

Earlston & Seabank Medical Centre

Patient Participation Group

18th February 2014

Present: Dr Mantgani, Dr Makin, Su Stephens, Chris Gibson, Lin Clarke, Marie Moorhouse, JW, JW, NT, LHR, MD, AG, SE, BP, GR, WF, GL, AA.

Apologies:

Election of New Chair Person

J.W. nominated AG; the group were all in agreement. AG accepted the position on the condition that the chair would rotate every 12 months. Everyone present agreed.

Previous Minutes

These were accepted as a true copy of the meeting.

Patient Council Update

M.D had not attended many meetings, however, the meetings he had attended the reoccurring discussion was that although funding was secured for 2014 to 2015 there were proposed cuts for the future. Dr M explained that there will be challenges ahead. Due to the Government national initiative, services would need to be transformed and there could be a shift to move services to General Practice and away from hospitals, therefore patients could possibly be managed within the community. The national initiative aim is to have GP surgeries open seven days a week with a GP and supporting staff available. It has been suggested that surgeries could work together to maintain that one practice within the area could be open to provide the service to patients.

Practice and Services Update

At present the practice provides two physiotherapists, podiatrist, a counsellor and CBT counsellor, Pain clinic and Minor surgery. We are now providing more minor surgeries reducing the number of patients that would have been referred for hospital care which has a significant effect upon cost.

The practice was sorry to lose Dr Colthrust but we have Dr Makin, Dr Griffiths and Dr Ojeda providing continuity of care. The practice has been through a difficult patch but now it is

much improved we are now more streamlined with administration staff taking on more roles releasing GP time. We are using resources more appropriately but it is still a work in progress.

Patient Survey

Given the time frame was short and the prime objective was to make it available to as many patients as possible within the time span, as well as giving the survey to patients attending the surgery it was also emailed to all patients with email addresses. It was suggested that there should be a box in the waiting room to put the survey in rather than handing it to a receptionist if they preferred to be anonymous. The results of the survey will be shared.

Any Other Business

(1) Q. Could it be possible to advertise “Mental Health Services” so people know what is available? Maybe the Newsletter could more actively signpost people.

A. This would be referred back to the management team and discussed at the next PPG meeting.

(2) Q. As an individual practice could we not provide holistic care as this can reduce the cost of prescribing?

A. The physiotherapists offer acupuncture, however at present it is not realistic to offer holistic care within the practice but we can signpost patients to services offered in the community.

(3) Q. Where does the practice stand on the NHS data base sharing?

A. The practice does have concerns as the data can be used for many reasons and there is a potential for misuse. It is very complicated but unfortunately we cannot take a stand as that would be in breach of our contract, otherwise as a practice we would opt out.

(4) Q. What is available for End of life counselling for the family left behind?

A. There is CRUSE and the MacMillan nurses; however, the team will research what is available and report back at the next meeting.

Meeting ended 19.50, next meeting 18th June 2014