

Patient Participation Group

Minutes of the Meeting held on Thursday 25th June at 6pm at the surgery

The meeting was attended by 14 patients.

The Practice was represented by: Dr Foster, Louise Owen (Practice Manager), Beverley Matthews (Office Manager), Rachel Pinkett (Receptionist), Penny Palmer (Receptionist).

In attendance: Gary Flint, Alan Welsh and Charla Kearsley from Nottinghamshire Health Informatics.

The meeting was chaired by Miss Jacey Joyce.

Dr Foster and Miss Joyce welcomed all present to the meeting.

1. Update on Telephone System

Gary, Alan and Charla from NHIS explained the progress that had been made to install the queuing system on the telephone network and if the system worked well in this surgery it would be rolled out over time to other practices. One of the patients present commented that they had rung the surgery the day before the meeting and had heard a message advising them that they were in queue position 1 and the phone was then answered quite promptly. At present the queueing facility would allow 7 calls to 'stack' and would also provide some call statistics which could be reviewed at the next meeting.

Gary offered to continue to come to the PPG meetings and to work with the practice to improve the IT systems in general – this was welcomed by the patients and the practice staff.

The PPG asked whether the phone system took into account those patients booking on-line. Louise explained that the 2 processes were quite separate and that therefore the queueing system would not be affected by on-line bookings.

2. Self-Care Pilot Project

Annabel Taylor from Nottingham Citycare gave a presentation to the PPG about the self-care pilot project. Annabel explained that the aims of the project were to: make sure health and social care resources were available for people who really need them; support citizens to manage their own conditions better; make sure that people get the right level of support at the right time and to see how all the elements of self-care can best work together.

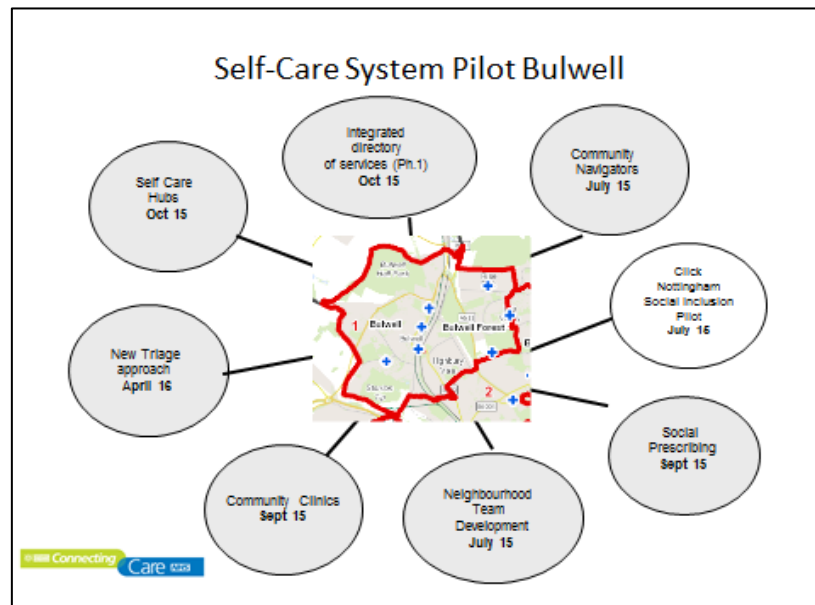
Bulwell had been chosen as a pilot area for the following reasons:

- Highest percentage of referrals to adult social care that don't meet the threshold for services
- Identified need for lower level support
- Citizens have appetite to help one another

Annabel explained that research had shown that the ‘system’ was fragmented and that people don’t know where best to go for help – there was lots of information – but it was confusing and in different places meaning that patients can be sent to the wrong place. She further explained that the time of key professionals wasn’t always spent helping the people in most need, demand for help was increasing, help wasn’t available early enough to stop things getting worse and there was an over-reliance on health and social care systems.

Annabel went on to explain the proposed structure of the self-care system:

Some of these services would be offered by volunteers



And that the ultimate aims of the system would be:

- Joined-up “system” of care
- Much clearer where best to go for help – with more support available
- Information in one place and easy to understand and access
- Citizens more empowered to manage their own conditions
- Time of key professionals freed-up to spend helping the people in most need
- Demand for help much more manageable: focus on heading-off problems before they occur
- Equitable balance between health and social care systems and self-care

The PPG were then invited to give their initial thoughts about the scheme and asked the following questions:

Who was recruiting the volunteers? Bestwood Directions

Were Click Nottingham more of a social group? They work with people on a 1:1 basis. There was a £15 membership fee but if people were unable to afford that it was possible to undertake ‘acts of kindness’ instead of making a financial contribution

Nottingham Elders Forum should be encouraged to attend if possible – Annabel agreed this was a good idea

Will there be an ‘app’? Possibly

There could be the possibility for developing the involvement of community pharmacies if there was an element of minor illness care. Agreed

Annabel was thanked for her presentation and left the meeting.

3. Minutes of the last meetings held 26 March and 23 April

The minutes of the last 2 meetings had been circulated prior to this meeting and were agreed. There were no further matters arising in addition to those already listed as agenda items.

4. Joint Working with Leen View

Dr Foster explained the current arrangement with Leen View in that three of the Parkside Practice partners (Drs Foster, Hughes and Moss Langfield) were each working 1 day per week at the neighbouring surgery. The reason for this arrangement was that Leen View had had insufficient numbers of GPs to be able to continue and were faced with possible closure. To cover our partners' absence we were providing locum cover as far as possible and were aiming to recruit another permanent GP. Dr Foster then went on to explain that in all likelihood the 2 practices would formally merge in time and that a larger practice would be able to deal more effectively with any future changes to the NHS.

The PPG heard that the 2 practices had a planned strategic meeting to finalise future arrangements in July. The PPG asked whether the agreement was permanent – Dr Foster explained that there was a 'get-out' clause written into the partnership agreement. The PPG then asked whether Leen View's patients were aware of the situation – Dr Foster stated that he believed that they had been informed.

The PPG agreed that as long as care was maintained most patients would be happy with the arrangement.

Gary Flint from NHIS commented that practice mergers were becoming more common nationally as surgeries struggled to recruit from within a smaller workforce and that it could become easier to provide some services with a larger team.

The PPG thought that there was a possibility of losing the 'caring' aspect if the practice became too big and impersonal – Dr Foster agreed this was possible but that we would try extremely hard to make it work. He outlined an example of a surgery in Birmingham with 70 000 patients where several practices had joined together and whilst 'back office' functions operated as one, the individual surgeries had managed to retain their local identities.

5. Appointment System

The practice had recently abandoned the 'Doctor First' telephone call back system and were now operating a same day bookable appointment system for GP appointments. Dr Foster enquired whether the patients liked this system. There were no real comments apart from the lack of forward bookable appointments for patients who worked and therefore could find it difficult to ring in on the day. Louise explained that the reason for same day booking was due to our very high non-attendance (DNA) rate for forward bookable appointments which lead to wasted appointments and then complaints about the lack of availability of appointments. She further noted that even when patients booked appointments on the same day we still had some non-attendance, however we might consider introducing a limited number of forward bookable appointments with the DNA rate being monitored.

6. Mission Statement

Dr Foster explained that at the March meeting those present were asked to write down a selection of phrases that they would wish the practice to aspire to and this would be formed into the practice mission statement. He then gave a brief presentation about the reasons for having a mission statement. The practice staff had also performed a similar exercise and a statement had been formed from the phrases provided.

The suggested statement formed from the phrases provided by staff and patients was:
“A professional and caring team, meeting health and wellbeing needs in our community”

During discussion the patients further suggested that the word ‘accessible’ should be included with the statement.

There was some concern raised around the meaning of a mission statement i.e. do they actually mean anything? Dr Foster suggested that all organisations/teams need something to aspire to.

7. Electronic Prescribing

From 29 July the practice would be offering the facility for patients to have their prescriptions transferred electronically to a pharmacy of their choice. This would mean that there would no longer be the need for patients to collect a paper prescription from the surgery but it would be transferred electronically via the clinical network for dispensing by the pharmacy. Any patients wishing to sign up for this service should speak to their usual pharmacy.

8. Zero Tolerance

Louise explained that the practice staff were very often on the receiving end of abusive behaviour from patients which included shouting, swearing and threats – none of which were acceptable and could be very draining and upsetting for staff. Louise asked whether the PPG would be supportive of helping to deal with bad behaviour. The PPG were in agreement and had a discussion around the possible installation of cameras on the front desk.

9. Future PPG Activity

Miss Joyce asked the group whether they would be interested in any fundraising events to support the practice in purchasing equipment or whether they might be interested in helping to promote health education to other patients. It was noted that in order to bid for funding grants the PPG would have to be a properly constituted group.

10. Annual Health Reviews

Dr Foster explained that over the next few months the process for medication and long-term condition reviews would be changed and patients would be offered an initial health check appointment with the Health Care Assistant (Ellie) with a follow-up appointment with a GP or nurse if appropriate. The process would be structured around the patients’ birth month and patients would receive a letter inviting them to attend for an appointment.

11. Date of Next Meeting

The date of the next meeting was agreed as **Thursday 24 September at 4pm** in the surgery.

Miss Joyce and Dr Foster thanked everyone for attending and the meeting closed at 7.55pm.