

Minutes Patient Participation Group (PPG)  
Thursday 20 June 2013 at 12.30 p.m.

Attendees:

Staff:

Dr Atul Mehta - AM

Mrs Karen Lavin - KL

Patient Volunteers:

Janet Sorenson - JS

Michael Simpson - MFS

Catherine Fitzgerald - CF

Apologies:

Mrs Jaspreet Daisy Deol - JD

Mrs Helen Struthers - HS

Linda Curtis - LC

Shelley Luthra - SL

Mrs Mavis Shipton - MS

1.	<p>Awareness Days were mentioned and decided that we will arrange an Awareness Day to coincide with the Flu Week, at the beginning of October. Older Person Awareness Week was decided. KL to contact Age UK and enquire if they would like to have a desk to promote their services again.</p> <p>AM suggested that another Awareness Day to be decided at the next PPG meeting.</p>	<p>KL</p> <p>PPG</p>
2.	<p>Group felt that it was not required for the PPG to create their own Newsletter as Minutes are put up on their Noticeboard in the waiting room for all to view.</p> <p>It was discussed to use a flip chart board to show more prominently in the waiting room a daily DNA update and to make all aware of how many DNA's there are each day/week. LF &amp; TD to agree to this first.</p>	<p>LF/TD</p>
	<p>MFS brought up appointment times. AM discussed the complications of having a number of appointments in a 1 hour slots and not individual times.</p>	

3.	Awareness Days - Already discussed.	
4.	<p>'Would it be possible to get an update on the impact of Commissioning at the meeting re; its effect on patients and other stakeholders'. MS asked for this question to be raised at the meeting and AM answered it as follows; Government give the funding to the CCG. Hospitals are commissioned to provide certain services. AM commented that if a patient had recently had cysts removed in hospital the money for this used to come out of the CCG budget. This is no longer able to happen as it is classed as cosmetic surgery and therefore cannot be referred for non-medical reasons.</p> <p>GP Surgeries used to be able to do minor surgery, but where the surgery is done the CQC say they have got to have the same sterile procedures as a hospital - which means GP's can no longer do these procedures.</p>	
5.	<p>'Could we have clarification of the Scrutiny Committee (part of LBH) in relation to GP's in the borough - how does this function / provide feedback / initiate action etc.' MS again asked for this to be raised at the meeting. AM advised that this question is best answered by Dr Davies and to be put onto next Agenda. AM did say that Social Services and Doctors are combining resources.</p>	TD/KL
6.	<p>Group felt that the way our group conducts itself is of benefit to us. What other groups do within their surgeries is on an individual basis.</p> <p>CF commented that it is a 2 way thing, PPG pick up things perhaps that patients need answers to.</p> <p>AM commented that it depends on what comes out of meetings - benefits patients by way of organised Awareness Days for example. AM wants to encourage ideas to help the practice from patients point of view.</p> <p>CF commented that she felt there was a good turnaround in patients in the waiting room. Did comment that it was difficult to get through on appointment phone line first thing in the mornings. AM &amp; KL advised that we do have 2 phones and 2 staff taking these calls and it is just the volume of calls. All dealt with as quickly as possible.</p>	

	<p>Online appointments were discussed along with online access to medical records. AM commented that the practice are looking into this but there are issues that need to be resolved first. Advised that patients will need passwords to do this.</p>	
	<p>CF commented that encouragement should be made to patients to ask for advice rather than just an appointment.</p>	
	<p>CF wanted to raise the following; when a patient is seen in Casualty and given pills for a short time and then requires appointment to see doctor within about 48 hours, cannot get appointment patient will go back to Casualty. AM advised that hospitals always advise doctors of all prescriptions / treatments given to patients via Discharge Reports.</p>	
	<p>MFS commented that he was concerned about follow-up appointments. AM advised that Commissioning Board can influence follow up appointments, as CCG has to limit costs and the Surgery is charged for all follow ups. MFS felt that sometimes follow up appointments were a waste of money as (from personal experience), there was no new information given. AM advised that patients want to see Specialist and that the quality of the consultation cannot be controlled.</p>	
	<p>CF commented re; patients ringing on a Friday rather than just going to Casualty. To pass over to the Nurse. AM advised that there is a Community Matron and also a very experienced District Nurse - Geraldine who try to reduce Casualty admissions by dealing with patients and preventative measures.</p>	
*	<p><b>Suggested next meeting - Wednesday 18 September at 4.30 p.m. - TBC</b></p>	