## PATIENT PARTICIPATION GROUP MINUTES Thursday, 8 May 2014 @ 11:00 V

Venue: Orchard Street Health Centre

Attendees: Collette Fisher, Practice Manager; Jo Whight, Practice Nurse; Hazel Sanders, Admin Plus six members of the Patient Participation Group

No.	Item	Added by	Details	Action
1	Matter Arising: The David Cameron Challenge	Practice	Funding from this project went to inner city practices	
	Care Quality Commission		When we are offered a date for inspection we will need support from our PPG	
2	Agree three priority areas for 2014/15	PPG	Attempt to improve teenage recall for final booster vaccinations – Diphtheria, tetanus, polio & Meningitis C Bearing in mind current recruitment difficulties with doctors the group felt that trying to address recurrent poor attenders would be helpful – DNAs will receive letters. Last year we gained agreement from our landlord that the waiting room will be redecorated in 2014 and with this in mind the group folt that with minimal spond from the practice	Instigate recall system for this group of patients Information in the waiting room regarding 'Did not attend' (DNAs) Improving the practice environment – upgrade
			mind the group felt that with minimal spend from the practice (because they would rather have money spend on clinical care than the environment) we should look at seating and display equipment as a priority.	waiting room
3	Drug Budget	Practice	<ul> <li>Drug Budget – The Ipswich and East Suffolk Clinical Commissioning Group (CCG) has an annual budget of £378 Million with which to buy all prescribed medicines and pay for hospital care. NHS financial pressures mean that very careful management of prescribing is essential to ensure that there is enough money to pay for vital services. We can all help by buying simple items over the counter and doctors will be encouraging all patients to do this.</li> </ul>	

- Drop cood Direct Enhanced	<ul> <li>Avoiding inappropriate Hospital Admissions – it has been suggested that we:</li> </ul>
<ul> <li>Proposed Direct Enhanced Service to Avoid inappropriate Hospital Admissions</li> </ul>	<ol> <li>Identify 2% of the practice list over 18 at greatest risk of admission = approximately 100 patients in our practice.</li> </ol>
	2) Inform the patients that they are on this list.
	3) Appoint an accountable/named GP.
	4) Agree a care plan.
	5) Ensure same day telephone access to a GP.
	6) Develop a bypass phone for emergency services.
	<ol> <li>Follow up patients following discharge from hospital within 3-days of discharge.</li> </ol>
	<ol> <li>Contact patients on the register if they have not been seen or contacted in past 3-months.</li> </ol>
	9) Review unplanned admissions.
	10) Produce an end of year report.
Patients with chronic conditions	<ul> <li>The care of patients with chronic conditions – patients with long term conditions can often be helped over the telephone and this reduces the number of times they need to attend surgery – the doctor will ring back the same day and discuss any issues and arrange to see/treat as necessary.</li> </ul>
NHS Choices Website	<ul> <li>NHS Choices Website – This website is looked at by many organisations as well as patients and prospective patients please take the time to go on- line and look and post your own review.</li> </ul>

4	AOB: Spare appointment	PPG	Possibility of a spare appointment at the end of each surgery kept free for emergency.	Discussed at length but on reflection felt that telephone triage negates the need as doctors will and do fit patients in as necessary.
	Reluctant patients	PPG	Discussed the fact that men, in general, are reluctant to make an appointment to see their doctor – is there a way of encouraging them to make appointments?	The group felt that possibly the growing use of telephone appointments may help as it does not take as much time as a face-to- face appointment. May be useful for our female patients to encourage the NHS health check for 40 – 74 year olds an appointment with the nurse may not be quite so daunting.
	Diabetic Recall Letter	Practice	Following some comments from patients the doctors felt that input from the PPG would be helpful to reword the diabetic recall letter so that it is 'user friendly' but still gets the point across. Following discussion wording was agreed.	Practice to update the letter as suggested by PPG members.

NEXT MEETING: THURSDAY, 20 NOVEMBER @ 1100