

Practice Manager: Jacqui Squire

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**Minutes of Duncan Street**

***Patient Participation Group Meeting held on 5th July 2018, 4pm***

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| **Present**: Jenny Charles (Chair), Hazel Gooding, Pat Shaw, Mike Hepworth, Dave Charles, Pushpaben Patel, Sheila Gill (Secretary), Jacqui Squire( Practice Manager) |
| **Apologies**: Mr Randalls, Dr Singh |

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| 1. **Welcome and Introductions**   JC welcomed everyone to the meeting |
| 1. **Apologies** – noted as above |
| 1. **Matters Arising from Minutes 5/4/18**   Care Navigation – JS to arrange for some PPG members to see Care Navigation in action once more templates come into use. Issue of interpreters will need to be addressed when full system rolled out. |
| 1. **Minutes 5/4/18 approved as accurate** |
| 1. **Doctors, Staffing Update**   In August changeover will take place: Registrars Drs Sahota Singh and Maleki finish their training 3/8/18. Two Foundation Year 2 doctors finish; will be new intake including 1 registrar so will be a reduction overall. Staffing-wise practice has Drs Farmah, Kalhan, Agarwal, Aggrawal , Nazir and Sangha and Nurse Practitioner Sister Rawlinson, Practice Nurses Sister Bromley and Sister Darley , so well-resourced overall. |
| 1. **List Size and online EMIS Services**   Currently 9742, steadily increasing, no maximum and no real catchment area. When patients move house, practice makes contact to consider moving to a practice closer to their new address as there is no capacity for home visits if live far away. Some 5 years ago NHS England removed ‘ghost’ patients; list does fluctuate at times.  Currently have 12% of list size registered on-line. Target at March 2018 was 10%, achieved but target next year is 25% which given the demographics of the patients i.e. older and English non-speakers, this is very difficult. EMIS website has also been updated and members gave positive feedback as it was easy to use and clear.  **Action**: Guidance for patients to register online to be left on reception desk.  With GDPR coming in to force 25/5/18, this has generated additional work. If Patient Medical Records are requested these have to be made available within 1 month and posted out (tracked). If a second request is received the practice can charge for this. As the records are available on-line, they can be printed off by patients themselves.  **Action**: JS to provide figures of requests for records at next meeting |
| 1. **Missed Appointments**   Between 1/4/18-30/6/18: 51% missed multiple appointments, 29% cancelled multiple appointments and 20% were multiple DNA (Did not attend). Patients now get text message if they DNA and a warning letter if patients miss 2 appointments. Worst day for DNA s Friday. Nurse appointment DNA is 85-97 per month. If a patient is more than 10 minutes late they will be seen at the end of clinic but if they leave before then classed as DNA.  **Action**: JS to put missed appointment figures up in Reception Area as patients should know |
| 1. **Clinics Held at DSPCC**   There are no ‘regular’ clinics; appointments are made by ringing patients for minor surgery, annual diabetic reviews, dressings etc. Dressings have to be done at the end of the day as need to deep cleanroom afterwards. most others e.g. asthma, spirometry, dressings are core services. Funding for patients come from NHS England, Wolverhampton CCG and a small amount from WCC Public Health e.g. Romanian TB testing activity. The Practice has is undertaking a Palliative Care accreditation Dr Farmah and Jacqui Squire are leading on this. |
| 1. **Comments, Complaints, Warning letters update**   There has been 1 really good comment added to NHS Choices website. In the last 3 months 1 Warning letters sent for DNA, 1sent for Unacceptable Behaviour and 8 moved out of the area. |
| 1. **Feedback from Wolverhampton Total Health (PCH1)**   DSPCC is part of the above grouping of practices working together at scale and maybe sharing staff and resources in the future . Patients get access to appointments Monday-Saturday. Appointments are also available somewhere in grouping 6.30-8.30pm (from September at DSPCC on Weds evening). These appointments are not available on-line so patients need telephone; when appointments are booked elsewhere, they are given access to patient record. DSPCC will have 1 GP, receptionist and JS on Weds evenings.  DSPCC have always done NHS Health Checks, now expected to do Advanced Health Checks which needs a specific machine which has to be shared by 5 practices.  Frailty Reviews for older patients that have a fall are also being started; these involve an assessment of patients support needs. |
| 1. **Patient Questionnaire**   JS advised this hasn’t been done for a number of years. PPG members could use a questionnaire to engage with range of patients (including older non-english speakers) and encourage them to become members of PPG. PP agreed to help with this.  Action: JS to share template previously used  Action: JC & SG to look at additional questions |
| 1. **Practice Signage**   Members agreed that some sort of better notice about PPG is needed; possibly to the left hand side of Reception Desk. A sign on the front door could help increase auto sign-in when patients arrive for their appointment (currently 40% of patients use this). |
| 1. **Increasing PPG Members**   **Action:** JC/SG to agree a date with JS to come into Practice to sign up patients to PPG.  **Action:** JC/SG will ensure Date of Next PPG Meeting is updated in Reception Area.  **Action:** PPG could look at setting up a separate email account that they could use/manage (would need members/patients permission) |
| 1. **Practice Extended Opening Hours**   See 10. Above |
| 1. **Date of next meeting** – Thurs 25th October 2018 – 2pm |
| 1. **Any other Business**   A discussion took place about changing name from Patient Reference Group to Patient Participation Group so that it was less confusing for patients. Amendment Proposed by JC and seconded by PS and agreed by all members present. |

We are improving how we communicate with patients. Please let us know if you need information in a different format or any communication support

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