

MINUTES OF PATIENT PARTICIPATION GROUP SESSION

HELD ON WEDNESDAY 10 SEPTEMBER 2014

Present: Patient Participation Group members x 5
Dr N M Nabi
Brian Doyle, Practice Manager
Janet Carmichael, Assistant Practice Manager

1. MINUTES FROM LAST MEETING

Agreed.

2. ACTION POINTS FROM LAST MEETING

- 2i. Arrange for Dr Tasker to attend PPG meeting – to be arranged.
- 2ii. AR to receive a copy of the new contract – BD to forward. GPs are still going through it themselves.
- 2iii. Members to ask patients they know what they think of the appointment system.
- 2iv. Invitation letters to be circulated to PPG members for their comments – BD thanked members for their contributions.
- 2v. PPG forms to be placed near waiting room door – to be done. However, it is advertised on the moving signs.
- 2vi. To arrange another engagement day – no date arranged as yet.
- 2vii. BD to ask GPs if they would hand out leaflets and forms to patients – BD stated the leaflets had been taken away so would need some more.

3. ADVERTISING THE PPG GROUP BETTER

AR requested a display board for the PPG to use for information about the group. AR and PW said at the engagement day they had felt a little uncomfortable talking to people as the patients did not know who they were.

SC stated she was waiting for an electric chair (would be for home use only at first) but if the battery life was ok would be happy to come to the engagement day.

AR suggested that the information on the display boards could be changed around the waiting room as patients tend to look at the same ones as usually sit in the same area when they come. BD stated it was difficult to find the time. However the members said they would be happy to help.

It was asked whether the practice would consider Facebook and Twitter to advertise. NMN stated the practice had not gone down that route due to ethics at the moment and would have to explore the use of text. BD stated the problem with texting is patients often change their telephone numbers and do not let the practice know. The Practice will be happy to look in the use of social media to form a 'virtual' PPG.

AR asked if the medical staff would be prepared to give information out. NMN stated that it was a valid point and he would be happy to canvas on the PPG behalf.

4. PRACTICE APPOINTMENT SYSTEM CHANGES

SC said she found it a lot easier to make an appointment on line now. AW felt it was good for people who work and PW stated he found it ideal when making a medication review appointment.

NMN stated the doctors want to improve continuity so booking in advance would be easier to see the same GP. BD stated the downside was that people forget their appointment time or fail to cancel. Another downside is certain doctors are popular so some patients cannot get an appointment with them within two weeks. However the positives outweigh the negatives.

The practice will carry out a DNA survey and compare between the old system and the new.

5. ALTERNATING MEETING TIMES OVER THE WINTER MONTHS

AR wondered if we could look at alternative times for meetings as some people do not like coming out in the dark nights or have child care problems etc. NMN stated it would be a good idea to have more flexibility. BD suggested we could explore having a virtual group.

BD stated for CJT to attend a Tuesday afternoon at about 2 p.m. would be a good time. However he will need to confirm a date with CJT.

6. FLU SEASON

We are to have clinics on two Saturdays in October to free appointments in the week. Patients will receive a letter and the GPs are giving out information. The

appointments are for 2 minutes only. Patients cannot book on-line. One issue we now have is that the pharmacies are giving flu injections and it is difficult to know how many will be done.

7. PRESCRIPTIONS

Our service provides repeat prescriptions within 36 hours. However this does cause a strain to our resources and the GPs would like to change this to 48 hours to prevent problems (e.g. it is difficult for the on call doctor to issue a script when they have to check with the hospital pharmacy etc). We would still need to process some prescriptions quickly when there is a genuine need (e.g. when patients come out of hospital).

NMN stated that the chemist a patient normally goes to can give two days emergency supply if a patient does run out. However, this does not always happen. The PPG members agreed that they did not think it unreasonable to change to 48 hours.

The GPs to discuss with chemist with regards giving two days emergency supply.

Electronic prescribing may be available nationwide within two years.

Annual medication reviews – Some patients do not attend for review and it was agreed that if a patient does not attend for review they will receive two reminders and then the medication will be stopped until they attend.

8. MEETING WITH DR TASKER

As above.

9. INCREASED WORKLOAD

Unplanned admissions appointments and assessments were explained to the group. NMN stated this is extra work given to the GPs to avoid hospital admission.

We also have to send out letters to those aged over 75 informing them of their allocated GP. An audit is run every week to catch people who have just turned 75 and letters are sent out.

Dementia assessment has increased workload also.

10. AOB – ENGAGEMENT DAY

It was suggested that whoever came to the meeting with CJT they could stay on to see the patients and would be able to support each other. BD to raise this tomorrow at the GP meeting.

11. ACTION POINTS

- To arrange PPG meeting with CJT one Tuesday in October at 2 p.m. and to see if the engagement day could follow on from that.

- BD to send new contract to AR.
- Display board to be made available for PPG information.
- Information in waiting room to be changed around waiting room.
- NMN to ask medical staff if they would be prepared to give PPG information out to patients.
- The practice to carry out a DNA survey and compare between the old system and the new.
- B D to explore the use of social media to form a 'virtual' PPG.
- To alternate meetings, Tuesday/Wednesday, afternoon/evening.
- To look at changing prescriptions to 48 hour turnover.