Abbey Medical Centre

Patient Participation Group

Annual General Meeting 13November 2014

**Present:** Gerry Coppel, acting chair, Sue McNab, secretary, Janet Clarke, Jean Yarnell, Thelma Hembury, Christine Tyldesley, Irene Goode, Dr Browne, Debs Smith, practice manager,  David Cameron and Richard Hepple

**Apologies for absence:** Eileen Grant

**Minutes of last meeting:** Agreed

**Matters arising:** None

**Nomination of officers for coming year:** David Cameron was re-elected chairman and will step back into the role. Gerry Coppell was elected deputy chair. Sue McNab was re-elected as secretary. Richard Hepple was elected as Patient Reference group representative.

**Pharmacy First:** Debs reported that as part of the engaged access scheme, all practice staff from the Nottingham West Clinical Commissioning Group were going to an annual team event at which someone was due to speak about the subject of patients first seeking help from a pharmacy before seeing the doctor. Dr Browne suggested it would not be being nosy if when you call the surgery the receptionist might ask if the reason you are calling might be dealt with by the nurse or at the pharmacy. Janet Clarke suggested a flyer might be produced. David Cameron said things seem to be going well at the pharmacy next to our surgery. **Action:** It was agreed to feature this in a newsletter article and possibly in a flyer.

**Did Not Attend (DNA):** Debs said the number of DNA patients who make an appointment and then don’t turn up is high. If a patient DNAs once it is not mentioned, but twice and a polite letter is sent to them highlighting the problems DNAs cause, ie blocking an appointment someone else could have used. Thelma asked if this applied more to one age group and Debs said it tended to be a problem among the younger patients. Gerry suggested giving previous non-attenders an appointment to sit and wait at 11am so that if they did not turn up it would not have blocked another patient. Dr Browne said it would depend on the situation, whether someone needed to see the doctor quickly for instance. Debs said sms text message reminders might be one idea. David asked if it was an extensive list and Debs said there had been 70 DNAs in October alone. The committee as a whole was shocked by this number. Gerry said in her experience if a thing is free, such as the NHS, people do not appreciate it.

David asked what the A&E situation was and Dr Browne said the Abbey surgery was in second highest position of the 12 CCG surgeries at one time for people going unnecessarily to A&E but the surgery is now mid-table. Debs said the surgery monitors the patients who go to A&E and sends out the leaflets giving information about the alternatives, such as out-

of-hours services, etc, to those who go inappropriately.

**Action:** A display and leaflets and newsletter article about DNAs.

**Juggle Update:** A four-week course is being held for the first time at the surgery and five of the 8 places available are being taken by Abbey patients. This is as a result of the Diabetes Event arranged by the PPG and surgery staff. This session is in English, but the Juggle scheme does provide courses in other languages. Gerry suggested trying to arrange more for children with diabetes. Debs said the practice nurses are very happy that the Juggle sessions are being held at the surgery. Richard mentioned a field of research on the non-genetic passing on of some conditions and Dr Browne said there was a metabolic syndrome in certain conditions.

**McMillan fund-raiser:** The final result was £571. Debs thanked the PPG for their help at a very good coffee morning and in other ways.

**Any other business:** Richard had been to three PRG meetings and said it was a learning curve. It was great to talk to other PPG members, but he was not convinced the CCG are being open about all issues, specifically mentioning the changes to mental health services. He said there had been very little publicity re a public consultation, with the result that out of 780,000 people in Notts only 144 members of the public attended and half of them were from health services etc. He was also concerned about the degree of cuts for young people and the elderly and that the claim that all the money cut from hospital care of the mentally ill was going into the community was not true. At the July meeting of the PRG nothing was said about the loss of mental health beds at the QMC. Other subjects discussed included the patient survery, which should be finalised by January, the mystery shopper survey over which there had been confusion but in which all receptionists had scored highly. Also there had been discussion about PRG reps who go on to higher level paid posts. Some put forward by the PRG had been deselected for not having suitable experience or qualifications. PRG chair John Crouch thinks this is wrong; these people are the voice of the patients and not the CCG. Richard said the CCG chief executive Oliver Newbold was honest about the difficulty of keeping the costs of admin to less than 2% of total spending.

The subject of a patient Slimathon was raised in which patients can be given a password to add details of how much weight they have lost. Richard said he would look into how we  can join in with this.

Richard gave details of a Nottingham West Health Concern meeting on November 24 about secret talks between the EU and USA on health privatisation. He also mentioned a CCG training day for PRG members on November 20. David thanked Richard for his comprehensive report and said it was good our PPG kept tabs on what is going on.

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Debs reminded the PPG that it can, if it wishes, meet once a year without surgery representatives. It was felt unnecessary because we know we can raise any issues with the surgery.

Jean asked for a list of acronyms which arise in meetings on the assumption that everyone knows what they stand for. She and other members are sometimes confused by them.

Debs said from December 1, as part of the new GP contract, the surgery will administer the Friends and Family test,  asking two questions of patients: Would you recommend this practice to family and friends and how could the practice improve? Local practices are joining together to have leaflets printed cheaply and there will be a timetable of when these are handed out, collated and the results sent to NHS England.

The Care Quality Commission is next year starting inspections of general practice and will spend one day quizzing practices about their policies and practices. Members of the PPG may be asked to come in and be questioned. The practice will be given two weeks’ notice of their arrival.

NAPP emails are still not getting through to members of the PPG and Debs will follow up on this.

The Primary Care Development Centre is a resource hub for training staff etc. They want PPG chairmen to put forward their names as a contact with patients. David agreed he would put his name forward.

**Next meeting:** Wednesday, January 14, 6.30pm and  Thursday, March 5, 1pm.