</i> – the service had now started, slowly but was being well received. Logistics teething troubles were being addressed. The service would be promoted in the next Practice Newsletter.</p>	
<p><b>3. Head of HR, Patient Liaison &amp; Premises - introduction</b></p> <p>TH introduced the new post holder, Vikki Royal. VR gave a brief overview of her career and said she looked forward to working with the PPG.</p>	

<p><b>4. Better Access</b></p> <p>TH confirmed that, as already discussed, the service was being allowed to grow organically at this stage, rather than being heavily promoted. There was some discussion of Care Navigators and how that role might evolve - LR commented that patient confidentiality would need to be addressed.</p>	
<p><b>5. Repeat DNA policy</b></p> <p>VR canvassed opinion on how the Practice might develop a policy to address repeat Did Not Attends of GP and nurse appointments by some individuals. The PPG agreed they would be supportive of a stance whereby should this happen three times, a letter would be sent to the patient outlining the cost in financial and time, offering support with an access issues, and highlighting Better Access appointments - but that ultimately a continued pattern of unjustified DNAs may lead to a patient being removed from the Practice list. A protocol would be drafted to that effect.</p>	VR
<p><b>6. Paintings in the surgeries</b></p> <p>VR outlined the offer made by the charity <i>Paintings in Hospitals</i> to loan up to seven original artworks to the Practice for two years. This would be funded and include insurance, with the practice to pay for transport, and to secure the artworks to walls with locking screws. A HYMs student would evaluate the project to assess how the art had impacted on wellbeing and the surgery environment.</p> <p>Pros, cons and alternatives were discussed; it was felt that the offer should be politely declined at this time but that consideration be given to alternatives such as U3A, and maybe adding art to slides on Envisage (factoring in copyright).</p>	
<p><b>7. To consider change to PPG meeting times</b></p> <p>AW had asked in absentia that consideration be given to whether PPG meeting times should be changed/ varied to facilitate attendance. After some discussion about risks and benefits it was agreed to trial holding the meeting during the working day. The next meeting was therefore rescheduled to Monday Feb 5<sup>th</sup> at 2:00pm.</p>	
<p><b>8. Patient Online Access and PPG support</b></p> <p>Once VR had taken this role over from the admin team, she would be promoting it and would work with the PPG to do so.</p>	
<p><b>9. Any other business</b></p> <p>9.1 <i>Envisage displays</i> - VR said she had already committed to improving the user friendliness of the Envisage displays, removing graphics and transitions to facilitate accessibility, and slowing the slide transitions. She would continue to work to improve content and currency of information.</p>	

<p>9.2 <i>Noticeboards</i> – similarly VR would in time assume responsibility for the practice noticeboards. TH talked through the proposal that the PPG ‘own’ a community noticeboard at each surgery, facilitating engagement and promoting local initiatives and resources. Promotion for personal gain or endorsement of paid services would not be permitted. This was agreed by the Group. VR and BF to take forward.</p>	<p>VR / BF</p>
<p><b>10. Date of next meeting</b></p> <p>Next meeting to be held on Monday 5<sup>th</sup> February 2018 <u>at the new time of 2:00pm.</u></p>	