

Minutes of Patient Participation Group Meeting held on  
Wednesday 22<sup>nd</sup> October 2014

**Present**

J Smith	M Smith	J Rolfe	R Douglas
C Townend	J Burdus	J Carrick	C Atkinson
J Vint	J Payne	J Wilkinson	G Payne
P Stevens			

**Apologies** – P Selman

Serial	Event	Action
(a)	(b)	(c)
	<b>Welcome &amp; Introduction</b>	
1	<ul style="list-style-type: none"> <li>• <b>Mr J Smith welcomed and thanked all for attending.</b></li> </ul>	
2	<ul style="list-style-type: none"> <li>• <b>Minutes of last meeting 1<sup>st</sup> July 2014 –</b> Telephone Waiting Times – Members have noticed an improvement in the time taken to answer incoming calls. The amount of online users is steadily increasing, currently at 2242 registered users (about 18%) The system offers GP appointments and prescription requests. The system is closely monitored by the practice and should on line appointments not be used then they are automatically converted to book on day appointments. There is also a dedicated telephone line given to high risk patients within the practice that has been introduced due to the unplanned admission programme.</li> </ul>	
3	<ul style="list-style-type: none"> <li>• <b>Matter Arising</b> - Suggestion and Action Points on how the group may move forward               <ol style="list-style-type: none"> <li>1. Make presence known; by attending mother baby clinics, paediatric flu and flu clinics.</li> <li>2. Have a registered email for the PPG</li> <li>3. Suggestion Box</li> <li>4. Have a message on the reception Jayex board promoting the PPG</li> <li>5. PPG campaign held in the surgery (dedicate a week to promoting the PPG and raise awareness)</li> <li>6. PPG Facebook group/page</li> <li>7. Short Survey created by the Group, open ended questions</li> </ol> </li> </ul>	PPG

<p>4</p>	<p>8. Produce a newsletter; highlighting 2 successes along with who we are, what we are here to do and what we have done.</p> <ul style="list-style-type: none"> <li>• <b>Communication</b></li> </ul> <p>Communication is vital to enable the group to be successful, mail shots via email have been considered but there are flaws; on how patient's details could be collated. This is a current topic within the practice. The partners are due to discuss the option of patients contacting the surgery via email at their weekly business meeting. The overall views is that there is always concern that the recipient is who they say they are; highlighting confidentiality and security issues along with how emails may be interpreted .</p> <p>The group reiterated that the PPG email would be for PPG issues alone, but also highlighted concerns around confidentiality and security risks along with signposting a service that due to NHS changes they may not be able to secure commitment.</p>	
<p>5</p>	<ul style="list-style-type: none"> <li>• <b>PPG and the Practice – Actions</b></li> </ul> <ol style="list-style-type: none"> <li>1. Draw up information leaflet/Newsletter outline successes. When the group was set up, what we do and what the PPG can do for you. JS and JC to produce collectively.</li> <li>2. Have a presence within the surgery / campaign week to promote the group and raise awareness.</li> <li>3. Produce a Short survey, to carry out within the surgery (opened ended questions, what services are required)</li> </ol> <p>CT added the practice would like the group to add value internally; by looking at what the practice does, where it can improve and externally by looking at current changes within services and help recognise and support services which sit in general practice; remain in general practice. JS added the group should be made aware of internal threats to the practice or services and provided with this information. This could then be used to collate information by means of a survey designed by the group asking patients how they feel and what effect this change may have on patient care.</p>	<p>PPG/CT</p>

6	<p><b>Current Issues with the Practice:</b></p> <ul style="list-style-type: none"> <li>The practice has joined a federation constructed by 15 practices that have united in order to relay concerns back to commissioning. Current topics include the delivery of Health Checks. There is concern this area may be allocated to private agencies as a “loss leading” project to gain access to providing NHS services in the future. CT advised that all service providers would be bound by service standards and subject to CQC requirements, but that this service would be a great loss to general practice. The federation have constructed a joint report outlining these concerns and are waiting for a response from the Local Authority (Public Health) who manages this service. The group as a whole were keen to show support by constructing their own opposition towards this change, all agreed to await a response from public Health, and following this the PPG may then offer support which can be taken forward by ACORN.</li> </ul>	CT/JS
7	<ul style="list-style-type: none"> <li><b>Phones/Appointments– revisited CT</b> - The practice is now fully staffed (3 new positions filled) currently no internal issues. CT advised he will explore improvements to the current telephone system along with adding nurse appointments for bloods and BP’s to the online appointment system to further improve access to appointments and lessen the demand on the telephones. G Payne added; recent visits to the surgery have been very positive experiences, finding the reception staff excellent, friendly and professional.</li> </ul>	CT
8	<p><b>ACORN – JS report on current situation</b></p> <ul style="list-style-type: none"> <li>The CCG has not acted as was intended due to the amount of upheaval and change, meaning little guidance and instruction has been passed to ACORN. Come April 2015 the 3 CCG’s NNNE, West and Gateshead will merge to become one CCG. Two problem areas have been highlighted :</li> </ul>	

	<p>i. The OOH Contract &amp; On-going legal battle.</p> <ul style="list-style-type: none"> <li>As the situation had not been resolved, the original position had not changed and the contracts withdrawn with a view to looking at the situation when the new CCG is formed.</li> </ul> <p>ii. ABPM Service ( Ambulatory blood pressure monitoring - diagnosis of Hypertension)</p> <ul style="list-style-type: none"> <li>CT explained the ABPM service was delivered by practices using a wrist device. The service met current guidelines, was better for patients/ closer to home, improved quality of primary care/diagnosis and was cost effective. Six months ago the decision was made to withdraw the service and return service delivery to the Trust. The Trust became overwhelmed and did not have the resources, leading to the service being sub-contracted back to Primary Care. This has highlighted concerns on how services are delivered and that money has been unnecessarily wasted; ACORN has stressed their concerns. CT added; relationships need to be developed with the Foundation Trust and the practices as a federation. This federation will give practices a stronger position when voicing opinion regarding service delivery within the community.</li> </ul>	
9	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>PS suggested an invitation should be made to the reception team and nurses to attend the next meeting should they wish. CT to invite</li> </ul>	CT

	<p>There being no further business the meeting closed at 7:30 pm</p>	
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The next Meeting will be held on  
Wednesday 21st January 2015 – 2:30 – 4:30 pm. At Trinity  
Centre Gosforth