

Meeting Minutes

MEETING TITLE:	Patient Participation Group Meeting	VENUE:	Ecclesall Medical Centre
DATE:	Friday 27 th July 2018	TIME:	12.30pm to 1.30pm
MINUTES PRODUCED BY:	Gill Kirby	Title:	Practice Manager

ATTENDEES:

Name	
Sarah Askham (Chair)	PPG Member
Esta Lewis	PPG Member
Margaret Langrish	PPG Member
Lesley France	PPG Member
Sue Mcgrail	PPG Member
Gill Kirby	Practice Manager
APOLOGIES:	
William Beckett	PPG Member
Jackie Hanson	PPG Member
Graham Estop	PPG Member

MINUTES AND ACTIONS

Minutes		Action
1.	<p>Matters arising from last meeting</p> <ul style="list-style-type: none"> Children in Need – SA researched the possibility of holding a raffle to raise funds this year. She was informed that this was branded as gambling. It was therefore agreed that the monies collected during November from the sale of books at Uppertorpe MC would go to Children in Need. Group members to bring in books and DVDs in October. Premises Bid – GK reported that the 2 bids submitted to NHS England for both surgery sites has passed the first stage. An architect has been appointed to provide preliminary drawings for a one story and a 2 story extension to the side of the Ecclesall premises in anticipation of a successful bid. DNA Man – GK reported that the DNA programme has not made a significant impact on the DNA rates for GP and nurse appointments. SA and GK reiterated the current means available for patients to cancel their booked appointments. ie via telephone, in person, on line and text to dedicated mobile number. These are all advertised in the practice leaflet and on the practice website. The group suggested that a leaflet devoted to advertising these means would be useful and could be handed out by staff and PPG members. Online prescription ordering – SM reported that the free text box that she occasionally uses when ordering her prescriptions on line is now being picked up and actioned by the reception staff. 	

2.	<p>Citywide PPG Meeting</p> <p>In GE's absence, GK reported that he was unable to attend the last citywide PPG meeting. GE did, however, attend the Public Reference Group Meeting re the urgent care proposals in Sheffield. Apparently the decision making is going to take longer than originally planned and they insist the public consultation period is genuine and not just a perfunctory exercise.</p> <p>On another note, GE mentioned the possibility of a vice chair to chair the meetings at Ecclesall as the two surgeries are so different. After discussion with the group, it was felt by all that this wasn't necessary.</p>	
3.	<p>Aims and Objectives of the PPG and Meetings</p> <p>SA handed round a sheet which explains what the PPG is all about, as she and GK are concerned that the meetings are taking a negative slant and becoming a means for members to have a grumble and discuss personal issues. GK confirmed that the PPG is not just a "tick-box" exercise and that she and the GPs welcome patient views and ideas, negative and positive, to help improve the service. EL felt that the guidance was out of date and was in need of a review. We agreed that we would review its content and discuss at the next meeting. <i>(since the meeting EL has kindly drafted some ideas which will be brought to the next meeting).</i></p>	
4.	<p>9am queuing system for appointments</p> <p>SM raised her concerns that the 9am queuing system isn't fair as patients arriving early are losing their position in the queue because they are being asked to sit down until 9am. SA and GK confirmed that the practice has recently implemented a number system to avoid conflict amongst patients.</p>	
5.	<p>Use of white board when GPs running late</p> <p>SA highlighted that the reception staff are no longer utilising the white board to notify patients when GPs are running late. Patients are informed via the touch screen book in system how many patients are before them so they get an idea of how long their wait is likely to be. Following discussion it was agreed that the receptionists inform the patients via the whiteboard when a GP is running 20mins+ behind. GK to d/w staff.</p>	
6.	<p>Errors in medical records – how to deal with</p> <p>SM queried how a patient can amend part of their medical record that they know to be recorded in error that is discovered when accessing their on-line medical records. GK explained that clinically related errors need to be addressed with the clinician who recorded the error in question. This should be via a phone call or consultation, the clinician may or may not make the amendment dependent upon the circumstances and evidence available. Clinicians cannot amend records entered by another clinician which makes amendments to historical inaccuracies very difficult. In these circumstances a note can be added to the patient record indicating that the patient disputes a particular subject entry. The administration team are not permitted to amend clinical records.</p>	
7.	<p>Encouraging use of on-line facilities</p> <p>EL questioned how the practice can better promote patient use of on-line facilities and in turn reduce the workload for the reception staff. GK stated that currently Systmonline is publicised in the waiting areas, in the practice</p>	

leaflet and on the practice website. Patients can request to view their coded medical record and in doing so can also view recent test results. GK explained that there is a process that the practice has to follow before a patient is given access to their on-line record. This process is time consuming and the GPs do not want to be overwhelmed with requests to turn on this functionality. However, the advertising of prescriptions on line and appointments on line can be improved via the reception staff, in particular informing newly registered patients at the point of contact. GK agreed to send out a blanket text message re Systmonline. GK to encourage staff to be more pro-active in advertising this facility.

8. Any other business

- The group expressed their views that they would like a GP to attend the PPG meetings. Dr Atkinson dropped her attendance because of time pressures. GK agreed to take this suggestion to the next partners meeting and perhaps ask them to rotate this responsibility so they would only be attending once every 16 months or so.
- There was a general discussion around appointment availability and the current 2 week wait for a routine appointment. EL asked whether the practice could pay for a locum to cover Saturday mornings and Thursday afternoons when the practice has consulting room availability. GK explained that there is a cost attached to this and that the monies generated from the increase in list size has been spent on an additional 7 session GP. GK happy to raise this with the partners at the next Partners meeting and feedback their views to the group.
- GK confirmed that Saturday morning surgery is for routine appointments (pre-booked) and ideally for patients who work during the week.

9. Date of next Meeting

Friday 2nd November 2018 12.30pm (Sarah not working) Uppertorpe MC