

**Havelock Grange Practice
Patient Participation Group (PPG)
Minutes
Wednesday 19th November 2014
17.00**



Present: Dr Eaton, WH, RK, JY, EJ, GP, CN, PW (Chair), MM, MS, MM I Clark MC

1. Apologies

PW EW, LH, JG, E Clark & BC

2. Minutes of the Last Meeting

Agreed as a true record

3. Open morning – update

PW thanked all involved in making this day a success. Feedback from patients who PW spoke to during the morning were positive and not all were aware of the PPG. Some had read the folder containing minutes and information etc.

CN informed the group that the total raised was £1,249.38 the breakdown for the total is: -

- Flu Saturday, tombola, coffee, cakes etc = £352.00
- Wear it Pink Friday = £524.00
- Staff salary donations = £273.38
- GP's Christmas Card donation = £100.00

4. Invitations for future speakers to PPG forum

a. Services who attended Open Morning MS - MS informed the group that Healthy Heart and Epilepsy are keen to deliver presentation to the group, as well as Hospice. It was agreed that the group will notify MS which service to approach, MS will then write to invite to meeting. The group agreed to invite the Dementia service to a future meeting but not the next meeting.

b. Social Services to explain system re discharging from hospital MM (v.chair) – GP stated that KF from Social Services is also interested in delivering talk about the services that they provide. RK stated that there is no joined up care, this is an area that causes issues, it is thought that there a paper is to be produced by SS.

5. Prescriptions – IC – issues regarding Electronic Prescription Service (EPS), problem had been experienced around the service and Pharmacy was suggesting that the Practice had not sent the prescription. Process is started when a Pharmacy hands in repeat slip for medication, requests are dealt with daily, when generating EPS prescriptions these are sent via the GP who has to electronically sign the prescription at which point the prescription is sent to the Pharmacy. The Practice can audit such prescriptions and even identify that prescriptions are waiting to be dealt with by the Pharmacy. After this the Practice has no insight as to how Pharmacies deal with prescriptions once they are sent. AE volunteered to approach Boots Pharmacy and enquiry if she would be able to see what happens from a Pharmacy perspective.

6. Patient comments

a. Patient on a panel & doesn't know doctor - MM (v. chair) – highlighted that a patient had been allocated a GP who was not known to the patient. Patients are allocated named GP's for the reasons below: -

- I. Aged >75yrs
- II. High risk of unplanned admission
- III. Residing in a Nursing or Residential Home and housebound

Patients who have been allocated a named GP have in the past have notified us of there preference and this has been changed GP accordingly. We are however trying to allocate such patients between GP's on a fair share ratio so as not to overload GP's who work part-time.

b. Positive comments – PW – would like to record that she had been passed two positive comments re Dr Lawther,

7. Practice Info

a. How many pre-bookable appointments are available each day? – MM (v.chair) –

The Practice offer 15 appointments per session, this consists of the following: -

- I. 4 x pre-bookable, 6 weeks in advance
- II. 2 x 48hours in advance
- III. 3 x 24hours in advance
- IV. 6 x urgent appointment each day

However holidays and training does impact upon the normal structure. Those appointments that would be available 48hr & 24hr in advance will be changed to urgent appointments to help with demand.

8. **New Hospital – should we press for more doctor support at 1Life – RK –** The Practice have no other information other than what was in the press recently. Discussion took place as to the poor service delivery regarding ambulance response times. There is also a planned strike for Monday 24th November 07:00 to 1100. There were also comments that when requesting an ambulance that you get asked means tested questions. Practices are under pressure to reduce the number of requests, patients can appeal against the process but in this instance documentation is sent to the GP for completion. There has been a recent meeting regarding ambulance service but the Ambulance Trust was not invited. It was agreed that the transport services are lacking. Dr Eaton agreed to write to the Ambulance Service highlighting a dissatisfaction with the service.

17:45 Dr Acey joined the meeting

It was stated that there are issues with MP Mr Wright – urgent care strategy, contracts are not due until 2016. There has been an acknowledgment that the services are not joined up. MM (v.chair) believes the CCG are looking into providing another GP who will be situated in the One Life (WIC). IC is attending a meeting re this issue on Monday 24th November. The group logged their dissatisfaction with ambulance response times, letter to be drafted to raise concerns, PM's will take issue to the next Practice Managers meeting.

9. Chair & Vice Chair roles – PW – raised the fact that the Chair & v.Chair are to stand down, this meeting should have been chaired by the new chair & v.chair, however due to the positions not being agreed at the last meeting, PW agreed to chair meeting. Changes to PW's other commitments has necessitated PW to stand down, the group were aske to consider a new chair and v.chair. GP & MS have kindly volunteered to by chair and v.chair. Thanks and appreciations were given to both PW and MM for their support and commitment to the group over the past year.

10. AOB

- a. **CQC Ratings – Dr Eaton** – informed the group that a recent Intelligent Monitoring report has been produced by CQC. The report consists of 38 indicators and has placed the Practice as a Band 3. Dr Eaton was particularly disappointed with the findings regarding indicator description (ID) - GPP2014 which indicates “worse than average” – the ID refers to the responses received via the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. Dr Acey gave information to the group about how the Practice were pro-actively looking at the four areas to make improvements and gather their own intelligence.
- b. **Winter Pressures** – Dr Acey – informed the group that the Practice has just received information regarding a funding opportunity to provide up to 3 extra sessions per week to help with demand over the coming winter. The Practice will be discussing the opportunity and information will be provided as soon as a decision is made.

11. Date of the Next Meeting

14th January 2015 at 17:00