SAXON CROSS PATIENT PARTICIPATION GROUP

Minutes of meeting held 16th January 2019, at Saxon Cross Surgery

Present: Julie Bryant (Chair)

 Wendy Taylor

 Janet Jackson

 Bryan Dalton

 Tony Oram (Practice Manager)

Apologies: Michael Rich and Frances Rigley (post meeting)

1: Welcome

The Chair welcomed everyone to the meeting. The Carers Federation representative had again sent apologies and it was agreed that this item would be taken off the agenda until someone could attend.

2: Minutes of last meeting held 7th November 2018

Agreed as a true record

3: Matters arising from the minutes

**3.1: Virtual Patient Participation Group (VPPG)**

Recent contact had been made with VPPG members to secure their continued membership which had resulted in 8 confirmations. 2 members had not replied therefore it was deemed that they no longer wished to continue and their names have been removed from the contact list. VPPG members had been receiving a summary version of the minutes, complied by the Chair. One member had expressed a preference for the full minutes and it was agreed that all VPPG members would now receive full versions. No items were raised by the VPPG for discussion at this meeting.

**3.2: PPG notice boards**

Two new notice boards had been installed in the main corridor and both were offered for use by the PPG. Amended and coloured versions of the patient population drawings had been circulated and copies were also tabled at the meeting. All agreed that these versions met the requirements and it was confirmed that the payment invoice would be processed at the end of the month. The Chair was asked to forward a thank you message to the artist. The drawings can be supplied in different sizes for multi-use and different purposes, including the boards, leaflets and around the suggestion box. It was agreed that there would be another informal meeting of members to decide how best to use the notice boards and their content. The Chair agreed to e-mail all members to establish who wished to take part and then organise a suitable date.

4: Short update from the Practice

**4.1: Staffing issues**

Due to the long-term absence of 1 GP, appointments have needed to be re-arranged with cover provided by a locum and extra sessions covered by the other GPs. Also due to staff illness some appointments have needed to be re-arranged.

**4.2: IT system**

Much progress has been achieved with the introduction of the new system. The re-call (review) system has been revised and the mop up of flu clinics is in progress. Online access for patient records is not satisfactory but is gradually settling down. There has been a major issue with the migration of prescribing data and some patients had not received repeat prescriptions when they should have and others had been notified to make a GP appointments for medication reviews. All repeat prescription entries are being reviewed, updated and where necessary synchronised. The Practice will shortly be producing a patient leaflet for explanation and there will be a meeting with local pharmacies to work on solutions to prescribing issues.

**4.3: Review dates on prescriptions**

The review headline on prescription slips has been removed as following an administrative glitch it was causing confusion with patients. GPs will be revising how dates for each medication will be presented and looking to coordinate the issue of multiple medications as appropriate. Some pharmacies have refused to issue some prescriptions and some patients have booked review appointment unnecessarily. Changes to practice have been needed relating to the new IT system to ensure that all new details for patients are saved. Personal arrangements with pharmacies can continue. The Practice acknowledged that it needed to improve communication with patients.

**4.4: Extended access**

A few sessions on Friday evenings and Saturday/Sunday mornings have been held since November. The system needs tweaking to make it more transparent and available for patients. A separate piece of computer software has needed to be used and the extended access appointments are now visible to staff when offering appointments. Once formally accepted, by 1st April, these will be offered on the website and be available at other GP practices if patients wish. It is unknown what the GP contract will contain beyond 1st April and more sessions may need to be available. At the moment patients can’t book these appointments online and have to be made by phone. Sunday sessions have not been well taken up, particularly nurse appointments. Presently it is also difficult for patients to inform the Practice to cancel these appointments therefore there is a potential rise in “did not attends”. All GP practices will be switching to SystmOne which should make it easier to set up wider access across the local area. At the moment six 15-minute GP appointments are available in the evenings across one and a half hours. The extra service is being provided by the GPs from additional funds and provided on a voluntary basis. There will be a new GP contract in 2020 and possibly a change to the core hours.

5: Report from the PRG

**5.1: Transformation and future PPI arrangements**

The Chair reported that confirmation had been received that a Joint Commissioning Committee has been established to cover Greater Nottinghamshire and that there will be an Integrated Care System (ICS) Board that will cover strategic commissioning, to include both health and social care. The ICS Board will also cover quality assurance and performance management. The Measure, Evaluate and Learn exercise has recommended that there be a single Patient & Public Reference (PPI) Reference Group to also include Healthwatch, local councils, expert patients, voluntary sector, health care and social care. There will also be an Integrated Care Partnership system to include hospitals, community services, social care and mental health providers. PPI at this level has yet to be decided. Finally, Primary Care Networks will be established which will be an integrated partnership of GP practices, pharmacies and dentists working across specific neighbourhoods. Again, PPI arrangements need to be established for this but the Chair envisaged that this is where PPGs would be involved. Nottingham West already has a Locality Director and discussions are expected on how to progress with local public & patient involvement. There will be a public event on 14th February at the Trent Vineyard Centre about future PPI arrangements and the Chair will attend to find out more. In case members wished to attend, the link with booking details will be circulated.

**5.2: Feedback to pharmacies**

At the last PRG meeting it was requested that all feedback be forwarded onto PALS for collation and that a suitable link would be provided. However, this has not yet arrived and the Chair will explore this further so that this Group’s comments can be forwarded appropriately. Additionally the PPG was not clear that PALS was the appropriate recipient for the data.

**5.3: Missed appointments (did not attends)**

Another PPG has asked that this item be placed on the next PRG agenda so that useful methods and strategies to tackle this could be shared across all local PPGs. It was confirmed that this Practice uses the mobile phone reminders and also formal contacts to patients who have missed appointments 3 times within 6 months. Missed appointments was not a significant issue for this Practice but there have been missed extended access appointments. Some patients regularly abuse the system and missed appointments had a significant impact on long Nurse appointments, e.g. reviews. The Practice did not wish to remove patients from the list and would continue to concentrate on patients who repeatedly did not attend. An example given at the PRG was a patient with mental health problems did turn up but could not cope with the waiting. In cases like these the Practice suggests that patients book earlier appointments so as to reduce any waiting.

6: Any other business & discussion time

**6.1: NAPP**

The Chair had noted that she had not received bulletins from NAPP for some time and wondered if the membership was still active. Tony agreed to check that the 2018/19 membership payment had been processed. The Chair had tried to register with NAPP for access to the members’ resource page but a generic PPG e-mail address was needed to complete this. Hopefully this would be possible once the new IT system had been fully installed. Post meeting it was noted that e-bulletins remain available through the NAPP website using this link: <https://www.napp.org.uk/latestebulletins.html>

**6.2: Suggestion box**

One suggestion slip had been received which asked about a height adjustable chair for the Blood Pressure machine in the waiting area. Tony agreed that this should be supplied and will follow it up.

**6.3: National consultation**

The Chair agreed to send round a link to a Department of Health & Social Care consultation on restricting promotions of food and drink that is high in fat, sugar and salt. Link: <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt>

**6.3 Jargon Buster**

An update on the Jargon Buster was requested and it was confirmed that no changes had been made recently but further progress should be made once the outcome of the transformation settles down.

**6.4: Sharing ideas with other PPGs**

 Members were reminded that 3 members of this PPG visited Abbey PPG last year to share ideas and progress with setting up of the VPPG and the Chair was asked to enquire what progress they had made. The Chair was also asked to enquire if there will be a PPG Networking and Celebration event in 2019, similar to the 2016 event.

**6.5: PPG e-mail address**

Tony was reminded that a PPG generic e-mail address was needed to complete the Terms of Reference’s consent form and also for the new notice boards/PPG leaflets.

**6.6: Hospital requests for prescriptions**

There was an enquiry about hospital consultant requests to GPs for prescriptions and the mechanism by which these are picked up in the Practice. It was confirmed that there should be however any changes in medication must be presented to the GPs. Tony agreed to follow this up further.

**6.7 Waiting area notice board**

It was noted that the PPG minutes on the notice board were often out of date and it was confirmed that responsibility for this had been allocated to a member of staff.

**6.8: Potential GP changes**

There was an enquiry if there were any potential GP retirements coming up. There were no immediate retirements but could be in the future. In the event of this there would be a gradual handover of responsibilities over time. It was confirmed that this Practice had 5 GP partners plus 2 salaried GPs as well as locums when needed.

**6.9: Norovirus**

It was confirmed that there were patient leaflets available in the waiting area about Norovirus.

**7: Date of next meetings**

20th March, 15th May, 17th July, 18th September, 20th November

The Chair will be sending out the next agenda early on 1st March, due to being on holiday