**NEWTON DRIVE HEALTH CENTRE**

**Patient Participation Group**

**Minutes of meeting held on**

**Tuesday 12th January 2016 – 18.00 – Library, Newton Drive Health Centre**

**Present:** Mr Terry Bennett (TB), Miss Vicky Greenwood (VG) Mrs Linda Endicott (LE)

Mrs Donna Jackson (DJ)

**In Attendance:** Chris Casey (CC) Practice Manager, Miss Caroline Butler (CB) APM

**Apologies:** Mrs Karen Harris (KH)

Mr Mike Martin (MM)

1. **Actions / Feedback from Previous Meeting**

Actions from the previous meeting had been added to the agenda for this evening. We did not report back on the patient call in screen (“bing-bong”). The practice has now resolved this issue, please let us know if it presents any problems in the future.

1. **New Actions**

The how do I page has been updated to include a contents table at the top of the page. This links directly to the relevant section in the hope that it makes the page easier to navigate. We have also added the google translate function to the website which will help us give information out to foreign nationals where English is not their primary language. The practice will now work on publicising this information and produce a paper version, along with the planned development of a patient information booklet.

CC gave out the details of the practice’s current vaccination rates as below. The group agreed that the uptake is reasonably good but will feedback to the PPG network group to see how our figures compare to other Blackpool practices.

|  |  |  |
| --- | --- | --- |
| Risk Group | NDHC Current Rate | National Figures 14/15 |
| Over 65s | 63% | 73% |
| Under 65’s at risk | 35% | Approx 40% |
| 2-4 year old | 57% | 52% |

|  |  |  |
| --- | --- | --- |
| QOF Chronic Disease (given or declined) | NDHC Current Rate | NDHC Figures this time last year 14/15 |
| CHD | 82% | 91% |
| Diabetes | 82% | 85% |
| COPD | 81% | 97% |
| STIA | 89% | 90% |

**Given by other HCPs -29**

**Given by pharmacy - 175**

**Given by NDHC – 1413**

The practice recently received an online Friends and Family Test from a deaf patient who explained that it can be difficult for her to arrange appointments at the practice. We currently only offer GP appointments online. We feel that this is an area that we need to improve, access and contact with disabled or hard to reach patients. We have touched upon it with translation services as above – both online and in consultations. (the practice does have access to those). We have a hearing aid loop within the building, but our remote access with disabled groups is limited. We would like to implement a system which would help these patients. **Action: LE volunteered to speak to deaf patients who are on the Carer’s Trust committee to ask, from their own first-hand experience, which systems help them to communicate with services. We will also add as an agenda item for the next meeting.**

1. **Any Other Business**

VG asked about the process for recall letter for chronic disease reviews, as this had recently affected her mother who had been put onto weekly medication. CC explained the process and why we do this. The system has already been identified as having two problems. The first is that patients cannot be excluded from the system if they have already had contact with the practice and been told they do not need to be seen or opted out. Secondly the ‘tone’ of the letters and the explanation of the consequence do not escalate appropriately. The practice has already revised these letters and will bring them to discuss at the next meeting. **Action: practice to revise immediately and report back at the next meeting**

VG reported a funny smell in the reception foyer. **Action: CC to investigate with a plumber to determine if it is possible to prevent this smell.**

CC asked for any agenda items for the next meeting. VG suggested that we could recap the work that has been done by the PPG over the last 6-12 months.

**4 Standing Agenda Items**

**Staff**

Suzanne has joined the reception team and is due to start as part time from January 2016.

**Prescription Message**

The practice will use this space to advertise the named GP element of the GP contract. This should clearly state the effects this has on patients, as per the letter explanation we sent out to over 75s and carers last year. We could also use this space to ask patients to update their phone numbers.

**Patient Suggestions**

7 F&FT forms submitted this month – the group felt the comments were very good and that the negative one was not significant enough to require any further action at this stage as we have had previous discussion about appointment availability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Extremely Likely | Likely | Neither likely or unlikely | Unlikely | Very unlikely | Don’t know |
| 5 |  | 2 |  |  |  |
| 71% |  | 29% |  |  |  |

Comments

* “my experience has been most positive Dr Murray presented as extremely approachable making me feel at ease”
* “Very friendly helpful, always satisfied with results”
* “Seen on time by a very pleasant nurse”
* “Best doctors surgery by none, friendly, efficient, helpful and caring”
* “Very satisfied never disappointed very happy”
* “a letter was sent by my consultant to ask for a referral to ENT (sent 23 Oct). When I asked today if it had been sent I was told I would need a telephone appointment to discuss. Why did no one contact me about it – it was only me chasing it that meant I got the telephone appointment”.

Difficult to assess individual cases without details to investigate what happened in this circumstance. As with previous negative comments we will monitor to ascertain any common themes that occur regularly. VG pointed out that the original suggestion slips the practice had, before the F&FT cards, asked patients to leave their contact details if they were happy to be contacted about their comment or suggestion. Asked if it was possible to include this on the F&FT. **Action: the practice will add this section to the F&FT.**

**The next meeting was arranged for TUESDAY 23rd February – 18.00 at Newton Drive Health Centre**