**Dr P K Mohanty**

**Witham Health Centre**

**Patient Participation Group**

**Meeting Minutes**

**Date 23 October 2012 at 2pm**

**Attendees: Apologies for absence:**

Dr P K Mohanty (Part) General Practitioner Joss Fehmi Practice Secretary

John Croager Practice Manager Jeanette Johnson

Brian Proctor (Chair) Kenneth Keefe

Janet Butler Marjorie Timms

Morris Timberlake

Steve Burtrand (Secretary)

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| **Item** | **Details** | **Action** |
| **1** | **Minutes of last meeting (7 Sept)**The minutes were agreed as final. There were no associated matters arising. |  |
| **2** | **Action Log Review**All outstanding actions were reviewed; PPG ‘help desk’, Patient Survey and CQC visit to the Practice would be discussed later in the meeting. Other actions as follows: * *Practice Manager to provide Secretary with contact details for other PPG groups in the Essex area*: **John** reported that he had emailed all Practice Managers in the Braintree / Witham / Halstead area and had received only 4 responses – all advising that their PPG groups weren’t as advanced as this one.

**Steve** advised that he had recently come across details of an established PPG group at the Tollgate Practice in Stanway (near Colchester); it was agreed that **Steve** would make contact with the Practice Manager (Steph Kettle), to enquire whether he and the Chair might arrange a visit – and report back to the group at the next meeting. **Morris** added that he was also aware of some other active PPG groups in the Colchester area; it was agreed that he would provide **Steve** with the contact details. * *PPG members to encourage more people to join the Group*: Ongoing; anyone interested in joining the Group or finding out more about its purpose should be directed to **Steve** as Secretary.
* *Practice Manager to provide Chair with a paper copy of the results of the last Patient Survey Report 2012*: Completed.
 | **Steve****Morris****PPG Members** |
| **3** | **Patient Survey Results / New Patient Survey**The **Chair** thanked **Morris** for his helpful analysis of the previous Survey results – which had been circulated to group members. He suggested that it would be a good idea for the Practice to arrange for these results (positive & negative) to be displayed on the television screen in the main waiting room. This could feasibly be worked-up by the PPG, with input from the Practice Manager and final approval from Dr Mohanty. **Steve** added that displaying information in this could also help people to understand what action was being taken on specific issues highlighted by the survey, and encourage more patients to participate in the next survey when it was run. It was noted that the timing for displaying information on the screen had recently been increased from 10 to 15 seconds. The last survey had drawn attention to the issue of some patients who were not entirely satisfied with waiting times when visiting the Health Centre to see a doctor; notices had since been posted around the Practice, explaining that longer waiting times were sometimes inevitable and that people must be tolerant. It was suggested that this notice should also be displayed on the television screen.The last survey also highlighted that some individuals weren’t able to see their doctor of choice when making an appointment; **John** advised that every effort was made to accommodate patients’ needs, but this couldn’t always be guaranteed – especially people calling wanting to see their preferred GP that day. The **Chair** reported that since the last meeting, he had conducted some informal research with residents living in his flats – in particular, their views about the Health Centre. In general, there were few complaints about the service provided – although some people asked why flu injections hadn’t been carried out on site, whereas this service had been provided for patients of Fern House Surgery. **John** advised that this service was only provided by the Health Centre for patients living in registered care homes in the area, not sheltered housing – but agreed that this issue would be noted. He added that house-bound patients would also be visited in the coming weeks/months. The **Chair** said that a few people had also advised him that they still had difficulty getting appointments at the Health Centre; one such instance had resulted in a suggestion that the patient could use the Chelmsford walk-in centre instead (which they did). **John** emphasised that this shouldn’t have happened, and that all Health Centre staff had been briefed not to refer people in this way. The Practice continues to work hard to ensure that the appointments system allows as many people as possible to be seen in the time available. The **Chair** had also received some feedback regarding repeat prescriptions, specifically concerns about regularly prescribed medicines supplied by different makers (i.e. different brands of the same tablet). **Dr Mohanty** advised that a very small percentage of patients with known allergies or intolerance were apt to receive medicine produced by the same manufacturer, but some 80% of patients in most practices will receive different brands of generic drugs. This was very often dependent on what pharmacies ordered – a separate issue entirely to the prescribing process carried out by GPs. **Morris** questioned whether running another survey, so soon after the last one, was self defeating; **John** agreed to check the NHS’ formal requirements and report back whether this exercise could be delayed. The **Chair** added that if a survey was needed, a priority this time would be to ensure that the percentage of responders was increased from last time.  | **PPG Members / John** **John**  |
| **4** | **PPG ‘Help Desk’**The **Chair** advised that he was keen to explore with other PPGs in the coming weeks and months, how they have gone about setting-up and maintaining anything similar. The first likely discussion will be with the Tollgate Practice PPG, once a meeting has been arranged. The **Chair** referred group members to a booklet which he had picked-up from the waiting room information rack, and pointed out that it contained lots of free and useful advice – which if pooled with other information (i.e. village agent details, initiatives like the Rotary Club’s ‘Milk Bottle’ scheme), could be potentially helpful when establishing a PPG-run ‘help desk’ at the Practice. **Janet** added that she had recently attended a carers conference and some of the literature could also be useful – especially details of Local Action Groups in the area.**John** advised that another good way of collecting and storing information was to keep a book / folder with inserts, so that leaflets and other useful papers/numbers could be stored together in one place. He emphasised however, that it was not Health Centre procedure to advertise specific services.**John** commented that actually running the ‘help desk’ would likely bring to light the types of non-medical issues which people needed most help with, or information about. **Morris** expressed concern about PPG members not being able to respond immediately to people’s questions and in some cases, where they would need to go for help or advice in order to do so effectively. The **Chair** hoped that speaking to other PPG groups about the types of issues they have dealt with would be helpful; he added that this voluntary service provided by PPG members for visitors to the Health Centre Practice would, to some extent, be fairly experimental during the first few months of operation.**Morris** suggested that careful thought needed to be given to how the ‘help desk’ would be staffed once up-and-running. **John** proposed that it might be worth starting off with 1 day per week; the **Chair** emphasised that he would want to see this increased to more days once the desk was properly established. He also recommended that a fact sheet could be developed by members of the Group, to hand out to people when the desk was not running.  |  |
| **5** | **Non-attendance: letter from Practice****John** advised that any standard letter which was sent out in future to patients who miss their appointments, would have to come from the Practice – but should make clear that this is an issue of utmost concern to the PPG. It was agreed that **John** would prepare a first draft of the letter for the **Chair**, who can run this past an acquaintance who specialises in copyright. The final version, once seen by Group Members, should be agreed by **Dr Mohanty**.  | **John / Brian** |
| **6** | **Care Quality Commission’s Visit****John** reported that although a firm date wasn’t yet known, it was definite that this wouldn’t be until after April 2013 – when the Practice will formally come under the CQC. He added that the CQC was currently carrying out GP evaluations, a procedure similar to an annual appraisal - in which Dr Mohanty was involved.  |  |
| **7** | **News From The Practice** **John** advised that the television screen in the main waiting room was now up-and-running (as mentioned earlier in the meeting). There were no other issues for discussion. |  |
| **8** | **Any Other Business** * **Patient Records**

**Morris** asked about the position regarding patient records, specifically whether those paper records stored at the surgery were now technically redundant – given the introduction of computerised records? **John** advised that all patient records post-2003 were stored on a closed secure network (NHS-NET); paper records pre-2003 aren’t stored on this system, so the records held by the surgery are still valid and provide important background information about a person’s medical history.**Janet** raised the issue of individuals having their own records. **John** said that a patient could request their medical notes at any time – a system was in place for this.* **Test Results**

**Janet** asked whether test results could be sent to people (i.e. via e-mail), rather than them having to go through the procedure of ringing the Practice nurse? **John** emphasised that historically, the nurse or a qualified member of medical staff always conveyed test results – and could answer any follow-up questions relating to them. The internet isn’t secure, so results can’t be sent using this method of communication. Patients don’t always ring to obtain their results; it was noted that in this instance, non-medical staff at the Practice could call somebody to put them in touch with medical staff if there was something urgent that needed to be discussed.  |  |
| **9** | **Date Of Next Meeting** The next meeting will take place on Tues 27th Nov at 2pm. \*Secretary’s note: Group TOR to be tabled at the next meeting.  |  |