

Minutes

PPG Meeting

Oddfellows Hall Health Centre

31.07.2018

Attendees

RB

MM

CB

MM

BK

KR

Practice Management Representatives

Shayne Debono (SD)

Elaine Jordan (EJ)

Jillian Charles Minutes

Introduction

SD welcomed the patients of the PPG to the meeting. SD and EJ gave an overview of recent changes in the Practice Structure and assured the group that she would be providing consistency of support to PPG. EJ explained that she is the Practice Frailty Lead and ensures that the frail and elderly patients of the Practice have appropriate follow up and have the support of a named GP and regular contact by the Practice Paramedic Home Visiting Service.

SD informs group that she will be happy to answer any questions she can, she will make sure she that anything she cannot answer she will take advice from

the Registered Manager and Clinical Lead as appropriate and inform the Group at the next meeting or earlier where necessary.

Agenda

Minutes from last meeting

Provided and all members read and agreed.

No matters arising.

1) Telephone System / Triage Model

A PPG member enquired whether it possible to have dedicated lines to all the various departments to improve speed of access and reducing call waiting times. Clearer automated messages would be helpful.

SD explained that the new telephone system will better manage the call volume and additional staff to manage the calls is being put in place for the high demand times of 08:00 – 10:00 each morning.

Other options of accessing the Surgery's Services, e-consult, surgery online services discussed, the Group have been made aware of a small card given to patients at reception that gives helpful information on how to access these pathways. A Group member recommended the online ordering of prescriptions as he found this service excellent.

Another member raised concerns in respect of the introduction of the Triage model and whether the clinicians would miss vital signs in their diagnosis.

EJ confirmed that all staff are trained in Clinical Triage and work to strict protocols. Admin team are navigators who ensure that the most appropriate GP or clinician manages the call depending on the complexity or presenting condition.

SD suggested that she could circulate the new Triage leaflet to all members of the group to improve understanding and ask that the Lead GP run a session at a future PPG to provide increased confidence in the service.

Action: SD to send out Triage leaflet to all PPG members.

SD to arrange for a GP Lead to attend a future PPG to present on Clinical Triage.

2) Patient Information and Communication

PPG asked that the Practice provide more information on services, specialist clinics and facilities offered this is felt would be an asset.

SD advised that the Practice produce a Patient Newsletter quarterly.

EJ explained that the Practice would be getting TV Screen installed in Reception to run educational videos and clips of videos of members of the team that explain the new roles in primary care.

Action Plan: SD to ensure notice boards are updated regularly, maximise the information of services for the patients. Patient Newsletter, LD Matters, Safeguarding News all to be sent to PPG members. Also will update Group on the television installation progress in reception at next meeting, as this was also going to be used to advertise services

College Health Policy

MM expressed he is unclear on how College Health works and would like a copy of the Patient Charter and Mission Statement.

Action Plan SD to arrange a copy of the Patient Charter and up to date patient leaflet that provides much of this information. SD also suggested that the PPG invite Sharon Hogarth, Director of Operations and Registered manager to attend and provide more details.

3) GP Workload

Concern was raised by BC that clinicians are not paying attention and seem distracted and considered this may be due to heavy workload.

SD explained that the Practice now employs a wider Primary Care team which includes GP, ANP, Paramedic, Physicians Associate, Pharmacist, Social Prescribing and Care Navigator to share the GP workload.

SD explained that although GPs do have a heavy caseload that care should not be compromised and that the Clinical team are reminded of ensuring that their consultations are empathetic and caring.

SD suggested that the Practice urges more patients to complete the patient survey so that we can get wider feedback for discussing with the Clinical team.

Action: Review dates of next launch GP Practice Survey

4. Medication

The issue of medication being issued by pharmacist when the items have been stopped either by GP or Hospital also Pharmacy ordering without patient authorisation Pharmacy should wait to receive instructions from patient as Hospital Discharge information needs to be considered in some cases. It is felt that there is a missing link on occasions between GP and Pharmacy with medication changes as an example. PPG member raised concern regarding more vulnerable patients and this type error could have a larger impact.

EJ explained that patients on repeat medication must have regular medication reviews and frequency will depend on the medication being issued and can vary between 3 months, 6 months and 1 year.

Delays with hospital discharge summaries is often the catalyst to these types of incidents and this is something that SH, Director of Operations is taking up with BTUH with the support of the local Director of Public Health as we know this is a problem.

The PPG can expect no quick fix as this issue is historical but SD and EJ agreed to ensure an update on progress at next meeting.

5. Clinical Staff Level Ratio - Appointments

The GP to patient ratio was raised, EJ informed the PPG that the calculation of GP and Nurse requirements is set by NHS England and is a monitored requirement for College Health to meet its contractual obligations. SD confirmed that CH meet and exceed this requirement and in addition offer additional access to ANP's, Paramedics, Phlebotomist Nurses and Nurse Specialists that is over and above the contractual level and continually looking at ways to increase capacity.

SD also discussed other pathways for patients, Social Prescribing etc. discussed.

A.O.B

The Group suggested enrolling additional patient members to widen the voice, and feel that this would give a wider perspective of patient experience and opinion. They feel that the group is useful as they gain awareness that they can then pass on to other patients.

SD agreed that this is a shared vision and that the Practice would welcome the support of PPG members in encouraging other Patients to participate. Virtual PPG also discussed.

BK praised the reception team saying she has found the staff to be friendly and very helpful.

SD thanked the Group for their attendance, and any positive comments recorded on FFT and NHS Choices would be much appreciated.

The invitation to the College Health Charity Ball was passed on to all members.

Meeting Closed at 2pm

Next Meeting TBC