MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP HELD ON THURSDAY 3rd MAY 2018, AT 13:45

**Present:** DS (chair and secretary), MC, SP, GH, SI, LH

**Apologies:** SW, RB, JB, YE

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| **Item** | **Description** | **Action** |
| 1.1 | DS welcomed everyone for attending. He apologised for having to move the initial meeting date, but stated that it was unavoidable. |  |
| 2  2.1 | **Minutes and Matters Arising**  The PPG agreed that the previous minutes were accurate. |  |
| 3  3.1  3.2 | **Friends and Family Test**  DS briefed that the system for reporting FFT responses to NHS England had been withdrawn and this has led many to suspect the initiative has stopped. He suggested that until formal notification was received the responses would continue to be collected and discussed at the PPG meeting.  **FFT Responses from patients (incl. kiosk responses)**  The five responses were discussed. Two were reported at “unlikely” and these were discussed in more detail, although no further action can be taken as both are individual incidents with no contact details. |  |
| 4  4.1  4.2 | **Update on On-Going Work Strands**  **Patient Newsletter**  Agreed that the following which had been discussed at this meeting should be included in the summer letter:   * Details of number of GPs working at the surgery. * Details of the number of appointments available. * A short explanation of the new telephone system. * Details of the new community anchor coach. * A day in the life of…. An ongoing summary of various roles within the practice, what they do and how they make a difference.   **Entries in Wakefield Express**  Nothing to publish. | **DS to draft.** |
| 5  5.1 | **New Work Strands / Patient Driven Initiatives**  DS briefed that he had had a positive response from the couple that wanted to become members, with Mrs McG stating that she would be happy to be a virtual member. This prompted some discussion about the recent decline in attendees and whether virtual members could be invited if sufficient apologies were received prior to the meeting. | **DS to invite virtual members** |
| 6  6.1  6.2  6.3 | **Patient Suggestions and Comments**  The meeting discussed the ongoing access issue. Figures given at this meeting show that there are more than the recommended number of GPs available and that more than the recommended number of appointments are routinely provided. Therefore the issue is how to manage patient demand. DS stated that he has worked with the telephone provider and has come up with an improved process. This was demonstrated and viewed as a very positive step by the meeting.  SP briefed that she had heard a report on the radio where patients with multiple medications are being prescribed new medications that may have an adverse effect on current ones. DS acknowledged that this is a concern generally, but briefed on a safety nets used to minimise the risk. Firstly the surgery uses software that prompts the prescriber that the new medication may interact with certain medications and advises a check. Secondly clinicians are reminded of interactions at Primary Health Care Team meetings and finally the pharmacists in the dispensing chemists are also warned to look out for these. This was generally viewed as good risk management.  DS briefed on a patient suggestion that ear suction equipment could be provided in the surgery to stop patients having to go to the hospital to have this done. DS said he would brief this to the partners to see if this was financially viable. He also suggested that this could be discussed at the Federation level. | **DS to implement and monitor.**  **DS to remind GPs at the next PHCT meeting.**  **DS to feedback** |
| 7  7.1  7.1.1  7.1.2  7.1.3  7.1.4  7.2  7.3 | **News from the Practice / Network / CCG / DH**  DS briefed on the partners’ recent strategic planning “away day” when the 3 – 5 year plan is formulated. He briefed on the following:  Number of GPs. The widely accepted formula for calculating the number of GPs required is 0.58 GPs per 1000 patients. This would mean that to service the patient list of 14,100 patients Lupset Surgery would require 8.18 GPs. We currently have 8.26. Like many practices we have also recruited 2 Advanced Nurse Practitioners (ANP) to see some patients with minor clinical issues that would have traditionally been seen by a GP. This has helped significantly. When these are added to the equation the total rises to 10.26. Even when the ‘non patient facing’ clinical leadership/governance responsibilities are taken into consideration (ie 2 of our GPs work part time in the CCG) the figure is still 9.89, some 21% above the recommended figure.  Number of Appointments. Again the widely accepted way to calculate the required number of appointments for a week is 72 appointments per 1000 patients. Therefore our 14,100 patients should require 1,015 appointments each week. DS briefed that, due to a particularly bad flu season, the first 4 months of this year has seen the highest demand for appointments in recent years. Despite this of the first 16 weeks of the year the average number of appointments each week was 1141, some 12% more than is recommended. He did point out that, due to short notice staff illnesses, this number was not provided on 2 occasions, although even then only 10 appointments fewer than the recommended amount per day were provided.  Patients who do not attend appointments (DNA) numbers are creeping back up, particularly amongst those contacted by the practice as a result of diagnostic tests. DS briefed that the partners had agreed to write to these patients expressing concern that they were not engaging for important clinical discussions, but warning them that by not doing so they risk breaking the GP / patient relationship and action may be required against routine offenders.  DS briefed on the new system to manage acute demand on the day. The duty GP and the ANP will work together as a team to triage and prioritise requests which are deemed urgent for that day by the patient. It is hoped that this will deal with the same day demand in a more efficient way.  DS briefed that 21 – 25 May is dementia awareness week and asked if the PPG members wanted to do anything special to promote this. After discussion it was agreed that the practice should raise awareness through posters and any other material that may be freely available.  **Waterton Road Hub**  A member asked DS about the hub and he gave an update stating that a number of patients had been referred. |  |
| 8  8.1 | **Staff updates**  DS briefed on the recruitment, stating that 3 apprentices had been recruited and 2 were already undergoing training. The p/t receptionist had given backword and so this post is currently not filled. However as there are sufficient apprentices this will be reviewed later in the year. |  |
| 9  9.1 | **Charity Update**  As there were not many members attending it was agreed to defer the decision until the next meeting. GH asked if the money could be used to provide equipment (for example the ear suction equipment suggested by a patient). DS said that as the money was advertised as going to a charity then there may be issues. | **DS to look into this.** |
| 10 | **Pharmacy Updates** |  |
| 11 | **News from Patient Network Group**  No new points to brief. |  |
| 12  12.1 | **AOB**  GH suggested that if the FFT has stopped it may be worthwhile do some more targeted patient surveys. DS said that there was the national survey which was still being conducted, but if the PPG wished to do some more local ones this would be appreciated. | **PPG members to decide** |
| 13  13.1 | **Date and Time of next Meeting**  The next meeting will be on Tuesday 5th June 2018 at 1.45. Doors open from 1.30 for refreshments. |  |