**Minutes of the Patient Participation Group (PPG) meeting held on Tuesday 26 January 2016, 1.30pm**

**Action**

**CJ/LW**

**CJ**

**Present:**

Cathy Jones (Chair)

Ann Bennett

Ian Bennett

Judith Davies

**Apologies for absence:**

Lovemore Kamuzingeni

Pat Riley

**In attendance:**

Laura Webster

Dr Honor Cann

1. **Minutes of the last meeting**

The minutes of the last meeting held on 23 November 2015 were agreed as a correct record.

1. **Matters arising**

Improvement Grant bid – CJ confirmed that we had received approval in principle from NHS England for the extension to the practice, though were still awaiting the final ‘sign off’ of the funding by the Director of Finance. We were due to start on site on Monday 1 February but could not do so without final approval. We were concerned that any further delays would jeopardise the scheme.

Post meeting note: final approval had been received on 2 February 2016 and the scheme would now start imminently - anticipated completion date August 2016.

PPG members queried the impact on car parking of the scheme. CJ confirmed that the contractors working on the dental development would be off site at the end of this week and hopefully disruption to patients would be less, due to construction being at the rear. CJ asked for patience and understanding during the construction period.

Flu Clinics – it was confirmed that we would organise a meeting to include PPG members sometime after the end of March as discussed last time, ahead of this year’s flu season.

LW confirmed that 120 patients had received their ‘flu jab from the local pharmacies this year instead of from the practice, including 40 patients in Nursing Homes.

We noted that overall there had been a drop in overall ‘flu uptake this year which was thought to be due to the mild winter.

Blood test letters – CJ to follow this up from last time, in relation to abbreviations used in patient letters.

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**CJ**

1. **Introduction to Dr Honor Cann**

Dr Honor Cann, new GP Partner, introduced herself to PPG members. Dr Cann commenced on 1 December 2015, working 7 sessions per week. She confirmed that she qualified as a GP in August 2015 and was enjoying working at Wellbrook.

1. **Enquiry line changes**

LW explained that we were reviewing our telephone lines at present, in particular the use of the enquiry line number, 01283 732406. We were finding that at busy times a lot of patients were ringing this number if they could not easily get through on the appointment line, which was blocking the line for enquiries and tying up a member of staff in re-directing/dealing with inappropriate calls. One option was to remove the direct enquiry line number and introduce the ‘auto attendant’ facility on our phone system – press 1 for x, press 2 for y, etc. This would enable callers to be directed to the enquiry extension as required. We invited PPG feedback on this.

PPG members felt this was a good idea and reflected what most organisations had introduced. However, they were concerned that if the enquiry line were engaged that callers would have to go through the system, hearing the messages and pressing options before they got engaged, which could be more frustrating and potentially incur additional costs for those callers who paid for each connected call.

LW/CJ confirmed that we would need to look at this, but that additional telephone lines may not be financially viable. We would report back to a future meeting.

1. **Summary Care Record and Additional information**

As requested at the last meeting LW attended to discuss this item. She distributed some information to PPG members. She explained that the Summary Care Record (SCR) was a copy of key information held in your GP record which aimed to provide authorised healthcare staff access to essential information about you when you need unplanned (emergency/urgent) care or when your GP practice is closed. The SCR includes information on medication you are taking (repeat and acute medication) as well as any allergies or sensitivities you have. The SCR applied to every patient within our clinical system and this information is shared unless the individual specifically opts out.

Additional information is other information recorded by the practice about you and will include the following (when this is present on your GP record):

* Your key medical problems/diagnoses/long term conditions
* Relevant medical history, e.g. clinical procedures you have had; why you need a certain medication and advice to support your future care
* Personal or health preferences, e.g. religious beliefs or legal decisions you would like to be known
* Immunisations

Sensitive information, e.g. termination of pregnancy, STIs etc would not be included (unless you specifically requested these).

LW explained that you have to opt in for ‘additional information’ to be added to your SCR. The practice planned to publicise this to patients and give them the option to include this. Clinicians would also mention this to patients where they felt it would be useful, for example those with complex health needs.

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The PPG supported the principle of sharing information across health professionals for urgent/emergency care and IB felt that ‘additional information’ should be ‘opt out’ rather than ‘opt in’.

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**CJ**

1. **Patient on-line access to records**

LW explained that we currently offer SystmOne online via our website, allowing access to appointment booking and repeat prescriptions online. By the end of March 2016 we are contractually required to offer on-line access to medical records; we have a ‘go live’ date of 31 March as we anticipate a significant uptake and this is the busiest time of year. LW explained that this would include all key problem/diagnostic items. Patients will be able to make requests for on-line access to their record, as now, via the Reception Desk, providing ID if this is their first request for on-line services. LW stated that it will be important for patients to ensure that they take responsibility to protect access to their own records outside of the practice.

1. **PPG Research meeting**

LW explained we had received an invitation for PPG members to send a representative to the NIHR (National Institute of Health Research), East Midlands PPG engagement and awareness event, to be held at Yew Lodge Hotel & Conference Centre in Kegworth on 17th March, 10.00 – 15.00; lunch and refreshments provided. LW explained that we participate in research in association with Nottingham University, doing 5 studies a year. It is optional for patients to be involved if they are invited to participate in the study. IB said he might be interested and would confirm this nearer the time to enable LW to book a place.

**8, Practice Update**

CJ confirmed that Dr Ruddle was working with us as a locum for 3 sessions per week until the end of May and we were currently discussing our plans for after this date; possibly looking to recruit another doctor to the practice for 4 sessions per week. This would take us up to full capacity. Dr Shah had ended a regular commitment with us, but still did ad hoc days where required.

**9. Any other business**

SMS reminders for telephone consultations – PPG members queried the use of text reminders for telephone consultations which was felt to be very confusing, especially as gave specific times (which were not the times that doctors would call) and location, i.e. at the surgery, which was not correct, if a telephone call. CJ explained that this reflected the recording of these appointments on our system but agreed that this was confusing. PPG members felt there should be some further explanation in the text, e.g. ‘please ignore time and place’ although CJ stated this was difficult as the SMS messages were automated within SystmOne. CJ to look into.

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Timing of telephone consultations – PPG members were concerned about the current system for telephone consultations with a doctor, where no indication could be given of when the call would be made, which led some people to feel that they could not go out all day and were waiting to receive the call. IB asked whether at the very least there could be a window of time given, or a time when the call would not be received, e.g. during surgery times. CJ explained that different doctors did telephone consults at different times and if they had cancellations might catch up on one or two during a surgery occasionally. CJ agreed to discuss this further with the doctors and report back, but was not sure that we could change this.

Confidentiality in the Waiting Room - PPG members expressed concern about the above and felt it was all too easy to overhear other patient’s conversations with the PA at the Reception Desk. CJ explained that we could only do so much but patients waiting were encouraged to stand back from the person at the desk. In addition background music hopefully helped. CJ explained that there was a screen adjacent to the lower desk area (near the BP machine) where patients could speak slightly away from the main desk; also that we offered for patients to request to speak to a PA in private if they wished to do so. PPG members had not noticed any sign in the Waiting Room for patients; CJ agreed to double check this. It was felt there was a limit to what we could reasonably do and patients had to take some responsibility for their own confidentiality too.

Invitation from Derbyshire Healthcare NHS Foundation Trust- CJ explained we had received a further invitation for a member of the Trust or clinician to attend a PPG meeting, or to talk to local residents about topics such as dementia, children’s services, compassion and mindfulness. It was thought this would be really interesting but would not be feasible with only 3 or 4 participants. It was agreed we would revisit this at a later date if appropriate.

Named GP for patients – it was confirmed that all patients would be allocated a ‘named GP’ who would be accountable for their care by the end of March. CJ explained that this had initially been the case for over 75s but was to be extended to all patients. We aimed to inform patients opportunistically where possible, but assure patients that they were still able to consult with any of the practice GPs/the GP of their choice. It was not necessary to change ‘named GP’ to do so. Where patients had a regular doctor, or complex health needs we had tried where possible to align patients with their current usual GP.

**10, Date and time of next meeting**

Tuesday 12 April 2016, 1.30pm. CJ to check with LK and PR to confirm availability for this meeting or we would consider an alternative as it was not ideal to meet with such few members.

CJ/PPG/Meetings/PPG 26.01.16.doc/02.02.16