**Minutes for Withnell Health Centre Patient Participation Group**

**Thursday 13th March 2025**

**Patient Participants**:

Jeff Cottam (Chair) Amy Miller

Sonia Sandland Lynne Lynch

Hazel Hebson Janet Melling

Janet Horton Mike Matulewicz

Bernard Melling Audrey Perry

Ann Christopher Gill Tasker

Margaret France

Gillian Ainsworth

**Attendees from Withnell Health Centre:**

Dr Ann Robinson

Nicola Phillipson

**1. Apologies**

Received from: Kirsty Craney, Alan Martin (Vice Chair), Ron Ainsworth, Tracy O`Gara, Janice Scanlon, Janet Fenna, David Whyte.

**2. Minutes of Previous Meeting (15th January 2025)**

 The group agreed that the minutes from the previous meeting were accurate.

**3. Matters Arising/Action Table**

All matters actioned or listed as agenda item today for further discussion apart from the following which will be carried forward.

a) Confidentiality agreement – Nicola is working on a generic confidentiality agreement to put in place for the PPG.

**4. Feedback from Patients/Surveys**

The group were distributed some feedback that the Practice had received through the Friends and Family survey which is sent to all patients electronically via text message following an appointment attendance at the Health Centre.

There were 3 very poor and 2 poor scores out of a total of 304 responses. These were reviewed. The 3 very poor had occurred on the same date but Nicola had looked back to this date and couldn’t see any issues that day. There were 24 very goods on the same date and the three very poor feedback comments were not linked in any way. There didn’t appear to be a theme. Once again, the fact that 99% of patients scored the surgery good or very good was taken as a very positive outcome overall and it was agreed that we would continue to monitor the very poor and poor. It was noted that the data reviewed was from the February feedback, and since the last meeting was held on the 15th January, when the December feedback was considered, the January data hadn’t been reviewed by the group. Going forward Nicola agreed to submit data for the two months between meetings, therefore at the May meeting data from the months of March and April will be reviewed. Nicola agreed to ask other PCN Practices if they would be able to share their figures for a month to see what kind of feedback and numbers they get. **Action NP**

Ann Christopher pointed out that the Friends and Family Feedback formed part of NHS Digital, and since it had just been announced today that this is being abolished this survey may now become obsolete.

At this point Ann Christopher and Mike Matulewicz talked briefly about the ICB Citizens Health Reference Group which they both sit on and the work they were doing. Mike was working on Virtual Wards and Community-based Care and Ann on Policies and Procedures. It was suggested that this was added as an agenda item at the next meeting for an update on PPG related information. **Action JC**

**5. Surgery News & Practice Update**

**Reception staffing concerns**

The Practice is now two members of staff down which equates to approximately 40 hours of reception time. A total of eighteen applicants were invited for interview following the last advertisement but only three attended. Unfortunately the successful candidate then gave back word. The vacant posts have now been re-advertised on NHS jobs. Discussion took place about the possibly of advertising locally if not successful with this round of applicants. It was agreed that this would be considered.

**Garden Space**

Work commenced on developing the Green Space on 3rd March. Three raised planters have been constructed together with a picnic table with wheelchair access. Two benches have also been installed. Now waiting for flooring. Volunteers are now required going forward to look after this space. Margaret suggested asking Iris Smith who looks after the “Chorley in Bloom Project”. It was agreed that this was a good idea. It was also suggested that it may be worth looking into installing security lighting for this area to deter youths from loitering in the area in the evening. **Action MF & NP**

**BP Machine**

A Patient has kindly donated a BP machine for the waiting room. There was discussion around PPG members volunteering to come and spend a morning or afternoon in the waiting room helping patients use the machine, following a lesson in its use. There was also a discussion around the most appropriate location for the machine bearing in mind it needed to be near a plug socket. Options of the main waiting room or more private locations were considered. Further consideration required. There was general willingness to help support its introduction from the PPG members.

**Medical Students**

Currently the Practice has 5th year medical students from Lancaster University in attendance on Tues/Wed each week. They are seeing patients who then undergo a final review by the GP at the end of the consultation. Much positive feedback has been received from them. The Practice has recently been nominated by one of the students as a great place to learn with Dr Robinson being considered as an excellent source of knowledge and a brilliant teacher.

**Prescribing**

The Practice has 6 prescribing targets set by, and monitored by, the Medicines Team at the ICB and the practice is currently 1st out of all practices in the local PCN. Across Lancashire, WHC rates exceptionally high out 196 practices which the Practice is justly very proud of.

**6. Terms of Reference**

Following a previous email circulation to all PPG members requesting proposals for amendment to the original Terms of Reference, the document has now been updated to reflect the updates proposed by Jeff and Ann. No further proposals for additional amendments had been received. The meeting agreed the changes. Jeff agreed to email the group with the final version. **Action JC**

**7.** **Waiting Room and Reception Area**

Jeff suggested that, since the previous meeting had raised much discussion around the booking in system, reception and the waiting area, it might be useful to recap on previous discussions and associated actions by taking a patient walk-through approach.

Discussion took place around the check in machine. It was agreed that this is now much improved following previously agreed changes, although a small number of patients still have some minor issues with its use. There was discussion about PPG members coming in on a rota basis to spend one hour each week or fortnight to help patients use the machine which would also be a huge help on reception during the current staff shortages. A few people were keen to help out. Dr Robinson suggested Tuesday and Thursday mornings, but especially Tuesday, which are the busiest days with blood clinics running. Jeff will facilitate organising a rota in liaison with Nicola. **Action JC & NP**

Signage was discussed and how this could possibly be improved in terms of directing patients where to sit once they had checked in. Nicola felt that the check in machine itself could be better used by directing patients with specific on screen messaging. Nicola agreed to discuss this with Kirsty. Wall signage improvements will also be considered. **Action** **NP & KC**

The fact that other surgeries have TV machines which display the name of patient, who they are seeing, and which room they should go to for their appointment was considered and debated. Nicola explained this was possible with our TV machine, but the majority of our clinicians prefer to come and call the patients themselves. Mike asked Dr Robinson whether there was a reason for this and it was explained a lot of patients do prefer the personal touch and also that it allows the clinician to assess the patient’s mobility etc when moving from the waiting room to their consultation room. There was agreement that the personal touch was a better approach to take.

Discussions took place around knowing how long a patient was going to be waiting for their appointment if the clinician was running behind. A notice is being produced to be displayed in the waiting area, informing patients that, if they have been waiting for more than 30 mins then to let reception know so they can check that everything is in order. It was explained that patients would be told upon check in if staff were aware there was a delay due to an emergency or other unavoidable cause. It was agreed that clear communication is absolutely essential since patients are more understanding when they are aware of the situation.

The issue of reception staff awareness of a patient’s attendance at the window was raised again. There was a view expressed that since the check in machine had been introduced and the receptionists work stations had been moved further away from the front reception desk, to allow them to focus on other work requirements, patients and visitors can sometimes feel ignored when they come in because reception looks dark and the receptionists aren’t actually sat close to the window. Jeff pointed out that the installation of a bell or buzzer had been mentioned at the last meeting, but Nicola did not think this was a good idea as this would result in over use of the bell causing a big distraction for the reception staff. Dr Robinson explained that she thought that patients and visitors really needed to have a little more patience, although it is understood that patients are usually unaware of the large amount of other tasks the reception staff are required to focus on. Dr Robinson felt that the reception staff do attend the front desk as soon as they possibly can.

Discussion took place about how some patients can just be waiting to drop a sample off and it was questioned whether they actually needed to speak to a member of staff at all. Nicola will make enquires about the possibly of getting some kind of confidential “drop off box” similar to the one used at the local Pathology Department where patients could leave their samples without the need to disturb the reception staff.

In terms of the waiting area itself, Jeff asked if it would be possible to relocate the PPG notice board to the front wall to the right of the TV screen so that patients, when seated, would see it in front of them. Discussion took place about its location. There was a general view that if people wanted to read notices they will look around. There was also messaging on the TV screen referring patients to the PPG notice board. Since the other information currently on the front wall was of high priority it was agreed to leave the PPG board where it is.

Nicola informed the group that a PPG suggestion box had now arrived, and this will be placed on the shelf under the PPG notice board. Discussion took place about what the sign should say on the box about comments/suggestions. It was agreed that Mike would design this and email it to Jeff. Once agreed, suggestion slips could then be put in the front slot of the box and the box put into use. The keys for the box would remain in the health centre with Nicola, and Jeff and Alan would monitor the box on a regular basis. **Actions MM, JC & AM**

Amy was congratulated on the amazing format of the PPG newsletter. This has been circulated to all members via email and is now also on Facebook. Paper copies are available in the waiting room and copies have also been left at the Tea Room and Hillside Methodist Church Hall. Nicola will add to the website. The newsletter will be updated quarterly or earlier if there is any relevant information which needs sharing more urgently. Amy has kindly agreed to take responsibility for updating and producing the newsletter with information input from the practice and other PPG members. **Action AM**.

**8. Meeting and Communicating with patients**

Recently Hazel and Alan attended the Social Prescribing coffee morning to let people know about the PPG. Unfortunately this was not a great success. It became very apparent that the waiting room, during clinics, was probably not a good time to try and engage with patients as their focus was elsewhere. On this particular occasion the clinician was also running behind and the waiting room was very busy, creating frustration for the patients and therefore a further lack interest in talking about the PPG. It had been suggested by Alan that maybe we have a coffee morning to “Meet the PPG” and possibly link this in with a charitable fund raising event. It was agreed that this was a good idea. The possibility of linking this coffee morning in with the opening of the new garden area was also considered. There was also agreement with this suggestion but since the garden is some way off looking fully finished with flowers etc it was agreed to defer the finer arrangement of this to the next meeting in May.

A dedicated PPG email address has now been set up but this can only be accessed by people with an NHS.Net account as currently owned by Nicola and Kirsty. It was agreed that any emails received to this account would be forwarded to the Chair, Vice Chair and new patient member Secretary (when appointed). Amy asked if an automatic reply had been set up for the account to make sure people knew not to use it for medical issues – Nicola will action this. **Action NP**

**9. Membership Contact List and Membership Review/List update**

Jeff thought it would be a good idea to create a list of PPG member names with email addresses and telephone numbers. Everyone was in agreement. Jeff will compile a list via email circulation. **Action JC**

Jeff raised the issue that the current mailing list for the PPG group has 35 members but there is a consistent 12-16 who attend meetings or give apologies. The Terms of Reference states that, if any member hasn’t attended three consecutive meetings then they will be deemed to have resigned from the group. There was a consensus agreement that this rule should be applied. Nicola will ask Kirsty to sort this and email Jeff with the updated list of member’s email addresses. **Action NP & KC**.

**10. Appointment of New Secretary**

Jeff reported that Kirsty has indicated her wish to resign from the role of Secretary for the group. It was recognised that Kirsty had undertaken this role willingly for quite some time and that she has also done this outside of her normal working hours. Jeff asked the members present if there was anyone willing to take on this role. There were no immediate volunteers so Jeff asked the group if they could consider this and if anyone later decided they would be willing then to let him know before the next meeting.

**11. Any other business**

Margaret wished to raise the amazing achievement of Dr Moitra who has been awarded a Humanitarian Medal from King Charles III recently. She thought this should be recognised in some way. Dr Moitra is currently away in Gaza. There was unanimous agreement with this. This will be considered and brought back to the next meeting. In the meantime, it was suggested that the photograph and text which was recently posted on Facebook be displayed in the waiting room for everyone to see. Nicola will arrange this. **Action NP.**

**12. Date and Time of Next Meeting**

Next meeting is on Thursday 22nd May at 6 pm.

**Action Sheet Matrix**

**Withnell Health Centre Patient Participation Group**

**13 March 2025**

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| --- | --- | --- | --- |
| **Agenda Item No.** | **ACTION** | **BY** | **DATE** |
| **3** | Confidentiality Agreement necessity and process of introduction  | Nicola | Next Meeting |
| **4** | Speak to PCN Managers to ask for Friends and Family figures to compare number and type of responses | Nicola | Next Meeting |
| **4** | Add Citizens Health Reference Group Update to next agenda. | Jeff | Next Meeting |
| **5** | Consider advertising reception job locally in schools etc.. if not successful with this round of applicants | Nicola | Next Meeting |
| **5** | Contact Iris Smith from the “Chorley in Bloom Project” re maintaining the Garden Space. | Margaret | Next meeting |
| **5** | Review security lighting required for Garden Space area. | Nicola | Next meeting |
| **6** | Jeff to circulate the updated Terms of Reference by email Nicola add to website.  | Jeff/Nicola | Next Meeting |
| **7** | Rota of volunteers required for helping with check in machine. | Jeff/Nicola | Next Meeting |
| **7** | Consider improved “Booking in System” on screen messaging and wall signage to direct patients following booking in. | Nicola/Kirsty | Next Meeting |
| **7** | Drop off box/letter box for pathology samples in stead of waiting at desk. Enquire with NHS Properties  | Nicola | Next Meeting |
| **7** | Design sign for suggestion box | Mike | Next Meeting |
| **7** | Empty box weekly of suggestions  | Jeff/Alan | Next Meeting |
| **7** | Produce quarterly PPG newsletter  | Amy | Next Meeting |
| **7** | Put newsletter on website | Nicola | Next Meeting |
| **8** | Put automatic reply on PPG emails to say email box isn’t regularly monitored and not to be used for medical issues | Nicola  | Next Meeting |
| **9** | Create PPG Membership contact list | Jeff | Next Meeting |
| **9** | Update email circulation list for PPG removing those who haven’t attended the last 3 meetings and send to Jeff | Kirsty | Next Meeting |
| **10** | Put photo of Dr Moitra and message of congratulations in waiting room. | Nicola | Next Meeting |