**Patient Participation Group**

**Minutes of the Meeting 6.30pm Tuesday 16th January 2018**

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

Graham Mansfield (GM) **(Chair)** Dr Claire Harris (CH)

Ian Kirkdale (IK) Laura Scott-Lead Secretary (LS)

Thomas Turner (TT)

Barbara Worrall (BW)

Michael Worrall (MW)

Ruth Hawley (RH)

John Sellers (JS)

Jill Thackray (JT)

John Thackray (JT\*)

Eleanor Duncan (ED)

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| **Ref** | **Discussion** |
| **1** | **Welcome, introductions & apologies**  Graham Mansfield 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. |
| **3** | **Extension Update**  CH gave a brief update on the progress of the building work, informed members that the new build shell is all up and the pharmacy have now moved into their new building. We have now lost the back nurse room and store room as they have started knocking through. The current toilet will be being knocked through which will give a chunk of the waiting room back, toilets will be in new build down the corridor and there will be a male, female and disabled toilet. However the current toilet will become out of action at some point for a short period of time so patients who need to do a sample will perhaps need to use Sainsbury’s facilities or bring sample with them, but this shouldn’t be for long. GM asked if there was a finish date for the building works to which CH replied it was looking at being the end of March, they were a little behind schedule but had been in at the weekend and made quite a lot more progress. CH also mentioned that we had had a minor complaint about the noise from a patient, but it is a for a short time only and they are trying to do the noisy work as quickly as possible and without causing too much disruption hence working at the weekend. TT asked if we would send reminders out on letters etc about the samples to ask patients to bring with them which CH explained that we do try and get samples beforehand and reception team are quite proactive at asking patients who think they have UTIs etc to bring a sample or do one when they arrive for appt, as long as it is in a clean pot, doesn’t have to be in a sample bottle from us. ED also asked if we would still have baby changing facilities and CH suggested they would be in the disabled toilet as in most places. ED also spoke about having baby weighing scales with the baby changing as a lot of clinics now for new mum’s to weigh babies have been changed so having a set of scales would be beneficial to new mums. ***CH suggested taking it to the partners meeting to see what was feasible.*** |
| **4** | **Mystery Shopper**  CH gave a brief overview on the mystery shopper results we received. We were around 80% on target-so people from the CCG or sometimes patients are asked to call the surgery to assess certain things like how long it takes to answer phone and availability. There are targets for the number of rings and if an appointment can be offered within 3 working days or 5 working days. MW mentioned that he gets a text with the friends and family survey after an appointment and he always tries to respond but the last few times the text won’t go through. ***We will speak to Charlotte.*** CH also informed members that we still do give out the friends and family handwritten but we target one clinician one whole day each month, which enables clinicians to be given feedback and then we get a score as a whole at some point in the year. |
| **5** | **Flu Jabs**  CH updated members on the flu jabs, we are currently out of stock of them. ED informed us that The Manor have a lot of flu jabs left so we could potentially get more. CH mentioned that we had started creating a list but then ran out of the extras we got and didn’t think we could get anymore but we can so we are going to restart the lists again. We have done really well in some areas within out CCG: we were top in our CCG for patients with chronic liver disease and second form top for our patients 65+ having their flu jabs however there were areas that we need to improve on such as for our diabetes patients we were bottom in our CCG. CH asked if they thought our flu campaign was good this year? GM asked if the flu jab they had had would protect them against the ‘Oz flu’ that was currently going around. CH answered that by the time the flu jabs came out it might not be covered but it is still relevant to have flu jab as if you have some immunity to different strains of flu you’d be better off. ED commented that the current flu jab had 4 different types of flu included ready for our winter. TT mentioned that he had read an article and that they had predicted the 4 flu strains this year but then the ‘Oz flu’ snuck in but they couldn’t change the vaccine as it takes so long to produce. ED commented that Brisbane strain of flu was included in the quadrant. CH suggested that if we are able to get more from the Manor then we would focus on the patients with chronic disease to make sure they are protected. IK asked if NHS employees are offered it and CH answered that yes we are encouraged heavily to have it and it is given to everyone that consents. BW asked how the data is collected with regards to how many people get flu as she was ill for 3 days in bed but dealt with it with OTC medicines. CH answered that they allow Tamiflu prescriptions for vulnerable people who appear really unwell, also certain practices act as identifier hubs so they will swab every patient with suspected flu-this used to happen at the Valley surgery, so most of the date comes from hospital and identification hub surgeries. |
| **6** | **List Size**  CH informed the members that current list size is 9266 and we are still climbing but at a steady rate. When she started with The Oaks around 6 years ago we had around 7000 patients. |
| **7** | **Feedback from Patient Representative Group**  TT gave feedback from the PRG. The main discussions included:   * Greater A&E Board- long talk about what is happening in A&E and have started ECIP (Emergency Care in Planning)-lots more adverts for 111, it is now a national programme to try and move patients away from A&E, it works in some ways but not others as 111 is a non-clinical member of staff deciding whether a patient needs an ambulance of not. 360 beds were relieved between City & QMC and they had decamp wards, so if there was a breakout they had wards to move patients to whilst they deep cleaned the infected ward. Black Alert/Q4 came in the first week of January and all operations were cancelled unless emergencies or cancer patients. MW mentioned that didn’t work as many cancer patients had operations cut 2/3 times. TT commented that it wasn’t the consultants fault as these messages were coming from directives. Also didn’t reach the 95% target of being seen within 4 hours, they hit around 84% which was still better than others. NUH don’t keep patients waiting in ambulances, they get patients into the hospital to free up the ambulances to go out to other calls however it is well known in Leicester that they can have up to 20 ambulances waiting with patients and paramedics. CH commented that out of hours (OOH) GPs laid on more sessions in A&E and added extra staff. TT said it was his understanding that once on black alert can’t get it off it for a week. CH couldn’t confirm this, but can confirm it is only when it is very bad but usually NEMS are asked to put on extra sessions. * Parkinsons Café every third Saturday of the month. |
| **8** | **AOB**   * **Missedappointments** - BW mentioned that she went to Disabled Independent Advisory Group (DIAG) and they had a speaker from healthwatch who spoke about lost appointments and that it can be useful to add the cost of missed appointments to the number in order to shock patients into thinking about missing appointments without cancelling. CH commented that our surgery has a relatively low DNA rate as we have a system in place where we do send letters and subsequently remove patients if they continue to miss appointments. MW commented that it may be helpful to put posters with cost implications up where patients can see them * **Online Access *–*** CH spoke about online access and trying to push patients to use it, target is set at 25% and currently we are only running at 13.5% but unfortunately doesn’t count if they set up an account but then do not log on and activate it. CH asked if any ideas on how we can promote. MW said it was a great system and he uses it. CH asked if members understood how to use it and what they can use it for and continued to explain that it can be used to make pre-bookable GP appointments, order repeat medications and access certain parts of your records. It can be useful as when we had the cyber-attack and couldn’t access any records, a patient who saw CH could access her records so they were still able to discuss blood results. IK asked if blood tests appointments could be booked but LS explained that it was just GP appointments as nurse appointments have so many different types of appointments with different lengths of time that it wouldn’t work well. BW also mentioned that booking online generates the text reminders however it was confirmed by GM that these reminders are sent out for every appointment booked. GM also commented that he had tried to use the online system a long time ago and found that he couldn’t get an appointment for well over a week which wasn’t really suitable. CH commented that there are a lot more slots released now enabling patients to book their own appointments so should still be able to get the same availability as booking one via reception. IK asked how to set it up and CH confirmed that reception could set this up and it was a simple form that needed to be completed. It isn’t for everyone but a lot of people find it useful. JT commented that the reminders are really helpful in knowing about appointments that have been booked a while. RH asked if we thought support from the local libraries would help patients to be able to sign up for patient access, CH spoke about confidentiality issues but RH confirmed they wouldn’t be able to help fill in forms but could help to navigate patients to the web page. ***RH is going to find out if that is something we can do.*** * **Clock** ***–*** TT asked if the waiting room seating plan was being changed could we look at moving the clock as currently it is behind patients. CH mentioned that we may move towards a television prompt as it is going to be a long corridor for clinicians to call for patients which would have a clock on it but we would look into it. * **Results** - MW asked with regard to results as he had an x-ray but had received a letter about results and not a phone call. LS confirmed that Michelle who goes through results usually does both, telephones first but if no answer, sends a letter as a failsafe, CH also confirmed that it was the quickest and safest way as there are lots of results to go through on a daily basis. * **CQC *–*** ED asked if we had had a CQC visit or were expecting one, CH confirmed that all routine CQC visits had been suspended over the winter months whilst we are under winter pressures. |
|  | **Date of next meeting and close**  Graham Mansfield, Chair, thanked everyone for attending. The next meeting will be on:  **Tuesday 6th March\* 18:30**  ***\*Please note we have had to change the date of the meeting due to GP training.*** |