**PPG Meeting Summary – Friday 7th June 2024**

1. Emma Simpson (Practice Manager) began the meeting by introducing herself and then the rest of the team in attendance (Dr Balachandran, Anabel Slater- PPG lead and Ceris Walker- Pharmacy Technician) Emma reminded all in attendance that PPG meetings are not an opportunity to voice personal medical concerns.
2. We discussed briefly the points covered in the last meeting: New treatment room staff, trainee GP, acute illness policy, pharmacy first scheme, a talk by Sarah Walbrin from the frailty team, volunteering/ fundraising opportunities, transport scheme update and a discussion around using emails for communications.
3. We asked if anyone had attended the Primary Care Network (PCN) event in Wimborne in March, no one from the group had, so we gave an update that the event was well attended and a successful day. We hope that a similar event will be held in Ferndown in the future, which we will update the group on nearer the time. Emma asked if anyone had feedback regarding our trainee GP, Dr Abraham, no one present has met him yet so Emma updated the group that we have had really positive feedback for him whilst he has been here and it’s been a positive experience in having our first trainee GP. Emma explained that Dr Abraham would be leaving shortly, and our next trainee GP will be coming Dr Rosie Green.
4. We discussed that it was Patient Participation Week (3rd June - 9th June). We asked our PPG to make efforts to invite other patients to join the PPG so that we can have a mixture of views and insight. We then provided handouts with a list of updates on what other PPG’s in Dorset have been up to during the week. We explained that many of the PPG’s have been running for years, we are relatively new in comparison so perhaps we can aim to do something similar in the years to come. Some of the examples mentioned were:

* Corfe Castle Surgery PPG: arranged a tour of the practice to show patients around and compiled a directory of local events and healthcare services for patients to refer to.
* Cerne Abbas PPG: organised the refurbishment of the surgery garden for staff to enjoy, they approached local businesses for donations and obtained a grant.
* Weymouth PPG: set up digital education sessions to help patients access health services online. We explained that we plan to do this, and we are just waiting to hear back from our volunteers so that we can organise a date.
* Swanage PPG: had a stall in the waiting room explaining what the PPG is and have also helped to make a more user-friendly surgery website. We have x2 volunteers who have offered to check our website, so we are just waiting to hear back with their suggestions so we can put any changes/updates in place on our website.
* Poole PPG: arranged for the ‘breathe easy’ singers to come to a meeting and give a talk on how singing can help with asthma and other respiratory conditions.

1. We mentioned that everyone who has put themselves forward for any volunteering/fundraising roles has now been emailed with updates and questions. We explained that we are waiting to hear back from some so if anyone thinks they have not received an email to let us know. We also mentioned that in October we will be holding our flu clinics, so we would really appreciate the help of our PPG members to help organise the event. Some members expressed that the event is always well run and there is very minimal waiting. More information will be provided in due course.
2. Next, we discussed the new 35 conditions campaign introduced by NHS Dorset on 4th June. We provided handouts which contained information but to summarise the NHS spends £136 million a year on prescriptions for medicines that can be brought from a pharmacy or supermarket (£5 million a year in Dorset) so they have launched a ‘Help your NHS’ campaign which means that GP’s will no longer prescribe for 35 minor conditions which requires treatment by medications that can be bought over the counter or supermarket. Please see the other attachment in the email sent, which contains the leaflet explaining what the 35 conditions are. We explained that there will of course be exceptions to this, for example, those who need treatment for a long-term condition, are experiencing a more complex form of a minor illness, if you need an over-the-counter treatment to treat a side effect of a prescribed treatment etc. We had comments from the PPG which supported this change, and many expressed their surprise that patients with minor conditions such as the ones listed would think to book a GP appointment rather than go to their pharmacy. Emma explained that we do get a lot of patients who refuse to go to their pharmacy for minor ailments, which means that we have fewer appointments to offer those who are unable to see their pharmacist for more complex conditions. We emphasised the importance of the PPG when it comes to sharing information and urged the group to share this information with others.
3. We then had a talk by Ceris Walker a pharmacy technician for the PCN. Ceris explained that whilst you may not often see the pharmacy team, they are working very hard in the background organising discharge medications for patients who have left the hospital, handling medication queries, holding HRT clinics, reviewing medications and so much more. We discussed that at times it may be more appropriate to speak with a pharmacist than a GP however, we acknowledge that sometimes it may be difficult to book an appointment with a pharmacist within the timescale patients expect as we share them with other surgeries within the PCN.
4. We discussed common misconceptions that our patients have, such as: An empty waiting room means no doctors, doctors are late for no reason, we only have telephone appointments, receptionists ask questions to be nosy etc. We again emphasised the important role the PPG can play in dispelling misconceptions. One of our PPG members asked why the waiting rooms are more empty than they used to be. Dr Balachandran explained that now that there is a mixture of telephone and face-to-face appointments available, there are larger gaps in between the face-to-face appointments. This means that while the waiting room may look as though patients are not having appointments, it is likely that telephone appointments are being held during this time. We explained that with our phone call appointments, if the GP thinks they need to see you, they will organise this. We explained that the receptionists are limited with what they can offer, whereas the GPs are able to book into slots that receptionists are not allowed to use.
5. Lastly on our agenda we asked the PPG what information they thought would be good for our patients to see on our monthly update posters which are posted online and on our waiting room walls. One member suggested that we emphasise the impact caused by those who do not attend appointments. We discussed that we can have up to 200 appointments missed per month by patients who do not attend. This then means that patients who are needing an appointment have had to wait longer than necessary. We have agreed to share this information more in our communications with patients and it will feature in our next update poster.
6. We opened the floor to the PPG for feedback, queries, suggestions etc:

* One member said that they find it unhelpful when a telephone appointment is booked online and they do not know when the doctor will call. Dr Balachandran said that it is not possible to give an exact time that they will call but she said that if you book an online telephone appointment, they will keep the call to an AM or PM call depending on what time slot the patient has been booked into so that should give patients an idea of when to expect the call.
* We were asked if we were going to have a night GP available for patients to go and see out of hours when we are closed, which is a service we used to have. Emma said that sadly the funding for this was pulled along with other options that our receptionists used to be able to book into. The service has been replaced by 111 although we admit that it is not a perfect system.
* One member wanted to share a positive experience of using 111 when their wife was unwell whilst we were closed, and they expressed that they were very pleased with the service.
* One member said that we have too many posters in the waiting room. We acknowledged that our notice board needs checking more frequently and invited PPG members to check the board when they come in and take down any notices that they don’t feel are relevant anymore. Since the meeting the board has been reviewed and many posters and leaflets have been removed or tidied up. A lot of the notices on the board need to stay as they hold surgery notices that patients need to have access to, but the rest of the information is current and still may be of use to our patients.
* One member said they were unable to cancel an online booking however, another member said that they were able to do this. We have since sent a message to the business manager who has checked the booking system and has confirmed that there are no problems with it currently and patients have been able to book and cancel appointments online.
* One member said that they have asked on our feedback forms for us to look into getting a chair for the waiting room for those who may struggle to mobilise in and out of the chair. We will look into this problem and see if we can accommodate this request.

1. **A big thank you to all who attended the last meeting.** We already feel that our PPG is benefiting the surgery and helping us to better understand our patients, and we hope that the information we supply is helpful to our members. We are very grateful for your input so if you have any thoughts, please do share them by emailing [orchid.house@nhs.net](mailto:orchid.house@nhs.net) and putting the email for the attention of Anabel Slater.