

RAINFORD HEALTH CENTRE

Patient Participation Group

Minutes of Meeting held on 20th March 2019

IN ATTENDANCE:

Bob Singleton	Dennis Cowley	June Marten	Brian Marten
Linda Burns	Cathy Turner	Lynn Conachey	Sandra Corfe
Patrick Conachey	Helen Sansbury	Dr J Lowcock	

Introduction of a new member of the Group Mr Christopher Davy

Apologies Received from:

Richard Jones	Beryl Jones	Pauline Highton
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Minutes of Previous Meeting

The Minutes of the meeting held on 6th June 2018 were approved as a correct record of discussions.

Matters Outstanding:

After contacting Dr MacRae's practice to see if they would like to have a joint PPG meeting it was established that they only have a virtual one which means they communicate electronically without the need for a meeting. This was discussed and agreed that we may communicate this way and have more formal meetings perhaps just twice a year. It was confirmed the Helen had everyone's email addresses.

Following on from the last meeting whereby Dennis Cowley asked if the DNA rate was improving. Helen suggested that this is not happening. Helen produced a graph showing the peaks and troughs of the DNAs over the last 12 months. Dennis asked if we would compare this with other practices. Helen suggested that we would seek information from the MacRae's practice for comparison purposes.

The meeting spoke about how the practice is trying to improve capacity:

- a. Improved access appointments are still being arranged
- b. Extended access appointments at Albion Street are available.
- c. Delivery of the new Footfall website due in next 8 weeks.

1.0 New staff

Helen Sansbury informed the meeting of staff change at the practice;

Emma Partridge started with us as an Apprentice last year. We have trained her up to be an administration clerk with an NVQ qualification in customer services. Emma now qualified and has been taken on as a substantive member of the team.

Dr Nalbant ST1 is with us until August 2019.

Helen spoke about the fact that we are a training practice and as such train all types of staff. We are looking to extend this to training Physician Associates and possibly under graduates ie., 4th year medical students. Physician Associates are a new breed of health professional that has been used in America for many years. The NHS are training and promoting this level of health professional in an attempt to alleviate some of the pressure on GPs

2.0 Family and Friends Test – generally hovers around 95%. Although the Group thought this was a very good rating of our performance. Helen asked if the Group had any ideas on how we could improve this. The PPG member will give this some consideration.

3.0 Self care Policy

Helen spoke about the National Policy. The Group were very interested in costings and felt that this was a very good way to reduce NHS expenditure. They spoke about the issues with paracetamol whereby patients being asked to buy such medication but the restrictions on how many packets could be bought at any one time on safety grounds. A good suggestion by Lynn Conachy was that a prescription type note could be produced by a GP surgery to allow certain patients to buy up to a specific amount of tablets in any one go. Helen said she would pass this suggestion on to the Medicines Management Committee.

4.0 Telephone Signposting

Helen spoke about the need for us to signpost patients on to more appropriate services or self care and the need for staff to ask patients what the problem was. Historically this practice has never asked patients what their problem was but we have found recently more and more patients presenting with the doctor who could have been seen more appropriately elsewhere. Discussion took place and the Group generally supported the idea as the way forward. Patients would always have the option to say their problem was personal and this would not stop them from being seen by a GP.

5 On Line access

Helen spoke about the benefits of on line access and the ability for a patient to log on and see all of their coded information. The PPG members agreed to test our protocol and the system itself.

4.0 Any other Business

Bob Singleton sought clarification on the completion of insurance forms/ holiday cancellation forms and non NHS letters. Helen stated that this type of work is classed as non-NHS work and as such takes a lesser priority than that of our contractual work. Helen expressed concern that sometimes this type of work can take longer than we would wish.

It is obviously difficult to balance the need and to meet patient expectations with GP workload. In this particular case the patient had requested that they have sight of the report before it is sent off. This can delay the posting of the report by a couple of days as it can be difficult to get in touch with patients during office hours to arrange a time to view the report. The practice will try harder to meet this demand.

5.0 Date and Time of Next Meeting TBA