Drs Broom, Ward, Shelly & Maxwell-Jones

MINUTES - PATIENT PARTICIPATION GROUP
Monday 7 July 2014

Informal pre-meeting 5 – 6 pm

Formal meeting 6-7pm

Attendees: Jack Crawford (Chairman), Arthur Williams, Barbara Williams, Peter Bishop, Sheila Allen, David Brace, Gary Williams, Saxon Maskrey, Dr Katharine Shelly, Antoinette Betteridge, Rachel Taft (minutes)

1. **Apologies -** Muriel Robinson, Lis Hind, Bea Orme

2. **Minutes of the previous meeting (12 May 2014)** – agreed

3. **Matters arising**

    a. Dates of future meetings – on agenda

4. **NAPP Conference – report from our Chairman, Jack Crawford**

    Lab Tests Online – a service Jack has discovered that gives patients lots of useful information on tests they may have. Jack has provided info to Rachel who will order promotional materials and display in the surgery/on the website. The company also offered to facilitate meeting with local lab for PPG.

    Rachel commented on a number of initiatives and items that were discussed at the conference, including:

    a. Dr First appointment system (telephone triage of all patients requesting an appointment) – the practice has already considered whether this would be something to implement and decided not to.

    b. CQC – the practice has not had its inspection yet, and the new-style visits that are anticipated will only aim to inspect 25% of practices in any given area. Southern Derbyshire is not yet one of the areas to be chosen.

    c. Named GP for patients aged 75 and over

    d. Patient with co-morbidities/multiple medication – Rachel confirmed that the practice reviews patients' medication at least annually (if not more, depending on the medication/condition)

    e. Research – Rachel confirmed the practice has been taking part in research studies

5. **Carers Listening Event RDH 11 June 2014 - report from Arthur Williams** In addition to the report (attached electronically), Arthur again highly recommends

joining the Royal Derby Hospital patient forum for informative meetings on many subjects.

6. Practice update

a. An Information Morning was held 30/6/14. This was very successful both for the agencies that attended and the patients. It can be difficult to get a decent footfall given the location (our meeting room) and in future we will try to arrange it at St Oswalds if possible. However, we feel we did have quite a lot of interest and certainly an improvement on last time. We advertised at the other surgery, online and an invite and tempting picture of a Jaffa Cake was the only thing to read on the waiting room screen that morning! It resulted in 5 carers being referred for assistance, so thanks to Debbie Newton our Patient Services Co-ordinator for arranging it.

b. A few titbits of data from the latest information received from our CCG – the practice has the 2nd lowest number of A&E attendances in the Amber Valley. On the other hand, we have the 3rd highest for Trauma and Orthopaedics.

c. All Over 75s have been contacted and notified of their Named GP. Patients were given the opportunity of requesting an alternative which would be considered and accommodated if possible, but requests have been very low.

d. The burglar alarm sounded in the dead of night 3/7/14 – apologies to residents affected by this. Our caretaker and the police attended. It was not a malfunction – an extremely large moth set off the motion detector.

7. Practice action plan – update

a. Rachel is chasing data from St Oswald's re usage of clinics/waiting times etc. Apparently they are having trouble with their data collection system so no new data has been published as promised by Royal Derby Hospital at the Ashbourne over 50s meeting in November 2013. Rachel will publish when/if it is made available.

b. 111 – Rachel has also chased a number of times for a contact for 111, to suggest they put on a meeting in the town to promote the service. Jack has kindly offered to add his voice to requesting information.

c. Text messaging –Unfortunately it has been announced that the way in which NHS organisations send text messages is being changed – although each organisation has to purchase software and licences in order to integrate text messaging function in its clinical software, to date the government has funded the actual text messages via NHSMail. This service is being withdrawn, and as of 1/4/15 each area will need to commission its own version. It remains to be seen whether this will be free to NHS organisations. The practice would send at least 50,000 texts per year (conservative estimate) so unless it is provided free, the cost would be

astronomical. It is hoped we will know what is planned in October so Rachel will let the PPG know.

d. As part of the action and intention to publicise and reduce DNAs, Rachel requested the CCG highlight the issue in the regular GP column in the local paper. The resulting article was published at the end of June.

8. DNAs ('did not attend)

a. Discussed above.

9. Any other business

a. Concern about not enough parking. Unfortunately the parking was restricted by planning process, and cost prohibits control of the car park (either by system or manning).

b. Shingles vacc – practice confirmed that the practice will naturally be continuing the program as per the eligibility requirements as set by the government.

c. Improvement to the waiting screen has been noticed and congratulations to all concerned. *(Note from Rachel* - It has been a long time coming – apologies from the practice – but hopefully it will much easier now to get surgery-specific information on the screen)

d. Procedures requiring Liquid Nitrogen e.g. mole removal. These are referred to the hospital (when there is a clinical need), where they have the necessary equipment. The practice used to undertake this service without reimbursement of supplies or clinician time, but the cost was prohibitive when the time came to replace our equipment. We tried but were unsuccessful at seeking to share equipment with other local services (the logistics of moving dangerous substances having played a part).

e. Reception incident – it was reported that a member of the PPG had been in Reception couple of months ago when a young person had been given one of the Reception phones over the counter & was having what was felt to be an inappropriate conversation which cause discomfort due to the content. The question was posed why this person hadn't been directed to a private area? Antoinette said she would investigate. Investigation found the following:

The practice agrees it is far from ideal to have one of the main phones engaged by a patient making a call. However, this arose as as the person who was making the call had asked to use it to call 999.

Whilst there is a room available upon request so that patients may discuss matters with practice staff in private (rather than over the counter), there is no phone available in the room for private calls, nor will one be made available as the practice feels this is not in its remit. The

practice is not a place for patients to make calls other than in an emergency.

Reception staff remembered this incident well. Given the implied urgency of the call, they did not question it and handed the phone.

The practice has considered whether, if this circumstance happened again (someone at the counter, who may be unknown to reception, requesting to call 999), Reception should find out the details and place the call on their behalf. We have decided that unless that person appears unable or specifically requests it, we will not do so. Information is better given to the emergency services first hand, and relaying information about an emergency could cause delay, misinformation and further distress (although every situation is different).

It is extremely unfortunate that patients were distressed by overhearing the content of the call. However, this was an extremely unusual circumstance - the alternative would have been to refuse or delay someone making a 999 call, it was the patient themselves who was revealing confidential information, and staff had no warning that this would be the case.

10. **Dates of next meetings** – discussed scheduling of meetings. Times and day to remain for now as Monday, informal meeting at 5pm, formal at 6pm. To be set regularly on the first Monday of every other month, as follows:

    a. Monday 1st September 2014

    b. Monday 3rd November 2014

    c. Monday 5th January 2015

    d. Monday 2nd March 2015