

Minutes of the Arrival Practice Patient Participation Group Meeting

Wednesday 4th October 2017 12.00pm

Present: Vikki Mathie, Ruth Friesem, Sherry Ramsey, Belal, Ikram, Samson, Zacaria Sheikh-Kelo, Mark Barr, Amir Monipour, Romina Xiberraku, Lelja, Sidra Mahwish, Samaneh Khedmati, Mehrzad Maleki,

1. Apologies: Barbara Renton, Rudina Kapa

2. Welcome and Introductions

VM thanked all for coming and suggested that we should meet as a group at least 4 times a year but could arrange more meetings if necessary. MB said that he thought it would be a good idea to meet every 6 weeks to ensure continuity and told the group that Arrival Practice has outstanding scores on its CQC Report and regular PPG meetings will help to maintain this. The general consensus among the group was that it would be beneficial to meet more often. We agreed to meet approximately once every 2 months or 6 times a year.

3. PPG Main Objectives

Printed copy distributed to all present

4. Code of Conduct

Printed copy distributed to all present. Copies signed and dated to say that we all agree to abide by the Code of Conduct.

5. Minutes

VM explained that minutes will be taken for today and all future meetings and they will be printed out or distributed by email. She asked for email addresses from members of the group wherever possible. The minutes will be printed in English. RF was responsible for recording the minutes, but VM invited other members of the group to volunteer to take the minutes for future meetings and RF and VM will be happy to give support where necessary.

6. Newsletter

VM brought up the idea of producing an Arrival Practice Newsletter 4 times a year i.e. seasonal, spring, summer, autumn and winter. The newsletter could include various topical health awareness campaigns, such as diabetes and healthy heart checks and seasonal topics, such as flu vaccinations. It could also be used to advertise local groups and activities such as Drop Ins and church groups and asked that members of the group should let us know

about any forthcoming events that could be included. The newsletter will be printed in English and copies will be placed in the reception area and waiting room for people to read or take away. VM suggested that members of the group might like to come forward to get involved with the production of the newsletter.

Elvis will be organising a Monday morning gym session from 10-12 at the Durham Campus of Stockton College. It will be free but limited to 12 participants, so will be essential to book. Ask at reception for details.

7. General Discussion

VM invited to members of the group to raise any issues that they would like to discuss at the meeting.

- ZS said that he feels that Arrival Practice seemed to be busier when he first arrived - approx 4 years ago - and he wondered why. VM went into some detail to describe the practice population and how patients are registered. She also explained that the Home Office registrations fluctuate for a variety of reasons and as such, are generally unpredictable. ZS also asked why the building downstairs remains empty. VM explained that the building is owned by a private landlord and leased to the NHS, who lease it to Arrival Practice. We pay for every room that we use and as such, rent is very expensive.
- ZS had a few questions about how our appointment system works i.e. why patients are sometimes given an appointment to see the nurse when they have asked to see a doctor. VM described the roles of the GP, Practice Nurse and Primary Care Practitioners (Nurse Practitioner) within the practice. She went into some detail to explain how it is important for the patient to see the right person at the right time and that in many cases it is appropriate for a patient to see a nurse or primary care practitioner. VM also explained that a primary care practitioner can do everything that a GP can do, other than write a sick note. VM talked about the cost of missed appointments and charges that are incurred upon the practice if one of our patients visits A&E.
- Belal went on to explain that the system in the UK is very different to health systems in other countries and that is important for our patients from other countries to try to understand how the NHS works. He also pointed out that we all, as people residing in the UK are very fortunate to be able to be treated free of charge within the NHS and as such, we should accept some of its shortcomings and appreciate that sometimes we may have to wait for appointments and referrals. He stressed that the NHS will always take care of us if we are unwell and in need of urgent treatment. There was then a general discussion about the cost of various medications and how referrals are made.
- AM asked why it is not possible to order prescription medications by telephone. VM explained that the decision to not take orders over the phone was made as a safety precaution. There was a series of events that

highlighted the risk of taking telephone orders and so the decision was made to stop. Continuing on from this, MB explained the importance of patients returning any unused medications to the pharmacy.

- MM raised the point that sometimes, having waited for a few months for a referral appointment, you arrive for the appointment only to find that an interpreter has not been booked. VM explained that an interpreter is requested by the practice when the referral is made and it is then the responsibility of the hospital/department to book the interpreter. She asked that patients let us know if this occurs. Belal pointed out that the hospital is obligated to provide an interpreter if it is required and a telephone interpreter can be used if necessary.
- MB wanted to make members of the group aware about the support for carers in the Stockton area. He said that there is a carers group at the Five Lamps in Stockton town centre on Thursdays at 1pm.

8. Fundraising

RF raised the subject of fundraising - this could be to raise funds either directly for the practice or to fund activities and events organised by the PPG. She asked for members of the group to think about different ideas and suggestions for fundraising. RF also introduced the idea of producing an Arrival recipe book. This could potentially involve a large cross section of the Arrival Practice population including patients, interpreters and anyone that is connected in any way to the practice. RF invited members of the group to come forward to help with the production of the cookbook, by donating recipes and assisting with the general layout and compilation. There has already been positive feedback and interest in this idea and RF has already received some offers of assistance with recipes, photography etc.

VM also thought it would be an idea to organise free events occasionally, such as walks/picnics in the park.

9. VM closed the meeting by thanking everyone for coming and we will communicate the date for the next meeting, possible in approximately 6 weeks, to all members of the group.