

**LONSDALE MEDICAL CENTRE**  
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**Dr A G BUCKLAND, MB BS DRCOG**  
**Dr A M STEWART, BM MRCP MRCGP DFFP**  
**Dr B CAPONE, MRCGP DFFP**

**Patient Participation Group (PPG)**

30 July 2010

In attendance

Barry Ellis                      Chairman

Orla Ackroyd  
Roger Alderman  
Arthur Carter  
Peter Kitching  
Helen Miller  
Gerald Plastow

Dr Tony Buckland      GP  
Kate Harlow              Practice Manager  
Ann Lee                      Administrator

AB opened the meeting by thanking everyone for attending and introducing BE, chairman of the PPG.

BE reiterated the welcome and gave a brief outline of his history and his involvement with a similar group at the Royal Marsden.

BE issued a list of aims and objectives for the formation of the PPG and read through them, inviting comments.

GP raised the issue of diversity and ethnicity of the group and the need to include patients with young children. AL assured the group that patients with children have been contacted and one patient in particular was keen to join, but away on annual leave at present. General discussion about what the makeup of the group should be, to include Polish nationality as we have a large number of Polish patients.

BE suggested a forum for patients suggestions which included non professionals who may be able to assist with patient queries that are non medical related and gave an example of what had been done at the Royal Marsden.

PK asked AB what issues he thought that the group should address from a doctors perspective.

There followed a discussion about timing issues and expectations of surgeries etc.

AB told the group that Dr Rachel Phillips was joining the practice in September, Dr Alison Stewart was reducing her hours. AB is hoping to do more minor surgery clinics so will possibly be reducing his normal surgery sessions. He briefly mentioned the equipment that we are in the process of purchasing for the surgery, such as the dermatoscope and that we have already received some generous donations from patients. It was from patient donations that the blood pressure was purchased.

RA asked what were the implications of the new directive, for GPs to be in charge of their own budgets. There was general discussion about this with AB emphasising that some services may suffer such as orthopaedics, but he was intending to carry out some minor procedures at the surgery which may alleviate the pressure.

General discussion about mental health services and the consensus that they were very stretched in the area.

GP asked whether there would be direct involvement by the doctors in the future of the group. AB responded affirmatively. BE emphasised that the PPG should be independent of the doctors and it was agreed that the doctors would attend meetings at the invitation of the group where appropriate and that this would not necessarily be every PPG group meeting and possibly not for the whole duration of the meeting, only where appropriate.

PK enquired as to whether we had done a patient questionnaire, and whether this had information about demographics. It is a requirement of the practice to complete a patient questionnaire and it was agreed that a copy of this would be issued to anyone who would like to see this. There then followed a general discussion about expectations of doctors hours etc.

RA asked what would happen if the PPG were to identify certain needs whether the group should involve our local MP or another means.

KH responded by suggesting that the PPG can get together with other groups in the vicinity to present a united front if the need be.

BE gave the example of relocation of equipment at the Marsden due to pressure from the hospital group this is now being re-evaluated

GP suggested that the focus of this PPG should be with local issues specifically within the surgery and consensus of opinion was that this should be the case.

GP brought up local issues, such as telephone systems, the difficulty of getting through, repeat prescriptions via email, whether a simpler system should be activated. There followed a general discussion about the process of requesting repeat prescriptions online.

The business of frequency of meetings, locations, timing etc was discussed and it was agreed that while the group was in its infancy the meetings should be more frequent. (1 x month) then move to bi-monthly and the duration should be about 1 – 1 ¼ hours.

AL was nominated secretary, to take notes of the meetings, send agendas and suggested topics to all members prior to the meetings and to hold email details of the committee members.

BE mentioned fundraising which will be a function of the PPG, for items such as the BP machine located in the hall. GP suggested we have a “Friends of the Practice” fund and this will be discussed at the next meeting.

AB mentioned a newsletter that KH used to produce which could be reincarnated along with the minutes of the PPG meetings and displayed in the waiting room to keep patients up to date with surgery news and items.

The next meeting was proposed 27 August.

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