

Central Healthcare Centre
 Patient Participation Group
 Meeting Friday 7th April 2017 @ 10.00 am



Minutes

Present:	Jamie Barbi Ray Cleveland Tina Cleveland Graham Dunhill	Lyn Gibbs Dawn Jermany Sue Knights Sandra Peppiatt	Chris Smith Tony Waring
Apologies:	Val Cadmore	Elaine Watson	

Item	Action
<p>1. Tina welcomed everyone to the meeting. A minutes silence was held in memory of Sue Meecham, a PPG member for many years who will be sadly missed.</p> <p>2. Minutes from the meeting on 24th February were agreed as accurate. Clarification was sought about the current situation with the CHC patient list. Following advice from LMC, CHC are appealing against CCG's refusal to allow CHC to close the patient list for six months.</p> <p>The action point log was reviewed as follows: AP13/16 – C/F, Dawn and Tina will get together mid-May to discuss AP24/16 – Removed, despite enquiries the location of the cryotherapy machine remains a mystery. AP1/17 – Cleared AP3/17 – Removed AP6/17 – Cleared – Tina attended the GMC PPG meeting on Wednesday 5th April. GMC are currently without a Chairperson but the members were very receptive to closer working with CHC PPG. Best practices can be shared and because of the close proximity to the practices, any patient events could be considered as joint ventures. Currently, no-one from GMC attends the HE PPG Forum so Lyn will pass on any information / updates from these meetings to GMC. AP9/17 – Cleared AP10/17 – C/F, Dawn still waiting for these figures APs11/17 – 15/17 – Cleared</p> <p>3. PPG Committee Membership: Peter and Kathryn have both resigned, so it was agreed that the committee should try to enrol some new members onto the PPG. Members were asked to spread the word to any interested patients and Tina will post it on Facebook. A poster will be displayed on the PPG notice board (posters that have no relevance to PPG will be removed) and a letter sent to the Mercury.</p> <p>Chris volunteered to be the interim deputy chair. <i>Following the meeting, Tony volunteered to cover the role during Chris's absences from the country.</i></p> <p>4. PPG presence in the waiting room: Initially, this was a worthwhile endeavour, especially following the amalgamation of CS & FHC when members could help patients by showing them where to go and how to use the log-in screen. This is no longer the case and attendees have had very little to do so, following discussion, it was agreed that with immediate effect, members would be available</p> <ul style="list-style-type: none"> • During special events such as Diabetic Eye Screening clinics. 	

- One hour session (1.30 – 2.30) following the monthly reception staff meeting
- To undertake patient surveys etc.

AP16/17 – Dawn to notify Lyn of dates for eye screening clinics

Dawn

No decision was made about PPG Awareness week or whether any actions should be taken to promote this.

Whenever possible, members should promote on-line access to patients. Since the “on-line usage” tutorial was posted on Facebook about 5000 people, patients and members of the public, have viewed this.

AP17/17 – Dawn to arrange for clerical copies of the on-line tutorial to be printed off and displayed in the waiting room.

Dawn

Following Sue’s death, the rota for members attending the monthly reception staff meetings (12.30 – 1.30) and waiting room duty (1.30 – 2.30) was revisited and revised as follows:

- 11.4.17 - Sue Knight
- 9.5.17 – Elaine Watson
- 13.6.17 – Tony Waring
- 11.7.17 – Chris Smith
- 8.8.17 – Chris Smith
- 12.9.17 – Graham Dunhill
- 10.10.17 – Tony Waring
- 14.11.17 – **TBC - volunteer needed please**
- 12.12.17 – Tony Waring

5. Practice Update:

- Emily is now a receptionist, and the role of reception supervisor has been re-advertised.
- Two apprentices have started work, Arry in reception and Chloe in Admin. They are both enjoying the work and are doing well.
- Dr Mohamed started work on 3.4.17 as a long term locum with a view to becoming permanent. Dr Popa will start at the end of April as a long term locum. Patients formally registered with Dr Maleki will be assigned to either Dr Mohamed or Dr Popa.
- Frank Grinnell will formally start working in May as an ANP. Currently, he just comes in on a Monday to help with Diabetic patients.
- GP Resilience money is being used to employ a full time clinical pharmacist until the end of June. This is proving to be very beneficial so Dawn has applied to have a clinical pharmacist on a permanent basis

6. Parking Update:

Tina has spoken to Councillors Marlene Fairhead and Kay Grey about the issues with parking in Sussex Road. They will keep Tina informed of any developments. Staff have been asked not to park on Sussex Rd. If Dawn is given car registration details for any offenders she will speak to the individual staff member concerned.

7. Patient Event:

Because of the national shortage of GP’s and as part of the Primary Care Strategy it is vital that patients understand the roles of the various clinicians and which type of clinician they should expect to see, depending on their ailment. This includes clinical pharmacist, nurse, nurse practitioner, advanced nurse practitioner as well as GP’s. PPG would like to organise an event for patients to attend, with a guest speaker (possibly a doctor or someone from CCG) to explain the future strategy and answer questions from the audience. GMC indicated that they would be keen to work with us and run a joint event for both practices. Things to consider:

- Funding – CCG have confirmed there is currently no money available for PPG’s to do this but they have applied for a Lottery Grant.

<ul style="list-style-type: none"> • Venue – It's possible that Cliff Park First or Middle school halls could be used free of charge and these would be a convenient location for patients from both practices. • Would we have support from CHC GP's and other clinicians if we ran such an event? • Would someone from CCG attend as a guest speaker? 	
<p>AP18/17 – Graham to discuss what support CCG would provide for such an event with Rebecca Driver</p> <ul style="list-style-type: none"> • How would we communicate details of the event to enough patients to make it worthwhile? A mail shot would be too expensive even with one letter per household (not each patient) although a text message could be sent to those patients that have registered a mobile phone number. Details would be posted on our Facebook page, emailed out to our virtual members, advertised in the Mercury and in the waiting room. <p>A small sub group will be set up to take forward the planning of such an event.</p>	Graham
<p>AP19/17 – Members to let Lyn know if they would like to be involved on the sub group.</p> <p>8. Staff Attitudes: Do reception staff understand that PPG members are patient volunteers who give their time to help and support the staff and patients alike as occasionally, members feel that reception staff are not as polite or co-operative as they should be? Dawn will discuss this with her staff.</p> <p>A receptionist was heard talking to a patient on a phone at the front desk which meant that everyone in the vicinity could hear the personal details so confidentiality was breached.</p>	PPG
<p>AP 20/17 – Dawn to discuss confidentiality breaches and staff attitudes with receptionists.</p> <p>9. Any Other Business:</p> <ul style="list-style-type: none"> • Positive feedback from a virtual member was shared with the group – they asked us to keep up the good work in trying to get the message across about DNA's and educate the importance of lost appointments. Dawn is also receiving compliments from patients about staff and clinicians • Test results ordered by a hospital consultant / doctor are not routinely shared with the GP • From October 2017 the James Paget University hospital has withdrawn from the contract with CCG to provide phlebotomy services. From that date, practices will have to cover all that work which could mean an extra 100 – 150 patients each week for CHC. Another member of staff will be trained up and, as this will include patients on warfarin, the practice will need to look at how to manage this. • CHC still have one GP vacancy which is being advertised. • DNA's - as this has such an impact Rebecca Driver will be working with practices on ways to reduce this. Dr John Stammers back fills appointments to help reduce the impact of DNA's. 	Dawn
<p>AP21/17 – Graham to ascertain more details on how back-filling appointments reduces DNA impact</p> <ul style="list-style-type: none"> • Incentive Scheme re prescribing – the CCG sets targets and overlook what medicines practices prescribe and tell them if they are over prescribing or if they should be prescribing a less expensive brand. • CHC ran open surgeries but stopped these as patients didn't like them. • Dawn was thanked for her timely interventions and responses to patient 	Graham

complaints forwarded on to her via Tina

- Donations received from patients taking books totals £73.78 which will be paid into a CHC PPG bank account for safe keeping
- Nominate a star – clinician nominated was Marie who received £10.00 voucher. The nominee who would normally also receive a voucher donated it back for all staff to receive a cream cake. Two by £10.00 vouchers are kindly donated by Morrison's each quarter.
- DNA figure is increasing each month which has a significant impact on the practice and the patient. Many of the DNA appointments are those booked with Advanced Nurse Practitioners who are a valuable resource. It was queried whether the system could search for serial offenders so that they can be written to.

AP22/17 – Dawn to look into a system search for DNA offenders and if possible, progress as appropriate

Dawn

Date of next meeting:

Friday 19th May 2017 @ 10.00 am

Meeting closed 11.35