

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION  
GROUP HELD ON WEDNESDAY 5<sup>TH</sup> JUNE 2013 AT 13:45

**Present:**

15 members in attendance along with a fellow patient and a member of the Public Patient Engagement (PPE) Team of the Commissioning Support Unit (CSU) and a Mental Health Worker

**Apologies:**

3 apologies were noted

<b>Item</b>	<b>Description</b>	<b>Action</b>
1.1	Welcome and thanks from the Chair.	
1.2	The Chair introduced a practice patient involved in the organisation Wakefield Keep Our N.H.S. Public (KONP). He gave a speech on his opposition to Clinical Commissioning Groups, and associated agencies and programmes established under the Health and Social Care Act, particularly what he sees as the “privatisation of the NHS”. The patient’s partner was also in attendance, after permission was given by the group.	
1.3	Due to the pressing nature of the agenda for the meeting, the patient’s speech was curtailed after twenty minutes. The patient, the Chair and the PPE member then left the room. At the Chair’s suggestion, a discussion and vote was then held on whether the PPG’s Terms of Reference should be amended to permit the discussion of broader political issues and whether the PPG should be used as a political voice or concentrate on its original terms and be for the good and benefit of the practice patients. It was agreed unanimously by the PPG that the Terms of Reference should not be so amended.	
1.4	The Mental Health Worker then gave a small presentation on a Mental Health Peer Support initiative from Leeds Mind. This provides workshops, courses and support groups for patients with MH issues from people who have experienced similar issues. Patients can self refer to the scheme via the speaker.	

<p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p><b>Minutes</b></p> <p>It was agreed that the minutes of the last meeting were a true and accurate reflection of what took place.</p> <p>The telephone number for Single Point of Contact is on the practice's web site. The call in board is still suffering from some problems. These are in the process of being rectified.</p> <p>In the last meeting, the members of the PPG were asked to consider whether they fully understood the practice of informed consent. As there was a general feeling that more information was required, the Chair will give a presentation at the next meeting on this issue.</p>	<p><b>Action – Chair to produce presentation at the next meeting.</b></p>
<p>3</p>	<p><b>Matters Arising</b></p> <p>None</p>	
<p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p>	<p><b>Update on Work Strands</b></p> <p><u>Health Inequalities Scheme</u> The implementation of the Health Inequalities Scheme has been delayed. This is due to there being no confirmation as yet of the financial resources assigned to it. When these resources are confirmed, the surgery can begin to implement its plan.</p> <p><u>Telephones</u> Discussed later.</p> <p><u>DNAs</u> The Chair has composed a consent form for patients to sign (preferably when they first join the practice), to signify that they are willing for SMS messages to be sent to their mobile telephones alerting them to any appointment they may have booked with the surgery. The possibility of patients being able to reply to these messages was raised again.</p> <p><u>Expert Patient Programme</u> The PPG agreed to invite a guest speaker in to discuss this more fully, as certain members were interested in pursuing this.</p>	

5	<p><b>New Work Strands</b></p> <p>None</p>	
6	<p><b>Patient Suggestions</b></p> <p>6.1 The Registry Office asked that thanks be passed to a GP for the excellent way in which she completed a Death Certificate.</p> <p>6.2 A card was received thanking all members of staff for their help and support.</p> <p>6.3 Letter received thanking the practice for the timely treatment of patient's mother.</p> <p>6.4 Long review posted on the N.H.S. Choices web site. Very positive with one qualified minor complaint regarding the length of time a patient can be waiting on the telephone.</p> <p>6.5 Comment received informing us that the 0844 telephone number is not included in most people's telephone packages.</p> <p>6.6 Card received thanking members of staff for their care.</p> <p>6.7 A patient's prescription was not ready to collect at the appropriate time on two occasions. The Chair to contact patient and explain the problems around staff shortages at the moment.</p> <p>6.8 Article from The Daily Mail re. premium telephone lines for G.P. surgeries.</p>	
7	<p><b>News from the Practice</b></p> <p>7.1 There is now an Early Prescription Request Protocol. The need for this has emerged due to the number of people who are routinely asking for their prescriptions ahead of the forty-eight hour processing time. It is especially relevant at the moment due to the large number of staff who are on sick leave. It was suggested that more use should be made by patients of the pharmacy for ordering repeat prescriptions.</p> <p>7.2 Over the next couple of months, 3 members of staff will be on sick leave. We will therefore be</p>	

	significantly under strength during the holiday period. Thanks were given to the retired Ops Manager for assisting during this time.	
8	<b>AOB</b>	
8.1	The PPG agreed to donate some money from the book sale proceeds to a patient who is climbing Kilimanjaro for charity.	The Chair to donate on behalf of the practice and notify the patient.
8.2	A member reported that the N.H.S. 111 service is not performing very well. When he attempted to use it, the number was constantly engaged for 55 minutes.	
8.3	Another raised the issue of internal signposting between specialist doctors. The retired Ops Manager explained that another doctor would have to be seen anyway in order for a formal referral to be made, as the doctors have specific clinics for their specialisations.	
8.4	Both volunteers reported on the PRG Area Network meeting. Wakefield Hospice is running courses on breast cancer. Outwood Park Medical Centre are operating an S.M.S. that has led to a 25% reduction in the number of D.N.A.s. They also operate a policy to the effect that a patient who fails to attend an appointment outside of normal surgery hours, will not be permitted another. The possibility of a practice news letter was also raised. The possibility of having a patient representative at Locality Network Groups was also raised.	
8.5	It was asked if we could have the report from the Area Network earlier in the meeting. Less emphasis on outside speakers, more on how the practice procures services.	<b>Action – Area Network Meeting reports to be a standing agenda item earlier in the meeting.</b>
8.6	A brief discussion was had on the merits of publishing the minutes of PPG meetings on the practice web site.	<b>Action – Minutes of meetings to be anonymised and published.</b>
8.7	The Chair informed the PPG that Ofcom now requires a message to be played on the telephone system stating where the money made from the call goes. As briefed at the last meeting, the practice is now looking at possible replacements	

	for the current system.	
9	<b>Date and Time of Next Meeting</b> Tuesday 3 <sup>rd</sup> September, 2012 at 13:45	