

Introductions and Attendees

New member introduced : Jayne Gould (JG).

Dr M Huda (MH), Beccy Smith (BS), Sue Gittings (SG) (Chair), Kate Crossley (KC), Geoff Stokes (GS), Sue Stokes (SS), Pat Tams (PT), Brian Murray (BM), Jayne Gould (JG), Pam Rogers (PR), Tracy Rogers (TR), Tegwen Deakin (TD), Carol Holborn (CH).

Apologies

Dr Clark/Sarah Astley/Betty Williams, Gerry & Margaret Barton.

Review of Last Meeting

Apologies received from Dr Huda for no distribution of notes from previous meeting held on 05.05.16. He verbally summarised the main items discussed, which focused on issues relating to the Primary Care Home project pointing out that this was now known as Aspire Integrated Rugeley (AIR). Dr P Staite from Sandy Lane Surgery as Chair and Beccy Smith from Aelfgar Surgery as Vice Chair. A communication and engagement exercise launch will be around the Autumn time (possible Oct) to provide all patients/providers with the new models of care for our locality. Discussion around the possibility of replicating the Cannock Model by practices working in collaboration to provide appointments briefly discussed. Audit and data shows that this model has actually reduced A&E/MIU attendance, Ambulance call outs.

Items from Practice

– Practice Website

Practice Website – BS/SG had been looking at current system to ascertain if this worked for patients – is it cohesive ? does it provide necessary information ? All in attendance thought it a standard website and easy to navigate around. BS advised that current provider (My Surgery Website) was only until Jan 2017 and PPG Members to look at the following two as way of a comparison, (they are hosted by other reputable providers) : www.whxc.org.uk and www.sandylanesurgery.or.uk

Providers for these two are Websites 4GPs and Egton. BS/SG welcome feedback at your earliest opportunity. The possibility of having staff photos and patient.co.uk patient information was discussed.

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Items from Patients

The new appointments system proposed by GB which started on 13.06.16 had shown a significant impact on improving access to afternoon appointments. Its effectiveness was demonstrated by a series of patient contact graphs/audit work that has been produced by the practice for dates prior to the new system and continued thereafter. No one in attendance has had use of it to date.

MH pointed out that as we have a significant reduction in Registrars coming through

the training scheme to complete their final year; the practice will lose approx 90 appointments per week (as we were not allocated a GP Registrar August 2016). The practice after discussion, agreed to trial the new system as soon as possible prior to the current Registrar leaving in August. No formal complaints had been received, reduction in people failing to attend and ensuring that the patient is seen by the right person at the right time; hence the summary document attached. The practice are extremely committed to providing the best quality of care it can and by ensuring the clinicians triage this will then provide the patients will the confidence that they are being dealt with efficiently, effectively and confidently.

Revisit the focus of the group and assistance to practice

SG proposed that future PPG meetings should be targetted to last 1 hour and did not always require attendance of the practice staff.

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SG suggested that the group meet outside of this setting to look at various workstreams ie website, EPS and to revisit the focus of the group. She stated that it wasn't a forum for complaints but it needs to be positive and helpful to all. All need to identify how we maintain and improve on healthcare for our population – how do we communication with those groups of people that aren't represented at the meeting – young people, elderly people, people with various health conditions : all agreed to meet outside of this forum to discuss and move forward. SG has literature that she is happy to share with others around how PPGs work – what is the focus etc. All agreed to meet and share email contacts with each other.

EPS

EPS (Electronic Prescription Service) feedback was very positive and FP10 manual green prescriptions continue to be available for urgent cases. SG had had beneficial meeting with the Practice Pharmacist and, various local pharmacists within the town to try and alleviate problems which patients are currently facing. On a positive note it was discussed that on occasion prescriptions have been sent to distant pharmacies e.g when patients have forgotten to take medications on holiday, which then saves the patient having to register as a Temporary Resident at a local surgery (thus saving an appointment).

Actions raised from EPS mtg with SG/LA/Pharmacies :

EPS2 prescriptions do not immediately arrive into a Pharmacy. They have to be downloaded from the spine. For this reason there is often a delay in the item being dispensed. Therefore **please do not say to the patient that the prescription will be ready for them when they get to the Pharmacy**. Perhaps you could say that the prescription is being sent electronically to the Pharmacy and they will need to ask them to download it. They may have to wait while it is dispensed if the Pharmacy has other prescriptions in front of them.

* In most cases it would be better for the patient if **acute items can be issued on green FP10 prescriptions**. This means that they will not be delayed in starting their course of treatment in case their nominated pharmacy is a distance away or closed.

Over-Ordering of Medication

The CCG has recently audited some local Pharmacies and this has helped to reduce the number of items that have historically been over ordered by them ticking everything on the list. Key areas where we can help to educate the patient include :

* **Only order what items are needed.**

* Please ensure that the patient knows that the **prescriber will not be offended** if an item is not ordered and it **will not be taken off repeat** if they miss ordering for a month or two - **we would rather them not waste or stockpile it.**

* **Ask them to let us know if they no longer need an item** so that we can remove it from the repeat list. This prevents it from being issued by mistake.

* **Once an item has been taken from a Pharmacy it cannot be reused** so can they please check their items before they leave the premises as it can then be marked as not dispensed and the NHS will not be charged for it.

Any Other Business

MH discussed the recent IPSOS Mori Survey that the practice has no control over – unfortunately despite all our efforts the practice does not appear (from the scores) to have improved our service to our population. JG questioned how many people have completed this survey as it would have a dramatic effect on the figures and is meaningless unless we have this information – BS will look into further and advise.

BS

An excellent summary document “See the right person at the right time” as a way of reducing appointment waiting was distributed (attached for info); which enhances the new pathway for the new appointment system.

Date and Time of Next Meeting

22.09.16 – 7pm at the practice with practice representation in attendance – apols received from Dr Huda & Jayne Gould.

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