**Patient Participation Group**

**Minutes of the Meeting 6.30pm Tuesday 9th May 2017**

**PPG Members** **Practice representatives**

Graham Mansfield (GM), Chair Laura Scott-Lead Secretary (LS)

John Sellers (JS) Dr Claire Harris (CH)

Barbara Worrall (BW)

Ian Kirkdale (IK)

Michael Worrall (MW) **Apologies**

Ellie Duncan (ED) Edward Jolley

Thomas Turner (TT) John Sellers

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| **Ref** | **Discussion** |
| **1** | **Welcome, introductions & apologies**Graham Mansfield, Chair, welcomed everyone to the meeting. Introductions were made and apologies noted. |
| **2** | **Minutes of the last meeting / matters arising**Everyone was in agreement that the minutes were accurate. No questions arose from the minutes of the last meeting. However CH mentioned that with regards to Electronic Prescription Service (EPS)-discussed at the last PPG meeting-it was all going ok and working well. CH also mentioned that we now have a Community Pharmacist (Lidia) working with The Practice who we will be mentoring and she’s helping us by looking at medication changes such as changing branded drugs to generic. She will be providing the service of pharmacist but also helping clinically and dealing with patients in terms of medication reviews etc. This will also in turn help us progress onto repeat dispensing whereby patients on stable medication –that has been stable for a while-will be able to have 12 months’ worth of medication prescribed so that they only deal directly with the pharmacy-they will automatically be issued with a monthly prescription that they just have to collect from the pharmacy until the 12 months is up when they will come back for another medication review. Lidia will helping with this in terms of finding suitable patients for this service. She will be working at the Practice 3 days per week. IK mentioned that pharmacists (particularly Boots) are always good at giving advice and CH mentioned that they can be but they can only give that advice and it is up to the GP to decide on prescribing however with Lidia she would potentially be able to prescribe that new medication or change medication rather than waiting to see a GP. Community Pharmacists are great at flagging up issues that GPs may not be aware of but they can’t actually do anything within like Lidia. TT asked about dosing and times to take medications due to reactions and wondering if Lidia would be able to advise with regards to taking medication at certain times to which CH reassured that she would be the better candidate to inform them of this having trained in community pharmacies. TT mentioned that when you are an inpatient in hospital they give patients a sheet documenting times to take certain medications. TT also asked with regards to medications prescribed by NUH would Lidia have to consult a GP and then the GP get in touch with the hospital consultant however CH informed it would be based on the same indication that it is now, specialists might start a patient on a drug but when discharged from clinic they would attain if the patient actually need to be taking that medication still. Lidia can look at indications for the medication so there would be no cross conflict, the process shouldn’t be any different but in fact more rigorous. CH commented that there will be teething problems like always with new processes and sometimes GPs do have to write to secretaries at NUH but all in all it should benefit the patient. |
| **3** | **Extension Update**LS explained where we’re at with regards to building work and that we were due to start building at the end of April but it has been pushed back a month. GM asked what plans had been accepted. CH explained that the pharmacy is moving down to the plot of land next to them, we are purchasing part of that land and the owner of Jardine’s is keeping the rest for the new pharmacy build. The current building is financed by The Practice but rented by Jardines. The pharmacy will be attached to us like now but actually their building. Essentially not much will change to the current surgery and there will still be a similar relationship with pharmacy as there is now. Everything is poised to go but the finances had to be spent by the end of year financial year (April) but we didn’t get granted the funding until November so there was some trouble in getting the finances rolled over into the next financial year however this has now approved so we have delayed building work until the end of this month. The Partners have a meeting Friday (12th) to make sure everything is good to go. CH explained that nothing will really happen with the surgery in the first instance as it is a 6 month build so all the external work will be done first then they will shut the pharmacy down with a quick turnaround to opening in the new building. There shouldn’t be too much disruption to the surgery and this will be in the final weeks. Access will always be the same for the surgery. CH commented that the worst part for us in the beginning will be that the staff car park will be out of use. TT asked if arrangements had been made for that and CH advised it had been looked into and there were lots of cheap all day car parks around. TT asked about Sainsbury’s to which CH mentioned that we have made enquiries but got nowhere and that some staff were local so were going to make alternative arrangement for getting to work. GM commented that it would be of benefit with the end result and if notices are up around the surgery warning patients beforehand then they will be a lot more tolerant. IK asked if the funding was in place and CH answered that it was as far as they were aware however the tendering took a while as they needed certain amount of quotes etc. JS asked how it worked that pharmacy owner owned the land next to the pharmacy but rented from The Practice and asked if we could just not ask for it back. CH explained that the option had been explored but there were benefits to having it how it was and the current pharmacy actually wouldn’t give them much space. She mentioned that at the time of the Partners buying this building, they didn’t think it would fill like it has and now we are struggling to provide rooms for the amount of clinicians and patients we have. GM mentioned that it was limited in size anyway if it was only giving 3 extra rooms however CH explained that there are many more constrictions with how big can go, essentially the rooms we have now are too small but as they are historic we are not required to do anything with those but the new rooms have to be bigger to fit in with the building guidelines.  |
| **4** | **PRG**TT gave feedback from the PRG. The main discussions included:* Aidan Manhire has now been appointed Governing Body for NWCCG along with Michael Rich on the development committee.
* Arriva have been given a 2 year extension on their existing contract. No one seems to be sure why as the service isn’t great but they haven’t been given definite answers as to why but it was mentioned that there is a possibility that it could then be extended for another 3 years after the original 2 year extension. TT mentioned that it appeared to be the people that deal with the transport taking the easy way out.
* Carillion have ceased to provide NUH for catering, laundry, cleaning etc and this has now gone back in house. They only provide a service to NUH car parks and traffic highways. There is also a new company coming in where they will be able to fine people for parking in places that they shouldn’t. MW wondered if this was the same at City Hospital and TT informed it was the same across both hospitals. It was also said that NUH management were looking for around 70 cleaners to employ now it had gone back in house.
* Car Parking machines not working, there have been some issues with this especially since the launch of the new £1.
* Medilink-is still free if you live in the City but if not then required to pay for journey. GM mentioned he managed to use with his bus pass still for free just recently. TT thought it was just City and not County but was attending a meeting on Thursday (11th) querying this.
* Diverse-getting all CCG PPGs together like previous session. GM commented that he found this mildly useful but wouldn’t go again but it made him aware that their GP practices were obliged to have PPGs as there was a budget for it. However CH mentioned that historically there was an incentive to have a PPG but not so much now. GM mentioned that another PPG member at last event had said how they had helped to save their surgery by raising money etc but GM commented he didn’t think a PPG needed to be like that. CH commented that there are issues around patient voice and it should be pushed. PPGs are good for gathering feedback with the surveys we do etc and enable us to audit if possible. GM finished by mentioning that he feels he doesn’t feel the need to keep bringing things to our attention and that the patients are quite lucky at our surgery.
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| **5** | **AOB*** DNA-MW commented that she had noticed that the DNA number had come down considerably and estimated around 33%. CH mentioned that it was the lowest DNA rate in any practice she had worked in but that is due to the policy we have in place. We do remove some patients from our list if they are multiple offenders. CH informed that they would never remove vulnerable patients such as elderly, learning disabilities, mental health etc. CH commented that she has known friends of hers working in GP surgeries have now adopted our policy for DNA’s as their figures were so large. TT mentioned that he had heard that some practices had been sending out emails to patients that DNA asking them why they didn’t make their appointment to get an idea of the reasons. CH explained that we have a letter that we send out just explaining that we know these things happen and sometimes it’s unavoidable and some people are horrified about this letter and ring up to explain but a lot of people aren’t bothered.
* Apprentice-Informed PPG that we have recruited a new apprentice who would hopefully be starting at the end of the month as one of our current apprentices had finished the course and been appointed in another role within the surgery.
* Dr Johns Maternity-Informed PPG that Dr Johns was due to go on maternity leave in the next few weeks and would be returning next April. We have appointed Dr Jandu who works already with us one day a week as her locum cover and he would be working 3 days with us with another locum covering on a Monday.
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|  | **Date of next meeting and close** Graham Mansfield, Chair, thanked everyone for attending. The next meeting will be on:**Tuesday 11th July 6:30pm** |