

Name of Meeting: Patient Participation Group Meeting			
Meeting date	07/12/2015	Minutes reference	No.8
Special provisions	None		



Attendance

Oluchi Uduku	OU(Chair)
Ngozi Uduku	NU
Barbara Veale	BV
Ngozi Okafor	NO
Clifton Hunnigan	CH
Adetayo Adeola	AA
Reita Mohamed	RM
Karen Pryce	KP
Neeta Patel	NP
Odunayo Oluwadare	OO (Minutes)

Apologies

O Mosaku-Thompson	OM
Susan Vidal	SV
Steven Chumber	SC
Bridget Prentice	BP

1	Introductions	Action
1.1	Attendees introduced themselves	Note
2	Apologies	
2.1	O Mosaku-Thompson Susan Vidal Steven Chumber Bridget Prentice	OM SV SC BP Note
3	Minutes of the Last Meeting	
3.1	BV referred to item 3.3 of the minutes of the previous meeting which discussed patients being more satisfied with the surgery's services. BV talked about a programme she had watched that mentioned more patients were becoming dissatisfied with their GP practices for not prescribing enough antibiotics. NU explained how all GP surgeries in Lewisham have a ranking for the amount of antibiotics they prescribe. Last year WHC were not too high, however NU was not comfortable with the surgery's current ranking and as a result has implored clinicians to carefully monitor antibiotic prescribing.	Note
3.2	According to NU patients do not tend to complain about antibiotics being prescribed it is more to do with waiting times or having to queue outside. Sometimes it is best to hand the prescription to the patient and tell them to only take the antibiotics if they feel that they are not recovering.	Note

3.3	BV also spoke about item 3.4 of the previous meeting minutes where the new phlebotomy service was discussed. BV recently had a blood test taken before being admitted into physiotherapy outpatients. She queried the phlebotomist as to why; she was told that a blood test must be taken before being put onto any outpatients list. NU informed attendees that it as a specific blood test that is needed called an ESR (Erythrocyte Sedimentation Rate) and this is only in regards to musculoskeletal outpatients and not all outpatients. OU will speak to the phlebotomist to ensure she is aware.	OU
4	Update on events at the surgery	
4.1	Building plans have not moved forward since the update at the previous meeting this is because Lewisham CCG must provide a letter of support to NHSE with reference to the approved bid. This is still awaited despite continued liaison with LCCG by WHC. OU will continue to chase LCCG.	OU
4.2	Currently the surgery is providing services throughout the morning, afternoon and additional evening services. This has been sufficient thus far but NU felt as winter has approached this may have to be revised.	Note
4.3	NU ensured attendees that the flu vaccine is beneficial despite contrary belief. This year numbers have dropped nationally for the numbers of patients coming in to receive flu vaccine. BV and NP read a newspaper article that had said that NHS had targeted a wrong strain of flu virus which may have caused speculation. KP also had the flu virus last year and had felt ill afterwards and believed that others may have had the same experience and have been deterred from receiving the vaccination again this year.	Note
5	Discussion on additional improvements to be made at the practice	
5.1	AA queried what the main complaints at WHC were? OU clarified that they were – in the order of most complaints: <ol style="list-style-type: none"> 1. Difficulty in getting appointments 2. Receptionists being rude and showing lack of empathy 3. Queuing for long periods on the phone 4. Waiting in the queue before opening times 	Note
5.2	BV felt that one way to try and reduce complaints could be to list what the main complaints were quarterly, these should be dealt with and not reoccur by the next quarter. BV also mentioned an initiative she had in the last meeting to release a quarterly newsletter. This will inform current and new patients of the new initiatives that the surgery are planning to implement such as not calling at 8:00am for reasons that are not urgent.	Note
5.3	OU and NU have both worked to reduce complaints and will continue to work to improve WHC. Some problems that are easier deal with include: lateness of clinical staff and continued training of the reception team. RM believes one of the reasons it is hard to keep up with patient satisfaction is because the NHS is always changing and there is always new demands to meet.	Note
5.4	NP stated she had not felt as comfortable with current nurses as she felt with one of the practices former nurses. RM also felt the same and recalled two instances where she was less than satisfied with the nurses' attitude. The first	

	being when she had to come in for a pneumococcal vaccination; when she asked the nurse the reason for the vaccination she was given the vaccination packaging and instructed to read it rather than provide RM with a verbal explanation.	Note
5.5	The second incident occurred when there had been a room confusion. RM had been sent to the wrong room on the Jay-X board, when she eventually made it to the nurses' room the nurse asked abruptly "Where have you been?" AA felt that such instances were not reflective of the whole surgery but rather isolated instances. He felt generally satisfied with the service the surgery provides. OU and NU agreed to bring this matter to the attention of the practice nurses and ensured the PPG it would not occur again.	Note
5.6	Following on from hearing this OU reiterated the importance of staff professionalism towards patients and she will be introducing name badges for all front-of-house staff. This will enable patients correctly identify staff members behaving inappropriately and notify management.	Note
5.7	NU mentioned the danger it could cause if a patient did not feel that he/she was able to disclose the reason for coming to the surgery to see a clinician. The patient may be experiencing something that is potentially life-threatening.	Note
5.8	NU confirmed that she did not like the idea of patients having to wait outside in cold for the drop-in sessions and has been reviewing with OU ways to prevent this. One solution might be to move the drop-in appointments to the afternoon. OU did not consider this the solution because some people are only able to make it to the surgery in the mornings. KP stated she had witnessed times where mothers with babies had others stand in the queue for them until the doors opened; she felt that most people can find a way around not having to wait outside.	Note
6	NAPP (National Association for Patient Participation)	
6.1	OU asked PPG members how they felt about taking on more responsibility in the PPG meetings, for example taking on roles: chairman, secretary etc. NU did not believe that the PPG was ready to be self-sufficient. BV felt that there was need for a larger number of committed and consistent PPG members before PPG leadership can be progressed. The load is currently too much for just a few members. OU agreed but will continue to include NAPP on the agenda. KP admitted she had been a silent member and said it was because she was always receiving messages regarding the PPG that she decided to attend. She confirmed that sending out messages to silent members will eventually cause them to attend.	Note
7	Talk from Dr Uduku on Cancer Awareness	
7.1	The government is very adamant on raising awareness for cancer early. This is because it was found that in the UK there were more mortalities as a result of cancer compared to other European countries despite the same treatments being used. The reason was found to be that patients were not presenting themselves on time. Late presentation has led to cancer becoming advanced and harder to treat. The government would therefore like the public, healthcare staff both clinical and non-clinical to be educated on cancer.	

	<p>Cancer tends to be more predominant in older people but can affect anyone. This is because older people have less efficient regulatory systems. Cells are programmed to divide at specific times, but in older people cell division may become uncontrolled and affect other areas of the body.</p> <p>NU asked each attendee what some of the signs of cancer were? The following symptoms were mentioned and discussed: weight loss, an irregular lump anywhere on the body, dizziness, pain, moles or changes to the skin and fainting. NU expanded on skin cancer giving risk factors such as living in a warmer country and skin tanning which increases exposure to UV radiation. Skin cancer is also one of the faster spreading cancers.</p> <p>CH asked about prostate cancer as it is one of the more common cancers. NU talked about the signs to watch out for including: problems passing urine and back pain. She confirmed that men over 40 are more susceptible to prostate cancer. Prostate cancer is not to be confused with testicular cancer which can present signs such as the testicles being painful, larger, craggy and uneven.</p> <p>Breast cancer is most common in women over 50 but can affect anyone even men and it is important that people become comfortable talking about it. Medical professionals believe that men are less likely to present themselves if they are displaying breast cancer symptoms.</p> <p>Brain cancer can cause fainting, dizziness, fitting, a change in personality and loss of senses. One cancer that is easier to prevent is lung cancer as most of the risk factors are modifiable such as smoking. Symptoms of lung cancer include coughing, coughing up blood and wheezing.</p> <p>Screening for cancer is effective but not all cancers are screened for. Those that are screened for are those that are easier to detect, those that something can be done about and those that are affordable to screen. Last year bowel cancer screening kits were sent to members of the public over a certain age but only 10% were sent back for screening. RM asked if this meant that bowel cancer only affects people of a certain age. NU assured the group that all cancers can affect anyone.</p> <p>NO asked about myeloma which is a cancer that develops in the bone marrow. NU explained that myeloma can vary with some patients, living for a long time after diagnosis and some patients dying very quickly. KP enquired why weight loss occurs and NU explained that this is because cancer stops food from absorbing and cancer cells compete with the body's cells.</p> <p>The PPG found the talk extremely informative and felt more knowledgeable on the subject.</p>	Note
8	AOB	
	Nothing to discuss	
9	Date of Next Meeting	
	Monday 7 March 2016 Time: 6:30pm Venue: Woodlands Health Centre	