

Minutes of the PPG 16/4/2015

Those present: Dr Y C Lees, Margaret Colley, Nigel Haddow, Hazel Hood, Eileen Blagburn, Vera Vaggs and minutes taken by Eileen Davidson.

Matters arising from the last meeting.

1. Transfer of surgery in to Dr Lees' name.

The group asked if the transfer of the surgery in to Dr Lees name been completed. The paperwork has gone and a response is awaited. Dr Lees explained that the process does not account for the exceptional circumstances of Dr Horner's retirement.

2. Recall systems.

The group asked if the recall letters are sent from the Widdrington practice. Recall letters are sent from Felton. The two practices operate different clinical systems and therefore cannot produce work of this nature for each other. Dr Lees explained that patients would continue to receive a letter until their review has taken place. Also sometimes they would receive letters if e.g. their blood pressure was not sufficiently controlled. Sometimes these letters are received by the patients when they have already made appointments but this is simply them crossing in the post due to the time delay involved in the production and postal system used.

3. Open surgery by Practice Manager.

Unfortunately due to a lack of private space it is not possible for these to go ahead. New premises would be needed in order for this to be introduced.

4. CQC Inspection.

No notice has been given for Felton's inspection. We would receive approximately 2 weeks notice of the intended visit. What happens at Widdrington has no bearing on the CQC visit at Felton.

5. New Surgery.

We would love to have a new surgery building at Felton. There are currently no funds available for building.

6. Security of tenure on current premises.

There is currently no security of tenure as the property is not owned by Dr Lees.

The group asks if any future building development in Felton have a clause to assist in the provision of a new surgery as a pre requisite of any planning consent. There are no firm planning applications at the moment only discussions about where any future development might be.

The group will have a meeting to draft a letter to Felton Parish Council asking if consideration can be given to this proposal. It was agreed that any future building development would have a significant impact on the surgery.

7. PPG contact details.

Helen Dempster will put the contact details for the PPG in to the next Bridge, Column and Fram News.

8. Medication errors.

HH reported that she has numerous complaints about errors in medication.

Dr Lees informed the group that we have an error log book which is reviewed monthly. Medication is put up by one member in the dispensary and checked by a second person.

It was emphasised that any errors of this nature must be brought to us at the surgery so we can correct them at the time. It is impossible to deal with a problem of this type through a third party as we are only able to discuss specific errors with the patient concerned.

We have a log on computer to record comments from patients (both grumbles and good things) so we would encourage patients to come to us as their first point of contact.

Today's meeting.

1. Terms of reference. Please see attached terms of reference at the end of the minutes.
2. Action points.
 - A. New Premises
 - B. Improve communications

C. Engagement with patients

Any other business:

1. Later surgeries.

There will be a later surgery on a Tuesday starting on 21.4.15 for appointments for working patients.

2. Staffing.

Clare McManus has been appointed as the new Practice Manager taking up her post next week. There will be a 3 month hand over period after which Paul Stanley will be leaving for pastures new.

Dr Clare Bromly will also be leaving the practice in May and has been invited back to do some locum sessions for the practice.

3. CCG

Prime Minister's Challenge Fund : We (Northumberland) did not receive any funding for the 8 - 8 services. There was a limited amount of funding and we were not lucky as an area.

Vulnerable and Lonely

Deborah Dodds is developing a service which assists isolated members within the community. The service will look at their interests and help them become more social. This might be by arranging for them to attend a local group and taking them along the first time to overcome that hurdle.

The service is accessed by direct referral. This could be by a neighbour, a family member or the person themselves.

They can also help with attendance allowance where applicable.

Making the first step can be difficult so this is an invaluable service.

4. Ordering repeat prescriptions.

In the mornings the telephone lines are very busy and we are asking patients if they could please call after 11a.m. if they are ordering repeat prescriptions.

Repeats prescriptions can also be ordered via the internet after registering at the surgery for this service.

5. Patients attending GP appointments with multiple problems.

The group reported that some patients had commented that they felt rushed when wanting to discuss more than one problem at a GP appointment.

Dr Lees informed the group that within a 10 minute appointment it was only possible to discuss and document one problem.

If a patient has more than one problem we would ask them to book a double appointment by asking the receptionist at the time of booking.

6. Promoting the work of the Practice Nurse.

NH asked if we should be promoting the services the practice nurse offers. E.g. ear syringing.

The practice nurse works one day a week from 12 until 7.20pm. She does chronic disease reviews and NHS Health checks.

The group enquired about well man/woman checks. These are not done but if a patient has any concerns e.g. they haven't had a blood pressure check for a long time, they would be encouraged to make an appointment with a GP to discuss this.

MC asked why we had only one nurse once a week?

Staffing levels are organised according to the workload. The phlebotomy service has been extended following the training of Eileen Davidson.

MC asked if bloods can be taken on demand?

Bloods are not done on demand but if the GP thought it was clinically urgent the bloods would be done immediately by the GP.

Does the surgery have a Health Visitor?

Yes the Health Visitor that covers Felton is based in Alnwick at the Bondgate Practice. They run a baby clinic in Felton and look after children up to the age of 5.

Their contact telephone number is 01665 626719 and it is not necessary to access them via the surgery.

7. Carers Northumberland.

HH reports that this group meets regularly in Felton Village Hall and offers help for all carers. This group is also organising a meeting for carers of disabled/special needs children.

Carers Northumberland meet on the 1st Thursday of every month in Felton Village Hall 1pm – 3pm.

Parent Carer Group meets 2nd Tuesday of the month in Felton U.R.C Church Hall 6.30pm – 8pm starting June 9th.

The next meeting will be Thursday June 3rd 2015 at 2 p.m.

There being no other business the meeting closed at 3.15pm.

Patient Participation Group terms of reference.

Aims:

The aims of the Patient Participation Group are to:

- provide a patient perspective to the practice
- provide a forum to discuss issues relevant to the practice and
- to enable patients to influence local health care services

Our Objectives Are:

- To act as a channel of communication from the practice to its patients and wider population, and vice versa.

- To involve patients in the review, development and planning of services by Felton Surgery.
- To identify services and issues on which the practice should consult with patients; consider any comments resulting from this consultation and support the practice in responding to them.
- To support the practice in drafting practice materials and communications, such as the practice newsletter and website and offer feedback on literature for patients.

Membership:

Members of the Patient Participation Group must be registered patients of Felton Surgery. The practice will, as far as is possible given the voluntary nature of the group, ensure that its membership reflects the practice population.

The group:

- Will meet up to 3 times a year. Additional ad hoc meetings and working groups may also meet when required;
- Will only discuss issues and information that is normally in the public domain and will not discuss any issue that may be regarded as confidential;
- members will always use discretion, tact and diplomacy when discussing Felton surgery and PPG meetings in public, and generally promote the practice;

- may aid planning and could be consulted on service development and provision;
- will give patients a voice in the organisation of their care within the practice;
- liaise with other Patient Participation Groups in the area where appropriate;
- will 'self-review' the effectiveness of the Patient Participation Group annually;
- will have a meeting agenda, minutes will be taken with actions and where appropriate, who is responsible for each action; minutes will be published on the practice website.
- will confirm accuracy of minutes of previous meetings and make amendments where necessary, which will then be formally endorsed by the Chair
- will be invited in advance to submit items for the agenda – normally notice will be given one month prior to the meeting, and no later than two weeks before the meeting;
- will work based on consensus. If an issue requires a vote, this will be based on one member one vote. In the event of a 'tied' vote, the casting vote of the Chair will be binding

Ground Rules

Members will:

- not use the meetings as a forum for individual complaints and single issues. Members who are approached by patients with complaints should encourage the patient to contact the practice directly in order to have their concerns addressed.
- have open honest communications and a courteous exchanges between individuals;
- be flexible, ask for help and support each other;
- demonstrate a commitment to delivering results as a group;
- understand that silence indicates agreement – speak up but always go through the Chair;
- listen to all views expressed at the meetings;
- ensure that there are no phone or other disruptions;
- start and finish meetings on time. Where the agenda is ‘full’, items will be allocated times, the Chair may use their discretion to defer items to future meetings if necessary;
- stick to the agenda;
- understand that items raised without notice at a meeting may need to be deferred to allow time for an response to be prepared;
- Understand that membership of the group does not confer any priority claims on the practice or any right to preferential treatment. Nor does it alter the existing NHS processes for handling individual complaints, a copy of which is available from the Practice Manager.

