

MINUTES
PPG MEETING, TUESDAY 1st MARCH 2016

Present: Members of the PPG and staff members Dr SH, Practice PA MR and Interim PM JD.

	Action
<p>(Previous meeting was on 14th July 2015, the subsequent meeting planned for October had been cancelled).</p> <p>1. Staff Changes.</p> <p>Practice Manager There had been several staff changes since the last meeting. The practice had recruited a new practice manager Christian Nelson, who started in November. On the date of the meeting he was not able to be present but would be able to meet members at the next PPG.</p> <p>Receptionists Rosie has left, we are recruiting two new receptionists. Billy is in reception managing prescription requests.</p> <p>Doctors We have two new doctors. Dr Tran left, we now have Emma Mannan (3 days) and Sarah Manistre (4 days).</p> <p>Nurses Most of our nurses left, we recruited and have a new nurse called Tsitsi, and another nurse Mulu who is currently full time but is reducing her hours to one day a week. We have just recruited a further nurse called Jeniffer (spelling is intentional) starting one day a week and Shirley who will be here two days a week. We are lucky to have done this because of the nurse shortages currently.</p> <p>They are not prescribing nurses, however which may mean a slight delay for those patients used to this.</p> <p>Electronic Prescribing We are currently implementing the electronic prescription service so patients can pick up their medication straight from the pharmacy. All patients have to do is to tell the practice where they would like to pick up their medication and this can be arranged. One patient at the meeting had an instance where a pharmacist said he had not received the prescription from the practice but generally this system works well.</p>	

<p>Repeat Dispensing Repeat dispensing is another service that is shortly to be offered, for certain patients who are stable on a long-term drug we will be able to issue meds for a whole year. We would send all 12 monthly prescriptions to the pharmacy. This is expected to save a lot of time for patients who repeatedly have to request repeat prescriptions where nothing about their condition changes. The members were very happy to hear this. We are inviting a practice based pharmacist to come and see us in April to set this up for us as a practice. The patient who wants to know when this is available was advised to send us an email so that the admin staff can response.</p> <p>Update on services SH summarised the services we have on offer.</p> <p>i) Walk in clinic - 'see and treat' (unregistered patients, non-bookable).</p> <p>ii) iHub Service (bookable appointments, they can provide all services). The opening hours of the walk in are from 6:30pm to 8pm and at weekends. There are three centres locally, manned with a Hub doctor, a Hub nurse, and a regular nurse. They can offer services such as travel clinic, baby clinic and smoking cessation clinics.</p> <p>One member reported a very good experience using the out of hours services.</p> <p>Patients have more choice, they may now have a prebookable routine appointment for a GP here or a prebookable appointment for the iHub.</p>	MR
<p>CQC Visit The practice recently had its CQC visit. The background and rationale of CQC was explained. We await our report from CQC which will be publicised in the practice and on the website by the Practice Manager in due course.</p> <p>CQC is interested in the PPG as it encourages practices to use its PPG as a mechanism for listening to patients and effecting necessary change within a practice. One element of the PPG which it encourages is greater diversity of PPG members which reflects the local practice population. Members were encouraged to invite along other patients they may know from different backgrounds, age groups and ethnic groups. The practice wants to increase numbers generally.</p>	CN Members
<p>Building Works - Action Point No. 1 from July 2015. The opinion of the group was sought about our application for funding for building works, called the Transformation of Care Fund. Many practices put in bids but SH reported that unfortunately no one has heard back so there is no news SH confirmed that it is a matter currently on the LMC, CCG agenda.</p>	
<p>Telephone Access – Action Point No 2 from July 2015 Issues over the telephones had been agreed at the last meeting including revising the outgoing message options. Had this been done? Members thought not. The criticism was that there was no proper queue holder message saying what number the patient is in the queue. In addition it seems as though the phone rings and calls</p>	CN/ Partners

<p>are not being picked up. There is a query about whether this is the system or the staff. Some phone software can drop calls or put them to the back of the queue. One member said she had been sitting on phone for 42 minutes.</p>	
<p>It was suggested that the practice conduct a survey to canvas any patient who rings how long they estimated they had been on hold. This could be done during one hour in the day or over several different hours.</p>	CN
<p>This was thought to be a useful suggestion. If there is found to be a problem then we can look at options.</p>	CN/ Partners
<p>One member offered to ring the surgery each morning and count how many minutes they were on hold and to then email us the results. One member offered to do this over a short period, so we can monitor this.</p>	Member
<p>Online booking and access to medical record It was confirmed that from April patients will be able to make a request to see their full medical record online. This is subject to GP approval in each case.</p>	
<p>Hospital letters going on to the patient record. One member asked how she can know when a consultant has written to us following an outpatient visit to hospital. SH said we often get the letter but no results. Very often patients receive a copy of the consultants' letters before we do. It was suggested the patient could ask the consultant to email us, however he or she may not wish to do this because of duplication of work.</p>	
<p>A suggestion that the practice write to the hospital to ask for all correspondence to be emailed to us is not likely to be acceptable either, partly because we would be setting ourselves up as an exception and partly because of clinical implications.</p>	
<p>Patient Information - Action Point No. 3 from July 2015 Patient Education. PPG members would like us to use the TV screen to better use, for example, advertising online booking which was agreed at the last PPG meeting but not implemented.</p>	CN/HM
<p>They would also like us to encourage patients to use the self-check screen in the waiting room to help reduce queueing. Reception staff can help teach patients.</p>	CM
<p>Jayex board currently has no messages on it, which seems to be a wasted opportunity for patient education.</p>	CN/HM
<p>Future meetings - timings</p>	
<p>Members proposed that future meetings are held at the following times</p>	
<p>Winter meetings - at 4pm before it gets dark Summer meetings - at 6pm.</p>	

<p>Date of next meeting was agreed as: 6pm Tuesday 7th June. HM will put this on the website and the practice manager will advertise the date in reception</p>	<p>HM/CN</p>
<p>AOB. Members asked for the following matters to be discussed at the next meeting. (i) More regular doctors to do the walk in, rather than agencies (ii) Value of reporting on patient complaints to the group for discussion The practice manager will add to the agenda.</p>	<p>CN</p>

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