

## Manor View Patient Participation Group (MVPPG)

### Minutes of the Third Annual General Meeting

**19<sup>th</sup> September 2017, 7pm at Bushey Medical Centre**

1. Some 45 members present were welcomed by the Chair (Joan Manning (JM)) as were Paul Davis (Senior Partner - PD) and Liz Web (Practice Manager)(LW). Also present were PPG Committee members Colin Stodell, Vice-chair and IT Lead (CS), Brian Richards, Secretary (BR), Linda Loader (LL) and Frances Williams (FW). Apologies for absence had been received from Ruth Waxman (RW)
2. The minutes of the AGM on 21<sup>st</sup> September 2016 were accepted and it was noted that Frances Williams name should have been added in point 7. There were no matters arising.
1. JM reported on the activity of the PPG over the past year:
  - a. The committee met 7 times to discuss various projects in the Practice and to process some of the feelings and concerns that are raised.
  - b. Thanks to Brian Richards for continuing as secretary and producing our meeting notes.
  - c. Thanks to Colin Stodel and Chloe Walters, who have so ably handled our Social Media (Facebook and Twitter).  
Unfortunately Chloe has for various reasons felt unable to continue for another year and will be standing down. Her contributions have been hugely appreciated. Report follows.
  - d. JM and CS have met with PD and LW 4 times over the past year, discussing among other things: Appointments, the move to the new premises, our presence on social media, inviting PPG committee members to sit behind the desk in reception, helping carers, supporting diabetics, grouping surgeries together to extend MVP services. Other items will be mentioned later.
  - e. Membership now stands at 419 patients to date but we would like to increase this as the PPG is the voice of the patients and we have only a very small voice in a large number of patients.
  - f. We had 4 newsletters – September, December, March and June. They are available on line, contain some up to date information regarding both local and national services. Useful contact numbers are listed at the back. Letters and contributions are always welcome – so far have been very thin on the ground. As well as being available on line, they are mailed out to our patients who do not have access to a computer.
  - g. The number of talks over the past year were fewer than usual because of all the preparations and uncertainty of date for our move to these lovely new premises. However we had talks on “Coping with Stress, Anxiety and Depression” given by Joana Bawa CBT therapist. September 2016. We had to postpone the pre-Christmas talk until Spring 2017 when Dr Kirsty Moore spoke about how Manor View Practice looks after its Carers. Both presentations are available on line.  
We hope to resume our usual quarterly presentations shortly.
  - h. Carers Fridays have been introduced: Last Friday morning in the month, JM is available to any carers to help with information and leaflets. JM is an ambassador for CIH. We have a gentle flow of patients.
  - i. We have been asking the Patients “What makes a good GP Practice”. We have had varying responses – nearly 100 suggestions and comments.  
Things that matter most: Doctors and staff  
Reception staff

### Appointment system

The form is usually available at reception, we are still collecting them.

- a. We also try to reach out to people who may be alone or isolated at home or who could just do with a phone call to see if all is OK. Slow response at the moment but if you know anyone who might like a call, please let us know. Forms available.
  - b. CPR training is still available with Danny Phillips as long as sufficient patients wish to learn the lessons are free (but we hope you make a small donation to the HeartStart project). In these uncertain times it is, unfortunately, something we should all learn. Contact details are available in our newsletter. Please use the service or it will move elsewhere.
  - c. JM and CS have attended a number of training, advisory and open meetings run by the CCG. We are advised about changes in local services, pharmacy, funding cuts, transport hospital services etc. etc. If anyone is interested in learning anything about our local NHS systems, we can add your names to the mailing list and you will be advised of any future meetings which you can attend.
  - d. We have helped raise funds (through cake sales etc) for Cancer research and supporting Carers. The cakes are usually baked and provided by the Practice Staff. The last one raised nearly £200 – most from you the patients. Great fun.
  - e. We have helped with Flu Jab day. We don't give the jabs, but try to help keep everyone happy whilst they are waiting. I think about 1,000 patients attended last September. I know the jabs are offered at some local pharmacies, but here the Practice uses the time to update your Pneumococcal and Shingles vaccinations too.
  - f. We still have no contact with the PPG next door at Attenborough (if they have one). We have tried.
  - g. SOCIAL MEDIA REPORT will be given by Colin Stodel.
- 3.
- a. CS reported on our Social Media activity:
    - We have concentrated on Facebook where our intention is to post up-to-date rather than historical information about the Practice, patients etc. Posts are intended to be brief, newsworthy and informative but not contentious
    - Facebook can operate as a regular communication channel between Practice Staff and PPG members, where up-to-date information from the Practice about matters under their aegis can be promulgated. Equally patients can use it to post newsworthy items; CS appealed to them to do so.
    - Some items of interest have attracted up to 1000 "hits"; sources of information used have included the Practice, local and national press and media, other PPGs with whom the MVPPG has established contact etc.
    - One objective is to make our FB page include more specific items eg related to medical conditions.
    - Sincere thanks are due to Chloe Walters (CW) who has effectively supported our Social Media activity.
    - CS has prepared a paper on thoughts on the way forward for Social Media in the Practice ; this is attached as Appendix 1 to the minutes. Comments are invited.
  - b. Before handing over to PD, JM asked for the indulgence of those present to make a personal statement. The text of this is included as Appendix 2 to the minutes. She asked all present to think seriously about what she said, and received a round of applause.
4. PD and LW were invited to summarise changes in the practice over the last year :

- a. PD echoed JM's report and said they were very happy with the new building.
  - b. LW said that she was very pleased that the move had gone so smoothly and with no closure or interruption of service; work with patients had stopped in the old building at 6pm on Friday evening and commenced in the new one at 8am on Monday morning. This was largely due to the huge amount of preparatory and planning work done
  - c. She said that she was very pleased with the PPG, with which the Practice has a good relationship; she valued PPG input to the Practice's work including the work now being done by Ruth Waxman with newly diagnosed diabetics. Her report is included as [Appendix 3](#)
  - d. LW threw the meeting open to questions from patients, which were agreed to be recorded anonymously. LW answered questions except where otherwise stated and these included subjects such as: TV screens in reception, hearing aid batteries, Red Cross wheelchair services, reception, appointments, notice boards, car parking etc. A full account can be read in [Appendix 3](#).
  - e. There being no further questions PD closed the session by appealing for volunteers to provide additional help to the PPG
5. JM read out the report supplied by RW on the Peer Support Scheme for patients newly diagnosed with Type 2 diabetes. This can be read in [Appendix 4](#).
  6. Social Prescribing Project. JM informed the meeting that Manor View PPG have been awarded a sum of money to put toward a Social Prescribing Project. Only 4 GP Practices in the area have been given the award. Details of the scheme can be read in [Appendix 5](#) any interested volunteers to help with the project should make themselves known. Forms were available to be filled in.
  7. JM noted that all present PPG Committee members except CW are standing for re-election. She invited all present to consider putting their names forward to become either helpers or volunteers, or to become Committee members. Forms were available on the day and on-line. JM stressed that the Committee is currently a very small group of 7 members and that we would like to have more. However submitting a form does not commit you to or guarantee Committee membership; you may decide you only wish to provide occasional non-routine help; everyone is welcome. JM proposed that once all – or sufficient- applications are in she would call a meeting of all applicants at which voting for Committee membership, allocation of roles etc would be undertaken. This was accepted without comment by members present.
  8. JM reiterated her general request for additional help, of whatever frequency or content, for the PPG
  9. There being no other business from people present, JM took the opportunity to congratulate Jesse Anthony, a former PPG Committee member, on his place at Clare College Cambridge where he will read medicine. The meeting closed at 8.30 pm

Brian Richards  
Secretary MVPPG Committee

Appendix 1 Manor View Practice Patients Participation Group.  
Thoughts on Social Media by Colin Stodell

From my initial research, Facebook seems to be the most popular of the social media channels. It is likely that a higher proportion of the practice patient list is on Facebook, as it tends to attract both the 25-40 and 60+ age sectors. Apart from the PPG Facebook Group, there are a number of other special interest groups (Bushey Heath) that seem to embrace information about the Bushey Community.

As with any information source, Facebook does have a number of positive attributes for a GP Practice as well as some negative ones but a well-managed group should prove of benefit. All the ideas listed in this document will require time and commitment by the Practice and the PPG. Obviously, social media allows the PPG to interact with the patients; share health advice and communicate practice information and events such as announcements and special events. There does need to be a clear distinction between medical and non-medical advice but experience so far, has shown that an expanding Facebook membership of the PPG has been able to accept the boundaries. Social media could be a platform to raise awareness of specialised medical conditions. With the creation of sub groups, such as special interest groups with long term conditions such as diabetics, cancer patients and many others. The Practice can set up these sub groups that allow patients' access to a virtual support group where they can get access to knowledge and advice. Such a group does require monitoring by a GP. It's not seen as a substitute for normal access to the surgery and its staff. We could start this off as the PPG have a Diabetes Champion who could forefront this group.

Going further and utilising both Medical and Social Support could be effected by the creation of a Child Health Sub Group. Parents could use this group as they would any group but with the addition of the social welfare of members of this group, it could be used to promote such events as pushchair walks, nutrition advice sources and even young parents events to be held at the practice. In terms of both positive and negative feedback, those posting comments should be encouraged to post in a sub group rather than leaving unanswered comments in a public domain. The negatives of social media for a GP Practice tend to be in the areas of complaints which need to be addressed by a member of the practice rather than a PPG member and those postings are time consuming and demanding. Complainers are often more difficult and very insistent and are quick to resolve the issue on their terms or they will demand to report you to others.

Privacy in the 21st Century is now as important as ever. With over 30 million people in the UK posting daily on any social media platform, as a nation we truly are washing our laundry in public. Many GP Practices are key elements to the local community and everyone will know someone who knows someone works at the Practice.

My opinion is not to let the negative points put anyone off the powerful usage of social media. With prior thought and descriptive policies, they can be easily managed and the odd complaint can be easily resolved and removed. Social media is a great platform to stay in contact with your patients, invite feedback and become a stronger member of the local community.

My leading thoughts as to how to progress this subject are:

To have a social networking policy in place.

- To have a complaints procedure in place and to nominate those staff members to deal with arising situations.
- To make it clear that patients cannot make / cancel appointments via social media.
- To make staff aware of privacy setting available on their social network.
- Clearly outline a code of conduct on your surgery website.
- Only be active during practice hours.

Colin Stodel

Appendix 2 A Personal Statement from Joan Manning, Chair, MVPPG Committee  
Why do I give up my time to MVP?

We all take our GP services for granted. If we have a spot, a bang, a headache, tummy bug, feeling sad, bad or mad or just needing a jab we can reach for the phone and at some time or other we can see a physician, nurse, counsellor or someone to help put things right. We have ``become accustomed to the fact that the surgery is always there – a bit like Tesco’s or Sainsbury’s. We complain if we have to wait. We complain if the staff are a bit off. We complain if we can’t get through on the phone. We complain if we can’t be seen NOW. And we all feel we have a right to complain.

I listened the other night to a BBC World Service programme on Health Services around the world. And it made me stop and think. In some parts of the USA you won’t have a GP because there aren’t any near to you. In some parts of the world you can’t see a doctor, or be treated, if you can’t pay. There are some places where no drugs are available and many western countries with superb services, but you have to share in the cost. There are many, many places where medical treatment isn’t a God given right.

I help our Practice because these guys helped keep my husband alive. They treated him when the hospital services let him down. They eased his way to a very gentle end. They made sure I was OK. They may spend most of their time treating coughs, colds and spots, but the rest of the time they keep ME and my kind up and running, alive and relatively healthy. I rely on their expertise to tell me what to do and where to go so I can maintain a pretty normal life.

They are skilled, knowledgeable, professionals. They encourage us to be fit and healthy at the same time as they tend to the sick and dying. They are constantly upgrading their skills. That includes the doctors, nurses, admin and reception staff who all juggle the lives and interests of our 13500 patients – so WE can be seen by an appropriate clinician, or our test results can be directed as quickly as possible, an ambulance can be called or a life-saving intervention made. They look after our neighbours in many of the local residential homes. Some of them give their time to outside services.

And like us they also have their own problems and troubles at home – but despite this they still come into the Practice and treat us and care for us and worry about us .....and how they do it I just don’t know.

In other words – they are NOT like Tesco’s or Sainsbury’s. We should treasure them, respect them and care for them as they do for us. Because if we don’t we might become like some parts of the USA where you can’t get a GP because there aren’t any.

That is why I help where I can. It is my way of saying thank you

Joan Manning

Appendix 3 Questions and Answers  
Dr P. Davis and Liz Webb, Practice Manager

Q: The TV screens are illegible from many parts of reception; they are too small and lack contrast; can anything be done?

A : This is being looked at but patients can ask reception to be called by the GP over the PA System if they cannot read the screens.

Q: Is the move to the new premises complete?

A: Yes but we are still experiencing problems with the BT Broadband (Internet) and phone lines. The latter have a tendency to drop out cutting off incoming calls without receptionist being aware of it. BT engineers have been in on a number of occasions but we still have problems.

Q; Patients were able to collect batteries for NHS Issue hearing aids from the ground floor of the old premises. Can this service be offered in the new one?

A: Regrettably not at the moment. The old premises were owned by the NHS. These premises are owned by Attenborough Practice partner. Manor View Practice are tenants and have no control over how the various parts of the building are used. Hearing aid batteries are now obtainable from Schopwick Surgery, Bushey Heath or direct from Watford General Hospital – reception or the hearing clinic.

Q ; Same question about Red Cross Services

A: Again there is no Red Cross service in the new Medical Centre. The nearest Mobility Aids centre is located at Croxley Green.

Q: can a wheelchair be provided for the use of patients and supporters?

A: There is one; LW asked the patient to meet her outside after the meeting to ascertain location. It is located behind reception.

Q: Could receptionists give their name on answering the phone so that callers could ask to speak to the same person in any follow-up call?

A; LW said she would discuss this with reception staff, but noted that some patients spent far too long on the phone, preventing reception staff from getting on and taking other calls.

Q: A patient prefaced his question with plaudits to the staff for the efficiency of the move; is it possible to move the Weight/Blood Pressure machine to a more private location?

A: PD said this can be considered but it does need to be both visible and accessible to encourage maximum use; it doesn't make audible announcements so patients should not be inhibited or embarrassed about using it! Anyone having difficulty with the machine can ask reception for help.

Q: From the Practice viewpoint is the appointment system working well?

A; Yes; Practice staff are less stressed and the number of DNAs (Did Not Attends) has reduced dramatically; we believe it is working well for patients too. Appointments are now also available on the weekends through the Watford Extended Access scheme, where patients may be seen in one of the Watford surgeries, and the GP will have access to their notes. PD observed that the DNA rate was much higher when MVP was the “referred to” practice.

Q: Are DNAs followed up?

A: Yes; “guilty” patients get letter of admonishment, but very gently phrased!

Q: There are still some problems with the Appointments system; receptionists have refused to or been unable to make a booking in a week’s time when this has been specifically ordered by the GP; why? PD said if asked to make such an appointment patients should notify reception that it was at the GP’s request. They are able to over-ride the computerised booking system, as are GPs if needed.

Q: This lead to a further question regarding the on line booking system.

A: There are three ways to book appointments – on line and automated telephone system are both available on a 24 hour basis, or through the receptionists. The available appointments are released across the system after midnight each day. This is fully explained on our web-site.

Q: Are we going to have information/notice boards, which are an important part of Practice and PPG communication with patients?

A: Yes; we are awaiting contractors who will undertake fitting of notice boards – but the wall space is limited and the wall construction not ideal

Q: How can I raise a complaint?

A: Contact reception, the Admin Manager, or raise with the PPG by contacting JM or CS.

Q: When should one ask to see a specific GP and how.?

A: This must be a personal choice; if a patient feels the need to see a specific GP he or she should ask reception. The best way to start is to ask for a telephone appointment; if the GP then thinks you need to see him or her he/she can make a booking, if necessary by over-riding the computer system.

Q: A patient has experienced a full car park when only a handful of people are evident in the waiting areas; is it likely that non-patients eg commuters are using the car- park?

A: May be so ; thought unlikely that it is commuters as the vehicle would be there for a long time and could become obvious; could be school pupil drop-offs etc. but it is very difficult to police.

Q: can we still use the old building car park?

A: Yes for the time being. [Secretary’s Note: it is now blocked off]

#### Appendix 4

##### Peer Support Scheme for patients newly diagnosed with Type 2 Diabetes.

Last month the Practice set up a pilot “Peer Support Scheme” for patients with Type 2 diabetes. Cathy Furbank, the diabetes nurse, refers patients for one-to-one sessions with PPG Member Ruth Waxman (RW), who has had diabetes for many years, has a wide knowledge of the condition, and who knows what it is like to live with diabetes on a daily basis. Diabetic patients have appreciated the opportunity to discuss problems they encounter in coping with the condition in family life, working or socialising. It is hoped that the scheme will continue, that patients will feel supported and their blood glucose levels will improve.

Ruth Waxman

#### Appendix 5

##### Social Prescribing Project.

Briefly: Manor View Practice PPG have been awarded a sum of money to put toward a Project under the above heading. Only 4 GP practices in have been given the award.

We suggested that patients/carers at home, coping with long term and/or complex needs, be offered a Visitors’ book. In this book they could keep a record of all the medical and social services they use and who visits them. It would help to keep them organised (all phone numbers in one place) and could help us to identify where some services are duplicated and others just don’t happen.

We are very lucky in that virtually every service you may need is to be found somewhere within our region. Sometimes the problem is finding them. Sometimes the problem is that the provider doesn’t know you are there and need their help or advice.

It sounds simple, but to tick all the boxes required to put this tiny bit of work together takes a lot of time (and persistence). But we are nearly there. The book is almost ready to go. Carers in Hertfordshire are supporting us.

The patients or carers will be offered the book by their GP/nurse and if they agree a volunteer will take it to them and explain what is required. They will be asked if the volunteer can visit them once a month. This will probably last for 6 months. Volunteers will be trained by our local Navigator team.

This is a very, very simple general description of our project. If anyone can help, we need you. Forms are in the room and helpers’ forms have been sent out on line.

Joan Manning