PATIENT PARTICIPATION GROUP

Held Tuesday 30th June 2015

Millennium Village Health Centre, Meeting Room

Present :

Practice Staff : Johanna Randall

 Kate Rees

See attached scanned list for patients attending

Apologies : Dr. Mohamed Bocus

Maureen and John Gill

 Noreen Salmon

Louis Kleinman, as Chair of the Group, welcomed people to the Meeting and proposed the outline Agenda (attached).

Meeting Notes from previous meeting were not discussed.

Those present introduced themselves. Apologies were noted. (Others had expressed interest in attending the Meeting but were not present).

Jo gave an overview of the Practice with particular attention to the current staffing. She informed those present that Dr Myra Shah had left in June for personal reasons and Dr Sovrila Soobroyen had left Practice with no notice on Tuesday 23rd June; this obviously had left the Practice in an extremely difficult and vulnerable position.

Concern was expressed about patient continuity of care. Jo reassured those present that although we were and had previously worked with Locums we tried at all times to maintain continuity of care with patients being informed that they were seeing, if applicable, a Locum. Discussion took place about the retainment of GPs and whether the Practice were doing all that they could. Jo believed that they were and explained the model she was working towards in terms of being self-sufficient in terms of all staff and overlapping of roles bringing continuity for both patients and staff.

Jo confirmed that Dr Shah had been replaced with Dr Patel who would commence employment with the Practice on the 1st September 2015 and she would be seeking to recruit one further GP – male or female.

In addition Sarah Maddison, who had previously worked at the Practice, had returned on a part-time basis as an Advanced Nurse Practitioner who is able to prescribe and diagnose. She also works at the CCG part-time which in time would benefit the Practice.

A new full-time experienced Practice Nurse has started at the Practice and in a short time she will run much more specialist clinics and be able to offer Yellow fever vaccinations, rabies etc along with other services.

We have retained one full time health care assistant (HCA) and a member of the Reception staff who had expressed an interest had undertaken a phlebotomy course in order to cover the blood clinics in the absence of the HCA.

Reception as a result of the loss of the GP at such short notice had been open to abuse from patients but as a Team remained stable with people only being increased to meet the demands of the Practice; no-one had left.

Until September we will be organising Locums to cover the loss of GPs. Locums cost the Practice (at a negotiated rate) £675 per day but could be anything up to £1000 per day.

Those present found the resume of current staffing useful and it was suggested that patients as a whole should be informed of current staffing levels and perhaps how best to access them for their particular problems believing that there was ignorance around the workings of the Practice.

DW said that she could perhaps put together a flow-chart which would inform patients of the best use of the staff. She would create this in liaison with the Practice. She would bring this to a further meeting for discussion and distribution.

Jo explained the guidelines concerning number of patients per clinician. They are 2000/clinician and could be raised in the near future to 2500/clinician.

Concern was expressed about the difficulty in obtaining appointments. (Patients understanding the workings of the Practice might help with this). Our DNA rate has not decreased over time and Jo explained the DNA policy that the Practice now has adopted with a ‘three strike rule’ and patients being removed from the Practice List. We do undertake text messaging reminders but this had not decreased the rate.

A member of the Group had received a text following an appointment at the Practice concerning her feedback. Given her bad experience on that day she had not responded. It was explained that this was a requirement of Greenwich CCG and NHS England known as the Friends and Family Test. To date Jo reported that we had, despite our problems, received very positive feedback.

It was suggested that there should be a facility for giving feedback in the Practice. It was explained that we already have a comments and suggestions box situated in Reception.

It was suggested that in addition to advertising the DNA rate in the Practice we should perhaps give the current rate of people on final warnings and removal from the Practice; this might encourage patients to attend or at least inform the Practice of their wish to cancel appointments.

Jo explained the additional workload the Practice undertook in terms of contractural requirements, CCG work, Syndicate Work and the various reporting requirements for NHS England etc.

The telephone system was discussed in the Practice and explanation given that we are Tenants currently in an Oxleas Building and unfortunately do not have any influence on the workings of the telephone system. Once Oxleas staff leave the Health Centre hopefully the telephone system and lines can be investigated to the advantage of the Practice.

AIMS and ASPIRATIONS OF PPG

Louis led on this item on the Agenda.

Discussion took place about informing patients about Meetings. It was agreed that an initial Meeting Notice should be sent out at least one month prior to the Meeting with perhaps a reminder a week/few days before the meeting. Rosie Sotillo agreed to undertake this procedure for the Group.

Given that the members were not in receipt of the Terms of Reference it was agreed that they should hold an interim meeting (date to be decided by the Group) to discuss these along with the aims and aspirations of the Group, goals and possible re-election of Chair and Secretary. The TOR would be circulated. The results of the Interim Meeting would then be fed back to the Practice at the next quarterly meeting which would be held in September/early October.

Jo circulated details of an initiative being run by NHS Greenwich CCG who wish to identify how PPGs are run in the borough and identify ways to support Practices to develop and extend their relationship with PPGs (details attached).

It was agreed that individuals from the Group should attend and the diary date was noted.

DW thanked the staff present for their support and time at the meeting. No further matters were raised and the Meeting was closed.

Attachments to the Minutes :

* Attendee Sheet for the Meeting
* List of interested members for the Group
* Terms of Reference for the Group
* Invitation to take part in Patient Participation research