Patient Participation Group Meeting

Date: 23 June 2014

Present:, Mr B; Mr M; Mr W; Mr C; GP; Practice Business Manager, IT Manager, Administration Assistant (minute taking)

Apologies: Mrs M; Mrs S; Mrs C; Mrs G

**Minutes of last meeting**

The minutes of the last meeting held on Wednesday 28 May 2014 were agreed as a true record.

**Matters Arising**

None

**Practice Update / Doctor Call Back**

IT Manager presented the GP/patient contact data requested at the previous meeting. In an average week the GP has 30-40 face to face consultations, 10-12 telephone consultations, 2 visits and answers 10-15 patient queries. Mr M raised concerns that patients would be passed from person to person with no conclusion. It was thought that the scheme may not increase the number of GP patient contacts, but rather ensure that patients are referred to the correct service more often, the first time. GP gave a background of how the scheme originated and how it improved levels of patient satisfaction. It was noted that this service is for patients who contact the surgery on the day for an appointment and that there will still be routine appointments available to be booked in advance. The group members had seen the patient communication about the Doctor Call Back service and thought they were appropriate and explained the system clearly. Mr W raised concerns that the reception team would be under additional pressure as many people oppose change and may dislike being asked to inform the receptionist of the nature of their medical problem. This was accepted and will be monitored during the pilot scheme.

The group was presented with a copy of the newsletter which is produced for Ferrybridge quarterly and asked for their opinion. It was felt that this would be a useful communication aid particularly for patients who do not have access to the internet and it was agreed it would be introduced for the surgery.

Concerns regarding the security of the practices facebook page were raised. It was noted that only generic information is published on the page; using facebook for consultations is a pilot scheme in another area of the country and will not be happening in the foreseeable future at Park View.

**NHS Data Sharing**

Mr M explained his concerns regarding patients being referred to private companies such as Virgin and their details then being shared for marketing purposes. GP explained how some NHS services where there is insufficient capacity are contracted to be provided by private companies on behalf of the NHS. There strictly enforced rules regarding data sharing and huge penalties for companies who share patient data, even within their own company, without the patients consent. Practice Business Manager assured the PPG that Park View Surgery treats the information it holds about its patients with the upmost respect in terms of confidentiality. Patient information is only released to third parties with the approval of the patient and where it was clinically relevant, e.g. in a referral.

Mr W highlighted that he had received a mail shot regarding care.data which looked like junk mail, IT Manager advised that this data sharing scheme has now been amended and data will only be shared between NHS departments such as GP surgeries and hospitals. It was confirmed that any opt out already logged would remain valid.

**AOB**.

**Medication** – Mr M queried whether it was still normal procedure for patients to see a clinician before an extended prescription is issued to cover a holiday etc. It was confirmed that this was no longer the case, when a request is received reception staff can issue the prescription however it still has to be approved by a GP.

**Surgeries running late** – Mr B enquired what actions have been taken with regards to informing patients when surgeries are running late. It was confirmed that all receptionists have been reminded they must inform patients as soon as a delay becomes apparent. The PPG agreed that the common-sense solution was for the receptionist to inform patients if a surgery was running excessively late e.g. half an hour or more. It was agreed by the PPG that patients would always need to show some flexibility as GPs could be delayed by patient emergencies, so a 15 minute delay could be reasonable. Unfortunately it is not practical to change the message on the Jayex board due to the set up of the computer systems. The self check-in screen will be inspected to ensure it displays an estimated wait time.

**Attendance** – Mr W highlighted that a Nurse has not attended a meeting since the beginning of the year. It was agreed that Nurse and GP attendance will be alternated in future.

The PPG said that they were pleased with how the Practice had responded to their concerns about punctuality of the meeting and distribution of the previous minutes and agenda.

**Next Meeting**

To be confirmed