**Patient Participation Group**

**Minutes of the Meeting 6.30pm Tuesday 7th November 2017**

**PPG Members** **Practice representatives**

Graham Mansfield (GM) **(Chair)** Dr Claire Harris (CH)

Ian Kirkdale (IK) Laura Scott-Lead Secretary (LS)

Edward Jolley (EJ)

Barbara Worrall (BW) **Apologies**

Michael Worrall (MW) Eleanor Duncan

Sharon Bilbey (SB) Cheryl Smith

Ruth Hawley John Thackray

Jill Thackray

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| **Ref** | **Discussion** |
| **1** | **Welcome, introductions & apologies**  Graham Mansfield welcomed everyone to the meeting. Introductions were made and apologies noted. |
| **2** | **Minutes of the last meeting / matters arising**  Everyone was in agreement that the minutes were accurate. No questions arose from the minutes of the last meeting. |
| **3** | **PRG**  *No feedback available as TT not present at the meeting* |
| **4** | **AOB**   * ***Extension:*** CH gave a brief overview as to where we were at with the extension building. We now have a roof onto of the new build and it looks as though the first phase of the extension is almost complete, need to check with Andrea Swanson (Practice Business Manager) if there is a proposed date for the pharmacy to move into the new build as this is the second phase of the extension and will be a quick turnaround over a weekend. ***\*The pharmacy are due to move out of their building into the new build imminently, the date should be confirmed at the next meeting Andrea has with the builders on 10/11.*** The third and final part is the knocking through of the current building into the new building. Andrea is working with certain members of staff with regards to clinical rooms ensuring aspects such as plug sockets are in the right location for what the rooms are going to be used for. We are proposing a new clinical room to carry out procedures such as coil clinics and minor operation surgeries, having a room which will be referred to as the ‘Admin Hub/Meeting Room’ which will free up some space upstairs, there will also be a room which we will be able to run other clinic services from such as cardiac nurses etc. Once all the new build is finished we will be looking at doing some decorating in the original building such as matching up the flooring with the new build and smartening up the current clinical rooms but nothing structurally as this was deemed that it would create too much disruption and we now have too many patients registered to be able to close whilst building work takes place. EJ asked if the extension was going to be single storey still which CH confirmed it would be. * ***Reception Signposting:*** CH explained that there was a national programme being rolled out where receptionists would be trained to signpost patients. Everyone agrees that it is not necessary or great if receptionists ask lots of questions as to why patients want an appointment however reception staff are good at directing where to go for the best place for some medical assistance e.g pharmacy first. We have already trialled this for our urgent extra appointments at the end of morning and evening surgery such that they ask why it is urgent for today which helps a lot as sometimes extras can be waiting a good 30 minutes on the extras and maybe suffering with UTI symptoms so helps if reception know and they can ask them to do a sample for them to take in to their appointment, it also enables nurses to help with minor injuries therefore maximises skills of staff. * ***Staff Changes:*** Dr Johns is currently still on maternity leave so is being covered with two locums, Dr Jandu (Weds & Fri all day and Thurs mornings) and Dr Ali (all day Mondays). The partners are also looking at the possibility of recruiting an advanced nurse practitioner for aliments such as minor illness as our nurses currently are core practice nurses. IK asked if this type of nurse would mean they can prescribe medications to which CH confirmed it would and we could recruit one of two ways; recruit a nurse and put them through prescribing training or recruit a person who can prescribe but may come from another medical background such as the ambulance service. * ***Extended Hours:*** IK also asked if the extension of the building would mean us extended opening hours, CH confirmed that this was most likely coming into play next year anyway as the government are looking for the NHS to move to a 7 days a week service, IK asked if this would be 24 hours a day. CH commented that it wouldn’t be 24 hours but more than likely 12 hours a day 7 days a week and Nottingham West CCG were looking to use a ‘hub’ for the weekend cover, which may be us due to the extension and would benefit our patients as they wouldn’t have to travel all over Beeston to be seen in the usual out of hours times. It will be a gradual process as it would possibly mean recruiting more staff to cover the extra hours and may mean that certain changes may need to be made such as the clinical systems we use, currently most surgeries in our CCG use System One however we use EMIS web, we would need to move to System One so that we could access patients medical records from other surgeries if they happened to be seeing a GP who is based here at the weekend. IK asked about security of the building and whether the pharmacy would have separate security to ourselves, CH confirmed it would especially as we are less interesting as we don’t keep any drugs on site like a pharmacy does. CH confirmed that it will be very much like it is now as they are their own separate building and they currently rent the space from us once they move down into the new building they will be on their own piece of land but simply attached to us with a wall-no internal door. They are paying for their part of the extension but it is always cheaper to build together. It also benefits the pharmacy as it generates a lot of revenue having them attached to a GP surgery. IK asked about where the funding has come from and CH explained that it came from a national pot who invest in general practice to make them bigger and better so 80% of funding comes from them and the other 20% is from NHS England. Eastwood is the other area locally who have the other half of the funding and are looking at joining two surgeries together to create a mega surgery. ***\*NHSE pay for 64% the partners pay for 36% in respect to the new build. Eastwood don’t have any funding but are merging 2 practices, the CCG have prioritised Eastwood for the next building project but there is concern as to whether there is land available in Eastwood to house a large practice alongside community services, therefore the new build in Eastwood may not happen.*** * ***Dovecote House:*** EJ asked if the clinic on Wollaton Road had any services in there any more as they always looked empty when he has been in, CH&LS confirmed they have clinics run by District Nurses there as well as the midwifes & health visitors being based there. BW also commented that you can make appointments there for hearing aid batteries despite having to ring Ropewalk to make an appointment for Dovecote House. EJ also commented that NAMS (stoma appliance products) have a very large building for 3 members of staff which seems wasteful. * ***CQC:*** CH informed PPG members that we are pending another CQC visit, we didn’t think we would be visited again for a good few years but they are wanting to visit an ‘Outstanding’ practice and as we were done earlier on when they were doing the rounds that they would pick us. We think this will be around December time. * ***Flu Clinics:*** RH asked how the flu clinics went and CH confirmed we had two Saturday clinics that went well and we got the bulk of flu jabs done, the HCAs have been doing clinics in the week to finish off eligible patients. RH commented that she nearly came to the Saturday clinic as she was unaware that she needed an appointment, CH commented that she would have probably been given one it just makes it harder for us to check eligibility if patients don’t make an appointment beforehand. RH also mentioned that she hadn’t been recalled for a flu jab this year but had previously received other text messages for booked appointments. CH confirmed that we would look in to this however it is the first year that we have used text messages to invite patients so is useful to know about teething problems such as patients not receiving them. IK asked if the criteria had altered for eligibility of flu jabs especially for children. CH confirmed that children was a different vaccine as it was a nasal spray rather than injection and they were dealt with by the nurses. Children of school age would be given the nasal spray in school. Adult criteria is any patient over the age of 65 will receive a flu injection and all patients under that age with chronic illness such as asthma, diabetes, heart disease and pregnant women are also eligible for the vaccination. IK asked if GPs were given a flu vaccine and CH confirmed that all members of staff are offered a flu vaccination. EJ commented that the Saturday clinic that he came to was well attended as they were queuing when he arrived but it didn’t take long at all. CH stated there were 3 GPs giving injections as well as a HCA checking pulse rates as we are trying to identify more patients with atrial fibrillation (AF). Flu clinics were the ideal opportunity to get a lot of patients pulse rate checked as AF is a massive risk factor for strokes and we managed to pick up about 10 patients who were in AF so was very beneficial. EJ asked if being in AF was having a fast heart rate however CH explained it was more to do with have an irregular heart rate with the top of the heart not working with the bottom of the heart. ***\*Charlotte Hubbard (Business Administrator) to look into the missing flu jab please and to let us know.*** |
|  | **Date of next meeting and close**  Graham Mansfield, Chair, thanked everyone for attending. The next meeting will be on:  **Tuesday 16th January 18:30** |

\*bold italics are updates from the Practice Business Manager Andrea Swanson