

Garswood Patient Group Meeting

Wednesday, 2 June 2010

In attendance:

Mr K Cleary
Mrs S Cleary
Mr T Narayanan
Mrs Linda Cooley
Mrs S Cunliffe
Mr L Cunliffe
Mr J Rice
Mrs T Peet
Miss L Clayworth
Mrs S Greenwood
Dr John Holden
Alison Brook (PPI Manager)
Emma Rodriguez Dos Santos (LINK)

Welcome to New Group Members

The group extended a warm welcome Mr and Mrs Cunliffe and Mrs Cooley who were attending their first meeting as new members for the Garswood Patient Group

Apologies for Absence

Apologies for absence were received from: Dr J White, Cllr S Murphy

Minutes of Last Meeting

The minutes of the meeting held on 18 December 2009 were agreed

Dr Helen Parr

Dr Helen Parr, who had been with the practice during the last year as a GP Trainee, would be joining the practice later that month as a part time salaried GP. This would provide a much needed consistent female GP presence for those patients who preferred to discuss their medical problems with a female clinician.

Appointments

Sharon Greenwood explained that our full time GP Registrar, Dr Bamgbelu had gone on maternity leave in January and Dr Parr would not take up her salaried GP post until the necessary paperwork was processed to confirm her GP status, this was expected to be mid June.

Whilst our ability to respond to urgent and emergency appointments remained unchanged, it did mean that at present there was some pressure on the availability of 'book in advance' appointments. The group was advised that in early August we would have two new GP Registrars join the practice and Dr Bamgbelu was also due back from her maternity leave some time in

August as well. It was expected, therefore, that the current pressures on appointments would be resolved with the additional clinician availability.

Patient List Update

The patient list had increased to 3,762.

Signage Update

The group were advised that permission to erect a sign advertising the presence of the practice had been denied. The signage at the Garswood Primary Care Centre was considered to be of the same standard as all other new health centres across the patch and additional signage, advertising the presence of the surgery specifically, was deemed unnecessary.

Self Check-In

Permission had been granted to carry the money for the Patient Self Check-In system into the current financial year. It was expected that we would commence transfer onto the new EMIS Web clinical system over the summer and the Self Check-In system would be installed at the same time

Phones and Queues at the front desk

There had been little progress in alleviating the queues at the front desk and the situation had been further exacerbated by the recent loss of another experienced part time receptionist in February. Due to her taking some extended sick leave and accumulated annual leave the ensuing vacancy had only just been filled.

In addition one of our more experienced full-time receptionists had served notice to leave in mid August to follow a new career path. Sharon Greenwood advised that she had taken advantage of the recent round of staff recruitment and had already appointed two new part time staff to start in August, however, it was acknowledged that it did take some time for new post-holders to learn this very complex job and it would take several months for the new postholders to get up to speed. It was felt that having more staff around at times of peak pressure, eg, Monday mornings would help to alleviate some of this and appointing part timers would help to address this.

In a further effort to resolve some of the difficulties we were experiencing, particularly around times of staff shortages and lone working, a telephone call queuing system was being considered. This would mean that patients who were phoning the practice at times of high demand would have their call placed in a queue and advised of their position in that queue so that they could make an informed decision about whether to hold on or hang up and call back at a less busy time. It was felt that this was a good initiative and the group gave their support to this consideration.

Electronic Transfer of Prescriptions (ETP)

The ETP programme will deliver a service that will allow prescriptions generated by GPs (and other primary care prescribers) to be transferred electronically between prescriber, dispensers (pharmacies) and the Prescriptions Pricing Authority(PPA). Patient medication records held within the NHS Care Records Service (NHS CRS) will be populated by information from local prescribing and dispensing systems connected to the ETP service, integrating ETP with the NHS CRS. ETP will support the increasing volume of prescriptions whilst improving patient safety and give patients greater choice and convenience. It will also make the handling of prescriptions more efficient for

prescribers and dispensers and will enable the Prescription Pricing Authority (PPA) to re-engineer its processes to improve capacity and reduce unit costs.

Sharon Greenwood reported that although the practice had volunteered to be a pilot site for the ETP initiative, things were still very much in the development stages and there was no progress in taking this initiative forward at this point in time.

Patient & Public Involvement

Alison Brook, Patient & Public Involvement Manager from Halton & St Helens PCT was in attendance to explain the role of PPI in which NHS organisations involve and consult partners and the public on the planning of service provision, the development of proposals for change and decisions about how services operate. Sharon Greenwood advised the group that the practice had subscribed to the National Association of Patient Participation (NAPP). N.A.P.P. is the umbrella organisation for Patient Participation Groups (PPGs) within primary care which make an important contribution to the well-being of their communities. Their activities include health promotion, information provision, service delivery, fundraising and strategic input to the practice.

St Helens Local Involvement Networks (LINK)

Emma Rodriguez Dos Santos was in attendance to introduce the St Helens LINK and outline their 'Enter & View' Initiative. The St Helens LINK is an independent network of local people and voluntary sector organisations that work together to give people a voice about health and adult care services in the borough. She explained that a LINK exists in every local authority area and that the role of the LINK was to find out what people wanted, monitor local services and use their powers to hold these to account.

The Government had assigned LINKs a number of responsibilities, including:

- Finding out what people think of their local health and social care services
- Giving people a chance to suggest ideas to care professionals that help improve services
- Looking into specific issues of concern to the community
- Making recommendations to the people who plan and run services and expect a response within a specific time period
- Asking for information about services and expect answers within a specified amount of time
- Carrying out visits, when necessary to see if services are working well (visits are carried out under safeguards)
- Referring issues to the local council Health Overview and Scrutiny Committee if it seems that action is not being taken

The 'Enter and view' programme would allow LINK members to independently visit practices and report on health and adult social care services in St Helens. These trained volunteers - known as 'authorised representatives' - would be visiting premises over the next few months to look at good practice or perhaps see how services could be improved. They would produce a report on their findings which would be shared with the practice. Both the patient group and the practice staff expressed their support for this initiative.

Date & Time of Next Meeting

It was proposed that the next meeting be held in December 2010, date to be confirmed.