HOUNSFIELD SURGERY

PATIENT PARTICIPATION GROUP

Minutes of meeting held on Thursday, 23rd January 2014at 6.45 pm

PRESENT:

TC

JG

SG

SH

LN Practice Manager

SR Practice Nursing Sister

MS Chairman

BS

EV Doctor

AW

JW Treasurer

1. The meeting was opened at 6.50pm by the Chairman.

2. Apologies

Apologies were received from: VC–W, SK, BL, MM and JS.

3. Approval of minutes of last meeting

The amendment made to Section 8 by the Chairman was mentioned and was accepted. The minutes were agreed as an accurate and correct record of the meeting.

4. Practice Updates – The potholes in the car park have been filled in and LN expressed thanks to those involved. The resurfacing of the car park is still stalled awaiting action by NHS England but a sign has been erected to warn of the uneven surface. Flooding is still an issue. EV informed the meeting that Dr HM is the locum, undertaking KM’s duties while she is away. Further, continuing support is given by Dr JE.

5. Patient Survey – The Patient Survey Results had not been received by all, MS apologised for not disseminating it and undertook to send it to all members after the meeting.  LN asked if they were happy to discuss the areas that she had seen in the Survey at this meeting and for members to send additional comments / concerns to LN after they had seen the report.  It was agreed that this would be ok and that the final action plan would be agreed over email.

General outcome is good, but question 14 (How easy is it to speak to a doctor or nurse on the phone at your GP practice) was the weakest outcome.

Concerns were expressed about obtaining results of tests; EV and LN explained that the practice does not phone patients if there are no problems with the results as it would need another member of staff to carry out all calls. SR said that patients were informed this was the current practice when samples were taken and that patients are informed when there is a problem. SR also said that if patients were concerned because they had heard nothing within a couple of weeks, they can ring the practice. EV mentioned that some tests take several weeks to be completed.

The lack of sufficient car park space was also raised as an issue. The Surgery has been allocated 11 parking spaces in the new development, but there is not yet a timescale for this.

Dispensing Survey. The results were mainly Good to Excellent, but several matters were raised.

Problems obtaining some prescription items: LN stated that there were sometimes problems with supplies from wholesalers, but that every effort was made to obtain them and where this could not be achieved, patients were offered a prescription to obtain the required items from pharmacists elsewhere. EV stated that there were shortages, which he felt were a result of increased proportions of production being sold abroad or manufacturing issues and that there was no consistency in which products were a problem. It was also stated that adequate stocks of drugs required for urgent acute use were held (Pain relief and antibiotics were mentioned). SR stated that there were also shortages in inoculation supplies, for example typhoid injections have not been available since Feb. 2013, and that patients are advised where they can obtain them. LN also stated that the practice is looking into adding a new supplier to its list.

Delivery service for those over 85 years. EV advised that the practice already delivered medicines to patients who need Monitored Dosage Systems. LN stated that it was not something that the practice could undertake for all 85 year olds. MS asked if this was an area where the PPG could help, acting for patients who gave a PPG member authority to collect their prescriptions. It was felt that this was practicable and should be looked into when the need arises.

6. PPG development

a) TC advised that although he and JW had spent considerable time on this, not many parish councils had parish newsletters or similar and he felt that he had taken the initiative as far as possible. He suggested that the Parish Councils may be able to help if a specific need arises in the future. Further review of ways of getting information out to every household need further thought.

b) PPG finances – MS raised the issue of a fund for the PPG to pay for things such as Public Liability Insurance for activities it might wish to undertake at the Sutton Festival and other sundry expenses. TC asked if members should contribute anything to start the fund. MS stated that no member should feel that it would be expected of them. MS handed out a proposal for management of funds, to be held in a single bank account and to be managed using double entry book keeping with separate columns (sub accounts) for a general purpose funds, member costs and one for managing fund raising activities to assisting other groups / charities. JW was happy with the general proposal and undertook set up a bank account as soon as MS provided the starting cash. MS asked members to review the proposal and let him know directly if modifications were required.

7. Sutton Festival 2014. MS asked members to think of ideas for this year’s Sutton Festival, so that it could be discussed at the next meeting.

8. Out of hours assistance. Concerns have been expressed elsewhere about overuse of A and E and that it was felt that there was a need for patient education about what out of hours routes existed to get help. EV state that this was not an issue in Sutton Practice, probably because of the patient mix in the catchment area, which is different from most other practices in the CCG area. It was mentioned that the 111 Service tends to refer patients to Hospital or Doctors very readily. JG also reminded the members that a call to the surgery out of hours was automatically routed to the out of hours service providers – Central Notts Clinical Services. LN said that CNCS provide a report of all calls made by the practice’s patients the next working day. It was accepted that no further action is currently required for Hounsfield Practice.

9. SRG Report – JG reported. He reported that he had participated in a recent visit to CCG by a Department of Health Director concerning PRISM and its role in the new Integrated Care Transformation Programme PRISM is now working well in Newark and Sherwood CCG , and bringing the NHS and NCC Social Services closer. Concerns were expressed by a PPG member that there was not yet sufficient public awareness of PRISM. JG mentioned the links between self-care and PRISM are important, as part of the ICTP programme, which hopes to reduce costs (and improve care) through savings made from integrating care. JG commented on the continuing TV coverage of EMAS, and concern that EMAS still don’t share detailed performance statistics.

10. AOB. The Chairman thanked SG for joining the group and for undertaking note taking for the meeting.

The meeting Closed at 8:10pm

The next meeting will be in 3 months time, date to be confirmed