

Minutes of PPG meeting held on Thursday 13th June 2013 at Woodgrange Medical Practice

Present:

Peter Rekkhaye (Chair)	Knolly Charles	Jennifer Sheikh
Mr H Aziz	Marina Duncombe	
Nasima Patel	Dr Y I Patel	Darshan Kaur

Apologies: Rebecca Hemmingway

- 1. PR (Chair) opened the meeting welcoming all present, especially Mr Knolly Charles our new recruit! It was agreed that Nasima would take the minutes of the meeting in Caroline's absence.**

- 2. Agenda for today's this meeting:**
 - a. Welcome
 - b. Ground Rules
 - c. PPG Business:
 - Opening of the meeting by Chairperson
 - Minutes of previous meeting by Secretary
 - d. Install BP and Height/Weight Machine
 - BP protocols
 - Leaflet Rack
 - Posters in Reception
 - Newsletter
 - e. Survey 2013-14!
 - Communication
 - Patient Email addresses
 - Patient alerts
 - f. Difficult Patients/waiting times etc
 - g. NHS 111
 - h. Any other business

KC – wanted asked why this was not a meeting of discussing individual complaints.

PR – explained that PPG is about group discussion of how the Practice can move forward by the patients for the patients.

MD – asked how we could complain

DK – explained the complaints procedure i.e. Complaints forms to be found in reception on which one can write or call the Manager and speak to her to air their complaints.

YIP – added that this was not a forum for airing any individual complaints, this was to discuss issues relating to the Practice and how we can work together. To direct KC to the National Patient Participation Group website: <http://www.napp.org.uk/>

3. Minutes of last meeting was accepted and discussed. Last meeting was primarily about our 2012//13 Patient survey.

DK – explained that the BP and Weight machine was in process of being implemented in our Triage Room. Protocols were being devised so it is used correctly and efficiently.

JS – suggested that perhaps the Practice can look at volunteers to come and assist with the running of this service to help free up the Reception staff.

YIP – agreed this was a good idea but would need to look at Patient confidentiality and respect patient's wishes – certainly something to think about.

KC – asked if this was our first survey

DK – filled in with the previous year's slightly more complex survey. Next year's PPG Survey was discussed whereby DK said communication was very important with the patients. Contact with patients via email; to collate patient email addresses as well as updating patient telephone numbers and addresses, mobile numbers were constantly changing. Different ways of communication; younger population may prefer emails whilst the older generation may still prefer telephone calls. Emails would be primarily for newsletters/MMR /flu/screening/Practice information etc, no medical issues discussed via emails. There would be a 'no-reply' set up.

MD – asked if it would ever go that way whereby patients can consult via email with their GP?

YIP – said it would be impossible to do that, we would not be able to monitor emails 24/7, we are unable to offer a 'supermarket' service as we have got very limited resources and work overload. We at the ground level are just about coping at the moment with the increasing work load which will further increase this year as a result of hospitals shifting care of patients back to GPs and discharging them early. Other issues can also occur ie. Confidentiality and misinterpretations and so forth. Private practices may be able to offer this service.

HA – liked the text messages reminders for appointments, also, to update patient details opportunistically as they come into the surgery.

JS – added that one can reply to the text message if one wanted to cancel the appointment also – a good system. Also perhaps patients can update their details whilst they are in a consultation with a doctor/nurse.

YIP – said that Newham has one of the highest mortality rate from cardiovascular diseases, therefore screening and public health issues is paramount. Diabetes is also another illness which is increasing in Newham. Practices are to invite over 40 year olds with no chronic diseases for a Vascular Risk

Assessment (VRA) which would pick up any diseases such as diabetes. We have around 700 patients who need this screening at our Practice.

PR – said that perhaps bloods can be taken first at the surgery which may pick up any diseases as was in his case with diabetes.

YIP – said it was a good idea and that we have just implemented this at the practice but is difficult to get patients in!

KC – asked up to how many days we can book for an appointment, however, he was happy with the Triage system whereby he could speak to a doctor.

DK – answered that if one wanted a particular doctor one may have to wait longer as not all doctors' work every day.

YIP – said it was good to hear that Triage system was working but appointments system is one aspect we are constantly battling with. He went on to say that in General Practice and hospitals, feedback from patients was that patients were saying that it was difficult to get appointments with their GP and waiting times were too long. One of the reasons being, an increase in population and patients' expectations within limited resources. This has led to doctors not wanting to become GPs and retention of GPs was difficult with young GPs going abroad. Out of Hours was being manned by private organisations whereas in Newham we have an excellent OOH service where it is provided by Newham GPs for Newham patients.

Now we have Clinical Commissioning Groups (CCG) means more work for less such as well as GPs practices providing services.

MR – yes, such as ourselves. i.e. PPG groups.

PR – Reminisced about how 15 years ago his diabetic care was always in hospitals, now he rarely goes there, his diabetes is controlled and treated by his GP.

YIP – said that GPs are expected to do so much more for less, such as looking after long term conditions, asthma, and diabetes care etc. but there is not enough time or resources. He mentioned that recently on News night from the RCGP president was talking about how there are queues outside surgeries at 8.30 in the morning, with patients complaining about not being able to get through or get an appointment. We need to put pressure on and try to influence our politicians regarding these problems. He also mentioned how he waits at this GP surgery, some patients are not willing to wait even 20 minutes. We have had 4 complaints this week regarding this. Dealing with complaints takes time and energy which could be best spent consulting.

How can the PPG help with this?

YIP – Patients and PPGs can inform politicians about primary care and hospital services.

KC – shared his experience at NUHT whereby they have a whiteboard on which they inform patients waiting times for the consultant. To inform patients when a doctor is running late; a poster developed by PPG for the patients may have a better impact than that from the Practice directly.

It was generally discussed that raising awareness of these problems is all that may take for patients to understand the everyday problems. Also to raise awareness about not bringing up so many issues in one consultation which would take time and could lead to a knock on effect on the waiting patients. To target chronic diseases and raise awareness on better self-care

Also, to invite Wayne Farah/Rouksana Dyer – PPG Leads, and get them on board alongside our PPG, to raise these issues across the borough

YIP – asked if anyone had any experience with the new NHS 111 – a national number replacing NHS Direct. This is new initiative, which is still in its early stages and is undergoing some teething problems and hence receiving some negative press. NHS Direct was run by clinicians whereas 111 is more like a call centre with tick boxes to follow. Sadly people have died as reported in the papers and there has been extra added pressure on the A&E.

4. Any other Business

To think about our PPG Survey for 2013/14

5. Date of next PPG Meeting – Thursday 19th September 2013

YIP – thanked everyone for attending and their valuable input and PR closed the meeting at 8.15pm. Minutes and Newsletter will be sent by Nasima via email.