Patient Participation Group Meeting

Date: 12 March 2014

Present: Mr W; Mrs S; Mrs M; Mr M; Practice Access Manager; Practice GP; Practice Administration Assistant (minute taking)

Apologies: Mr C; Mrs C; Mr B; Mrs T; Mrs G

**Minutes of last Meeting**

The minutes of the last meeting held on Wednesday 22nd January 2014 were agreed as a true record.

**Matters Arising**

**Email and text messages** – Mrs S suggested that emails and text messages could be utilised to alert patients when flu vaccinations etc are available. There were issues with consent regarding this. Currently consent is only assumed for appointment confirmation, reminder and non attendance by SMS, each patient would have to give specific consent to be contacted by email or text for any other reason which is a large workload, however, this is something which the practice is looking into for the future.

**Meeting dates and times** – It was suggested that there be more flexibility with the days and times when the PPG meetings are held. This was acceptable to the surgery.

**Reception Window** – Mrs S suggested that a bell be installed next to the reception window so staff can be easily alerted when a patient is waiting. Access Manager informed the group that work regarding remodelling the reception window is ongoing with various options being explored.

**Health Checks** – The NHS health check entitlement was further explained. Any patient between the ages on 40-75 is entitled to a 5 yearly health check; the checks for elderly people (80+) mentioned in the minutes of the last meeting was an additional service suggested by Mr B. A report has been run which highlighted 4 patients over the age of 80 who are not taking any regular medication; one of these is being monitored by the hospital, the other three will be invited to attend surgery for a check up.

**Information Sharing** – Mrs S had several queries regarding care.data. It was highlighted that this scheme was implemented by the government and the practice have no control over it or the information sent to patients regarding it. Posters and leaflets have been made available in the surgery.

**Prescriptions** – Mrs S queried whether the GP sees any comment written in the box when ordering online, it was confirmed that whichever member of staff processes the request does see this.

**M&A Pharmacy** – Mrs S highlighted that she had discussed problems with obtaining repeat prescriptions with the Altofts branch of the pharmacy.

**Practice Update**

**Staff** – Dr Mone, the Senior Partner at Ferrybridge Medical Centre is retiring at the end of March. Dr Speers will therefore be pulling out of Park View (apart from monthly diabetic clinics) and working at Ferrybridge full-time with Dr Mone working 3 sessions a week at Park View. The practice apprentice has now been appointed permanently as a receptionist. A Practice Manager has now been appointed; they will be starting in May covering both sites.

**Opening times** – From 1st April the practice will be closed on a Wednesday afternoon, the trial was being funded as part of a Wakefield CCG initiative which has unfortunately now ceased. A discussion ensure regarding the upcoming possibility of 7 day a week opening, a trial of this will be commencing in the west of the district in April.

**Online booking** – it was highlighted that access to book appointments online with Nurse Practitioner has been removed due to the high rate of inappropriate appointments (such as bp checks and bloods) being booked with her. It was suggested that this may cause an increase in GP appointments being booked, the situation would continue to be monitored and changes made as necessary.

**Practice Survey**

The results of the practice surgery were discussed with the responses to each question analysed. Overall the results of the survey were again good with high patient satisfaction rates, it was agreed that the group would like to focus on communication with patients rather than changing the service which the practice provides. The group discussed areas to focus on and agreed on the action plan for the coming year.

1. Promote the online appointment booking and repeat prescription ordering system including the new smartphone apps.
2. Raise awareness of the availability of telephone appointments and issues which are suitable for consultation by telephone.
3. Develop a practice facebook page to encourage communication with younger patients and patients from varied cultural backgrounds.
4. Provide further information in multiple formats for patients on the Electronic Transfer Prescription Scheme.

**AOB**

**Delays** – It was highlighted that on occasion patients are not aware that the clinician they are seeing is running late. It was noted that this does not happen often as reception staff usually inform patients when they check in and the self check in informs patients how many people are waiting before them however it may be a problem when a consultation takes longer than anticipated. It was suggested that the clinician could let reception know if this happens so they can inform waiting patients, and queried whether this could be displayed on the Jayex board? Access Manager would find out if this is possible.

**Medication** – It was queried whether it is the GP or the pharmacy which obtains medication for patients and all generic medication looks similar and it is hard to distinguish the different tablets, this is something which the practice has no control over. The availability of blister packs and dossett boxes was discussed, some members of the group were not aware of these. It was highlighted that these services should be requested from the dispensing pharmacy.

**Date and time of next meeting**

To be confirmed by practice.