

PATIENT PARTICIPATION GROUP Minutes

Thursday, 12 November 2015 @ 11:00

Venue: Orchard Street Health Centre

Attendees: Collette Fisher, Practice Manager

Plus 4 Patient Participation Group Members

Apologies: Hazel Sanders, Admin

No.	Item	Added by	Details	Action
1	Welcome		Thank you for coming and for your continued support.	
2	Ipswich & East Suffolk Care Commissioning Group		10-minute presentation on Care Commissioning Group & General Practice in Ipswich – Louise Hardwicke, CCG	The General feeling from the group was that the public have little idea of the cost of healthcare and it would be useful to have some form of education on the use of NHS services and the costs involved. Possibly something that the CCG could consider for 2016?
3	Matters Arising		Childhood Immunisations – introduced the new imms into the schedule – meningitis B @ 2, 4, 12 & 13 Months Named GP for all patients – all allocated within the timeframe (30/6/15) Blood test service at Riverside Clinic:	Group agreed that this a very good addition to childhood immunisation programme Positive step that we had managed to meet the deadline but the group felt that having a named GP is raising the populations expectation and leading them to believe that they will always see their own GP! Two of the group had been to

			<p>Mon > Friday 0745 > 1730 – booked appointments available weekday afternoons – seems to be going quite well patients willing to go to Riverside more so than going to the Hospital.</p>	<p>Riverside and found the service to be excellent but parking is often an issue</p>
4	Staff Changes		<p>New young apprentice – Mary Burbeck – 30 hours per week, asset to the team working through her NVQ in Health & Social Care</p> <p>F2 – Dr Sarah Grover with us until 1 December. Dr Fauzia Begum (F2) starts on Wednesday, 2 December and is with us until 5 April.</p> <p>Registrars - Dr Paru Subramanian is with us until January 2016 and Dr Mohammed Jalal is with us until February 2016. We will have a new Registrar starting in February who will be with us until August 2016</p>	<p>Group agreed that it is great to be kept in touch with staff changes and good for the practice to have young doctors coming and going</p>
5	Complaints		<p>Complaint regarding death of father who was housebound and under care of community care practitioners, had not seen a GP for some time; although kept updated regularly and discussed at every multidisciplinary team on a monthly basis – Lesson learnt we realise that it is often helpful for patients and families to have some contact with their GP despite being cared for in the community We run a 6 monthly search on housebound patients to endeavour to ensure that they are seen by a GP at least annually.</p> <p>Mother requested specialist medication for child which was prescribed and issued by the hospital but not recently – reception put the request on</p>	<p>General consensus from the group is that overall lessons have been learnt from these complaints which is always a positive and service improvements can be made to ensure these mistakes are not repeated</p>

		<p>duty doctor list. Duty doctor phoned back but the patient's mother became very cross when questioned and put the phone down. There was some toing and throwing between the surgery and the hospital and eventually the prescription was given. Mother complained to NHS England – the practice explained it's position – the family decided to leave our list.</p> <p>Patient felt that he was ignored by staff when he was waiting at the waiting room window for a prescription. Lesson learnt – always acknowledge and if not actually on duty do not sit at the window.</p> <p>Patient angry at not being referred directly for an MRI – CCG rule is that patients must go via physio who will refer if necessary – Lesson learnt – GP's need to explain the process in greater detail – patient expectation.</p> <p>Mother came into surgery with a sick child, it was a close down education afternoon, no doctors or nurses on site – the receptionist explained that the patient would need to call 111, as they were providing cover and reception was only open for administration reasons. Patient left, but complained regarding lack of care and compassion later that week. Lesson learnt – in this type of instance we should take control and call 111 for the patient keep them comfortable until help arrives – new protocol drawn up for reception to refer too.</p>	
--	--	--	--

6	GP Plus		<p>New 'Pilot' service set up until April 2016; with funds directly from the Prime Minister's challenge fund: extended primary care – weekday evenings 18:30>21:00 weekends and Bank Holidays 09:00 > 21:00.</p> <p>Manned by local GP's – (patients must give consent for access to their records)</p> <p>Appointments can be booked via: GP surgery; A&E; 111</p> <p>Currently utilised at 74% weekdays and 24% weekends.</p>	<p>The group had no first-hand knowledge of the service but liked the sound of it.</p> <p>Some members felt that the 111 service should be better advertised as a number of their friends and neighbours still go straight to A&E or call an ambulance.</p>
7	Friends & Family		<p>Friends & Family test – difficult to encourage patients to complete the forms – roughly getting around 16 per month</p>	<p>The group feel that every patient should be handed a form on booking in at the desk – as they do at dental surgeries. CF to implement with reception staff</p>
8	Flus		<p>Seasonal & childhood flu – to date vaccinated 700 patients for flu (ordered 1050 flu vacs. So a few more to do)</p>	<p>The members are surprised at the number of their friends and family who decline the flu vaccination.</p>
9	MacMillan Cakes		<p>Staff baked and we raise £86.41</p>	
10	AOB			

Next Meeting: Thursday, 21 April 2016 @ 11:00