

BETTS AVENUE MEDICAL CENTRE

PATIENT PARTICIPATION GROUP



MINUTES OF MEETING THURS 7TH FEBRUARY 2013

Staff

Margaret O'Neill - Assistant Practice Manager

Julie Wade – Practice Manager

Dr Bone – GP Partner

Patients

Allan Bulmer

Dorothy Christie

Apologies

Lilian Santarelli

Elizabeth Black

Introduction and Welcome. Margaret thanked everyone for coming.

1 Previous Minutes (14th June 2012). Unfortunately there was no meeting in Sept 2012.

Text Message Appointment Reminders. Patients like this functionality – the practice will continue to gather patient mobile numbers. Patients need also to update the practice if they change their mobile number to ensure they continue to receive reminders about their appointments.

Update from Local Patient Participation Meetings held on 3rd May. Betts Avenue Patients have attended a couple of these meetings, and they felt that they were not a good use of their time. However, there has been very positive feedback recently from other practice's forum members. JW explained that as this was a new initiative the CCG may have needed a little time to make the events exactly what the patients want and to keep them involved.

Betts members decided to give it another try and attend some of these meetings – the dates are:-

Thursday 25th April

Thursday 25th July

Thursday 24th Oct

The sessions will be from 2 to 4.30 but the venue is yet to be confirmed.

Work is still undergoing with regards to the topics that were discussed at the session on 3rd May 2012.

Veteran's Health

This is an ongoing project to try and identify Veterans in the community. Each practice now has a standard question on their registration forms to tick if they are a veteran.

Social Prescribing

This is something that GPs feel very positive about. It is a way of patients being prescribed alternative to medicine such as 'exercise, self help groups, befriending clubs etc'. This is also part of the CCG Commissioning Plan going forward.

Working with Young People

Julie explained that this work is going well and it is hoped that Children of approx 15 will receive a letter informing the practice they are registered with and about the services provided. Students at Excelsior Academy have been working with Practice Managers to create this letter so it is 'young person friendly', there will also be GPs going to assemblies in all Secondary Schools in the area to give them a presentation about GP Surgeries that pupils have created themselves.

There is also work incorporated into their curriculum with regards to designing an 'app' for young people on how to access health services and create a website for all practices to use.

Insulin Passports

These have all been issued to relevant patients – however patients do not feel they will last very long, or indeed be updated!

2. Patient Participation Report – update for year 2

Last year, the practice wrote a report on the Patient Participation Group and what changes to the practice they suggested/achieved.

The practice is pleased to say that the **Patient Charter** that Betts Avenue PPG created was rolled out to all other 17 practices within the CCG. This idea that the group came up with was well received by other practices therefore the CCG printed the posted professionally.

Patients who Did Not Attend (DNA) there appointment is still a concern, the practice recently undertook and audit of the types of appointments that patients were failing to attend. One of the big ones were appointments for Health Checks – the practice has to invite patients who fall into ‘at risk’ categories identified by the practice, this means giving them an appointment. The current letter is being reviewed to clearly highlight the appointment and to cancel if they cannot attend. This will be fed back to the CCG to see if future commissioning of this service can be tweaked to try and reduce the amount of DNAs.

Julie and Meg are still notified of ‘persistent offenders’ who do not attend their appointments, they are written to and the GP is also informed so they can speak to the patient upon arrival for their appointment.

The practice does have a DNA policy in place and is widely advertised. JW will ensure this is added repeatedly to the Newsletter.

Stock piling of Medication, as discussed previously, the practice now ask each patient the exact medication they would like to order rather than the patient just ordering ‘all medication’. This is working well as patients now understand what they need to order and when and even as for medication to be removed if they no-long need it.

Group suggested that a Poster be created for the waiting room with costs of wasted medication to raise it to the patient’s attention. Julie will action this.

3. Patient Survey

The practice needs to undertake its annual Patient Survey, Julie asked the group for idea’s of questions to ask the patients – examples given were:-

- Preferred Doctor
- Continuity of Care
- Interest in attend the CCG
- Aware of the Practice Booklet

Julie will use this information to create the 'Patient Survey' which will commence in February.

Once the results are collated, Julie will publish the survey results and then write a Patient Survey Action Plan and Patient Participation Report.

4 More members involved in the PPG

Whilst the practice has regular attendees to their PPG meetings as well as a 'virtual group' the practice feels that the group needs to be more diverse and represented.

Meg will write out to a few patients to invite them to the next meeting and the Patient Survey will also contain a slip for patients to express an interest. There is information currently on the Website, Newsletter and Practice Booklet. Julie will hopefully create a notice board to make patients more aware.

It is also hoped to stagger the days the group meets – usually the meetings are scheduled for a Thursday but this is becoming inconvenient for some members – will try for a Wednesday for the next meeting.

5. Goals and ambitions for the year ahead

The group feel that more could be done to identify those patients who don't come to the surgery or maybe frail and elderly but never use the GP services. Meg can compile a list of patients who have never used the services for over a 5/10 year period.

Julie suggested that this should be taken to the Locality PPG meeting as every practice will have patients who are vulnerable/elderly and frail who have no-one to talk to as maybe some sort of service could be set up to ensure these patients are seeking adequate healthcare.

6. Newcastle West CCG Locality Patient Forums.

Discussed under item 1, 'previous minutes'.

7. Any other business

Julie informed the group that the practice will be moving to an electronic prescribing system at the end of February. Patients are to express to the chemist where they would like their prescriptions to go. Chemists are aware of this and are speaking to patients as they bring their prescriptions in to them.

It will also assist patients when travelling as if they do not collect their medication from their usual chemist and run out, they can request their prescription be electronically sent to another chemist anywhere in the country provided that Chemist is signed up to Electronic Prescribing (in which majority are).

There will be further information on this service on display in the surgery as well as in the patient Newsletter and Website.

Julie also mentioned to the group that the practice can sign up to print patients appointment cards automatically. Currently the receptionist hand writes the card with the details on for the patients, however there can be sometimes confusion with writing etc. This system will enable to Receptionist to easily and quickly print off the appointment – no handwriting so saves time at reception and no deciphering of handwriting. This is also good for patients whom English is not their first language.

JW will take this back to the GP Partners as there is a small cost to get the service set up.

Next Meeting

To be scheduled approximately May 2013