

**Minutes of Patient Participation Group Meeting held on
Wednesday 2nd April 2014**

Present

J Smith	M Smith	C Townend	C Atkinson
L Rawlins	J Burdus	J Wilkinson	M Nicholson
L Rawlins	I Nelson	K Haldane	P Stevens
A Farrington			

Apologies – J Vint, P Selman, M Robertson & J Carrick

Serial	Event	Action
(a)	(b)	(c)
1	<p>Welcome & Introduction</p> <ul style="list-style-type: none"> • Mr J Smith opened the meeting by thanking all for attending. The group recognised that there has been no further interest from new members. • JS referred to the results of the PPG annual report which outlined on a whole that patients were happy with the services provided by The Grove. The group would continue to act as the patient's representative, regarding the practice and the services offered. There was still work to do in creating a diverse patient demographic. CJT suggested a virtual group could be developed to help give a balance of expertise. 	PPG
2	<p>Election of Chair – CJT leads</p> <ul style="list-style-type: none"> • No new nominations had been received for the position of Chair. CJT proposed to the floor that J Smith may take this position for another year. All members were in agreement and added that JS had engaged well with all parties during the 	

previous year.

J Smith thanked all and accepted the position of chair adding “ I would be delighted if any other member wished to take on this position”

- J Smith then confirmed all members following the responses the group had received.

Confirmed Members

- J Smith
- M Smith
- L Rawlins
- M Nicholson
- K Haldane
- J Wilkinson
- P Stevens
- J Burdus
- I Nelson
- J Rolfe
- D Wild
- M Penn
- P Wood
- A Farrington
- J Vint
- P Selman

	<ul style="list-style-type: none"> • M Robertson • J Carrick <p>D Wild confirmed he wished to remain a member following a discussion with JS at the end of the meeting. It was confirmed DW's experiences and knowledge of services would be advantageous to the group</p> <p>Members yet to respond but assumed they wish to continue.</p> <ul style="list-style-type: none"> • G Payne • J Payne <p>Members resigned</p> <ul style="list-style-type: none"> • M Manwell • H Varley • M Penn • M Greenwood • C Van der velde • J Davis 	
3	<p>PPG /AOB – Past years Activities</p> <ul style="list-style-type: none"> • Reference was made to the report prepared circulated and posted on the website by CJT. • The group was developed; following the Health and Social Care bill. The vision for the PPG was to help the practice and service providers have an insight into the needs of the patient by collecting views and ideas on how to deal with on-going issues. The way the CCG has 	

progressed has not been revolutionary and on-going problems are expected as the 3 CCG's Gateshead, West and NNE will combine to become 1 large CCG by April 2015. The current CCG's will work as separate authorised organisation until 01/04/2015 but will be shadowed by a discreet group containing an alliance from all 3 CCG's.

NHS 111 – Presentation- Matthew Beattie, Clinical Lead A&E

By calling 111 callers get clinical advice on their conditions or illness. If the reason for the call turns out to be sufficiently serious, an ambulance will be despatched immediately

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Charges are made to Practices following A&E attendance, these can often be unnecessary. 111 is the 12th most advanced and integrated system in the country. Software is currently being developed through System1 and Emis web (clinical systems) to book appointments within the GP's appointment system; this is still in very early development.

Although there have been issues with 111 in other regions within the Northeast the service has ran very smoothly and receives around 50,000 calls a month which are well received.

111 are staffed by a team of fully trained advisors supported by experienced nurses, who will assess symptoms and put the patient directly in touch with the people who can help.

The NHS 111 service is available 24 hours a day, 365 days a year, calls from landlines and mobiles are free. The call handlers within 111 use NHS

pathways, which are continuously changing and evolving, the call handlers, ask a series of questions to manage the patients care. The advisors are reviewed, trained and continuously educated to help identify problems.

Statistics show that only 3% of A&E attendances are from 111 which is a small fraction, usually this is because the patient has not been given the outcome they were looking for. 111 ambulance calls have gone up but 999 calls have fallen. Ambulances despatched has remained the same.

J Burdus – “what impact has the 111 service had on GP surgeries”-CJT responded – Demand at A&E is high during the lunch period and late afternoon. GP surgeries take all of this information into account when managing their appointment systems. Example being should a mother phone for an appointment for her child an appointment may have been given for that afternoon, but should the child deteriorate statics show they may present at A&E rather than contact the surgery. There is a large patient population used to “a on demand services in life including the NHS” this has caused GP practices to struggle to fulfil the service without diverting to A&E There is no new money available so we need to make the resources we have work for us.

A Farrington – “Is the 111 service too impersonal“- Call handlers are given training in the human factor and how to talk on the phone. Should a patient require a face to face assessment then the advisors following the pathways can direct the patient to the RVI booking service where they may be assessed by a GP.

K Haldane – “Is there systems in place for the deaf”

There is a text service for the deaf, the service is basic but within time improvements will hopefully be made.

	<p style="text-align: center;">There being no further business the meeting closed at 7:20pm next meeting will be in 3 months (date to be advised)</p>	
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If you would like to join the PPG please contact the Chair person Mr John Smith on johna.smith@dsl.pipex.com . If you have any further questions about the PPG and would like to address these directly to the practice please contact the practice manager.