Havelock Grange Practice Minutes of Meeting Patient Participation Group Held on 11th June 2013

Present: RK, WH, JY, MM, AE (Chair), EC, BC, ST, LS, PW, MM (Practice Manager), CN (Practice Manager), IC & MC

Item no.	Item description	Action for	Due by
1	Apologies for Absence AF, SA, EW, JG & PW		
2	 Minutes of previous meeting Positive comments – amended as information from Hospital. 111 -There was also a comment from the group regarding the newly introduced 111 service and the excellent care/advice given. PW has indicated that she would help with a Newsletter in the future. 		
3	Matters Arising Patient Survey Results – discussed briefly results, which show improvements regarding telephone access & appointment availability.		
4	Doctor First System Dr Eaton presented to the group the idea that the Practice is looking at the possibility of introducing a radical change to the way in which patients obtain access to a Doctor.		
	The purpose of Dr First is that when patients contact the Practice for whatever reason they are placed on a call back list for the Doctor of their choice (if available). The Doctor calls the patient back at a convenient time for the patient where a triage discussion is held to decide whether there is a need for the patient to be seen face to face or if the issue can be resolved during a telephone consultation. It is said that the process reduces DNA's (Did Not Attend) within the Practice. It also reduces A&E's (Accident & Emergency) & WIC (Walk-In-Centre) attendances and that there is pressure from the Government for Practices to reduce patient usage of such services.		
	There is a lot of training involved for admin staff and Doctors regarding the process and also requires a demand study to be carried out to ascertain the daily demand for the Practice. The study is hoped to also provide information regarding the number of Doctors required in any one day. Comments were shared from the group who had spoken to family and friends, registered with a practice who has recently adopted this process, which was not positive. PW had researched the process via the Internet and highlighted that it was to put the patient in contact with the Doctor in the first instance and also reiterated the training involved for the Practice and potentially it could be next January before the process is live. AE stressed that the Partners were still discussing all the options and that no firm decision had been made.		
	Positive feedback was also received regarding the Practice's introduction of the Patient Partner system which will be available 24/7, 7days a week. It allows patients to book, cancel or check an appointment with a Doctor, Nurse or HCA.		

continued

Item no.	Item description	Responsible Person	Due date
5	Patient Participation DES The group were asked for direction regarding areas that they would prefer the Practice to improve on. It was agreed that the current survey would need to be redesigned. It was suggested that quality of treatment could be an area to consider. Unfortunately open ended questions resulting in comments are not measureable and therefore not for a questionnaire process. It was also suggested that face to face gather of information around care etc would be good for customer relations.		
6	 Nurse Practitioner – Practice received resignation and ST will leave the Practice on Monday 17th June Practice Nurse – Formal resignation has yet to be received but the Practice has been given verbal notice from AC. RM – commitment to the Practice will reduce from 8 sessions to 4 sessions in August 2013 YH – will become a Partner in the Practice with effect from 1st August 2013 		
9	Practice Information Leaflet Thanks was also received from PW regarding the introduction of the leaflet which gives information regarding opening times, appointments, out of hours information as well as information on seeking the correct treatment from the most appropriate service.		
10	Date & Time of next meeting 18 th September 2013, 5pm		