

Patient Participation Group

10th July 2014

Agenda

1. Apologies
2. Minutes of Meeting on 27th March 2014
3. Availability of Appointments on the internet
4. Retirement of Dr Twomey
5. Any other business including date & time of next mtg.

Minutes of the the PPG Meeting **held on 10th July 2014**

1. In Attendance:

Brian Marten	Sandra Corfe	Jacqueline Shaw
Bob Singleton	Linda Burns	Pauline Highton
P Conachey	Lynn Conachey	Sue Kimberley
Dr Mick Twomey	Helen Sansbury	

2. Apologies were received from Dennis Cowley, John Rosbotham, June Marten, Jayne Lloyd and Richard Jones
3. The minutes of the previous meeting were approved as a correct record of the proceedings. There were no outstanding actions.
4. Prior to the meeting Dennis Cowley had requested that we discuss the availability of appointments on the internet as he had been led to believe that the practice were only posting limited numbers and he felt that accessibility was being compromised. Helen gave an assurance to the meeting that ALL routine GP appointments were allocated to the internet. It would appear that appointments for Dr Twomey and Dr Lowcock are being booked up for up to 2 weeks in advance. However appointments for Dr Veltkamp and Dr Babajews were usually available within 48 hours. Indeed at the time of the meeting on Thursday evening there were appointments with Dr Veltkamp and Dr Babajews for Monday 14th and Tuesday 15th July available.

5. Dr Twomey gave a resume of his time in general practice and an insight into how he believes General Practice will change in the coming years. This resulted in debate about the future of the NHS in general. The Group were informed of the Practice's plans to replace Dr Twomey: Dr Velkamp is becoming a partner and we are actively seeking a new Salaried Doctor for 2 days per week.

6. Any other Business:

6.1 Bob Singleton asked for clarity on the response "normal no action" when ringing in for blood results. Dr Twomey responded by saying that all laboratory results are viewed by a Clinician who writes an appropriate comment on for the non clinical staff to relay the message to the patient. The comments are pre-determined i.e., the Doctor has a brief list of comments to choose from and he will pick the most appropriate for the patient. Blood results are always reviewed and reported alongside the patient's other clinical problems and investigations. For example the same cholesterol result for 2 people may result in 2 totally different doctor's comments. If a patient requires more detail about a laboratory result they are required to make an appointment with the Doctor.

6.2 The above discussions resulted in further dialogue around sending out blood results by text message. It was suggested that perhaps just normal results could be sent by text message. This would prompt patients not receiving a message to ring in for abnormal results and be given their options by a Receptionist. It was made clear that significantly abnormal results would always stimulate a proactive response by the practice to contact the patients and make arrangements for the patient to be seen urgently. Although the Group were divided on this issue, it was agreed that the practice would NOT use text messaging to convey results at this time. The main reasons being (i) mobile phone data is incomplete (ii) patients may get confused about when to ring (iii) patient responsibility for their health.

6.3 Jacqueline Shaw asked what does the review date on the counterfoil of a prescription mean? Dr Twomey informed the meeting that this review date is part of an internal process reminding the clinicians when a medication review is required. This does not necessarily mean a face to face contact with the patient is required. As part of this process the Doctor will indicate if further action is required. Examples of further action being a blood test, a chronic disease management review or HCA appointment. Patients only need to take note of the yellow information slip issued by the doctor.

6.4 Brian Marten noted that he had recently attended at the Community Phlebotomy clinic and felt he ought to say how well the clinics ran with a little enthusiasm from some of the regular attenders giving advice on how to ensure a constant and quick patient throughput.

6.5 It was also noted that the new patient call in system still had a little difficulty with some of the staff and patient name pronunciations. This is something that we need to live with I'm afraid but it does give some frivolity in the waiting room.

6.5 Next Meeting: 14th October 2014