

**Patient Participation Group**  
**Minutes 1<sup>st</sup> December 2016**

<b>Attendees</b>	<b>Apologies</b>

	<b>Action + Date</b>	<b>Initial</b>
<p><b><u>Previous Minutes</u></b></p> <p>The minutes were agreed from the previous meeting.</p>		
<p><b><u>Nurse Practitioners</u></b></p> <p>The role of our two Practice Nurses was discussed and TM was asked if he could pass on this info at the Mosque to attenders. The traditional view that patients have to see a doctor is no longer the case as nurses are highly trained and are able to deal with many ailments and can prescribe medication.</p> <p>The list of problems which can be dealt with by our nurses are set out below:</p> <p>Urine infections            Female intimate complaints            General health issues            Ear infections            Sore throat            Sticky / sore eyes            Cough / chest infections            Contraception (including emergency)            Hayfever</p> <p>Children under the age of 5 will always be seen by a GP.</p>	<p>TM to speak at Mosque re: nurse roles.</p>	<p>TM</p>
<p><b><u>CQC Report</u></b></p> <p>Dr M explained for the benefit of anyone who was absent from the last meeting that we have received our Report following the CQC inspection and that we have raised two objections, one of which has been upheld, but the second has been overruled and we are lodging a formal complaint. The particular problem is that the report initially stated that we do not have a strategy in place to deal with patients with poor diabetic control. We</p>		

<p>objected to this and explained that our nurse had spent a great deal of time with the inspector on the day of the inspection expounding our strategy. The CQC then amended their final report to state “since the inspection”, the practice have put a strategy in place. This is still incorrect. Our strategy was submitted in a practice plan on 31<sup>st</sup> May 2016, several weeks before the CQC inspection which we have subsequently provided the CQC with. A complaint is being drafted.</p> <p>By law we have to publish our CQC report and it has now been added to our website along with our response and a copy is available in reception.</p>		MCJ
<p><b><u>General</u></b></p> <p><b>Patients who do not attend their appointments.</b>  We continue to monitor our non-attendance register. A pattern is emerging that Mondays and Thursdays are the worst days – this is to be investigated further. Also to look at age/sex/language of DNA’s to see if we can affect the outcome.</p> <p>We have amended our automatic text message to read:  “You DID NOT attend your appointment today. We have to warn you that if you miss 3 consecutive appointments you will be removed from the list. If you can't attend please cancel, 2556843. Sharrow Ln MC”. This is now our first warning.</p> <p>Our practice policy is that if a patient misses 3 consecutive appointments they are removed from our list. It was however agreed that a patient who regularly DNA’s should be removed from the list, even though they may not be consecutive missed appointments.</p> <p>PS mentioned that not all text messages reminding patients about their appointments have been sent. PS is to investigate.</p> <p>TM explained that it is a cultural problem that patients DNA appointments. There is a lack of understanding/respect about the appointment system and this leads to a careless attitude where patients do not cancel unnecessary appointments.</p> <p>Dr M explained that if we do not have appointments left at surgery we can offer a certain amount of appointments via a service providing out of hours sessions based at various surgeries around the city as part of the Prime Minister’s Challenge fund, which is extra government funding for GP appointments. These appointments are 15 minutes, rather than the usual 10 minutes with your regular GP. GP’s from different practices around the city are on a rota to provide this service daily.</p>	<p>(This has now been resolved.)</p>	<p>JM</p> <p>PS</p> <p>TM</p>

<p>The service has been extended for a further 17 weeks to cover the winter period which can be difficult especially for the elderly. The service is provided to avoid patients being admitted to hospital.</p> <p><b>Newsletter</b> A newsletter has now been printed and is available on reception. JC asked if we could avoid using medical terms as many people will not understand them and asked us to keep the language very simple. JM explained that a form is available at reception to complete if anyone has ideas for the next edition (they will be printed quarterly).</p> <p><b>Local Patient Information</b> A folder has been put together with information on how to self-manage common complaints (eg common cold, back ache, sore throat). It also has information about local activities. Patients can request copies of anything in the folder at reception.</p>		JM
<p><b><u>Miscellaneous</u></b></p> <ol style="list-style-type: none"> <li>1) JC informed us that she had recently attended the joint patient participation group meeting at The Circle (notes attached). Next meeting is 16<sup>th</sup> March.</li> <li>2) It was suggested that we could run messages on the TV screen in reception. PS to investigate.</li> <li>3) JW explained about the library which we could make use of at Fulwood for patient resources.</li> <li>4) Dr M confirmed that he will always do a death certificate for an expected death. He liaises with the patient's family and will come into surgery at a weekend to deal with if necessary in order that the body can be released quickly for burial.</li> </ol> <p><b>5) Neighbourhood Working</b> PS confirmed that we have our first neighbourhood team meeting on 14<sup>th</sup> December between 5 local practices, aimed at providing a unified service to patients in our locality. Other groups are involved including local forum groups, mental health services and Age UK. To report back at next meeting.</p>		PS
<p><b>Patient Participation Group</b> It was suggested that the usual format for patient participation group meetings is that the meeting should be chaired and run by the patients. At the next meeting a chair will be agreed.</p>		

<p>It was agreed that we need more participants in the group and need representatives from the younger age range.</p> <p>It was also agreed that it would be useful if we could arrange for a couple of members to speak with patients in reception about items which are discussed at the meetings in order to inform/educate and build relationships between surgery/patients.</p>		
<p><b><u>Date of Next Meeting</u></b></p> <p><b>Thursday 2<sup>nd</sup> February at 2:00pm</b></p> <p>A reminder and agenda will be sent out 10 days prior to the meeting. Please let Jane know if you would like anything adding to the agenda.</p>	<p>To send Reminders 23 Jan</p>	<p>JM</p>