Minutes of the Patient Participation Meeting

Held on 30.3.2016 at Sparkbrook

Present;
Mandy Dance  [chair]
Andrea Bean [minute taker]
Susan Wharton [hostess]
Patients;
Philip Dance
Kelvin Smith
Calvin Smith
Steven Flatley
Henry White
Maureen McBride

Apologies from; Maureen Warburton

The meeting opened by Mandy offering the apologies of Dr George who had been unavoidably detained.

1. Patient Promises. Andrea explained the meaning and said this would contain such things as; Over 75’s each having a care plan; emergency referrals for example for cancer, will be seen by the hospital within two weeks; admission avoidance, which involves looking after our seriously ill patients and treating them at home to try to prevent them from being admitted to hospital.

This led to a lively discussion regarding the appointments and whether the emergency system was working or not. Mr Smith [snr] suggested producing a list of our chronically sick patients so that the reception staff would know whether these patients needing seeing immediately if they asked for a same
day appointment. Mandy said that this was a good idea and was perfectly possible as there is a feature on the computer allowing us to find these people. It is known as the RAG rating.

Andrea told the meeting that all over 75’s and under 2’s are given same day appointments. Mr Smith went on to say that they were told the nurse would do a triage each day, he said that the emergency appointments should be for her to allocate and not be given by reception staff. Mandy replied this was a great idea and was being trialled.

Mr Smith then said all this information should be put onto the new notice board and Mandy said this would definitely be done.

Andrea told the meeting about the Winter Pressures and the fact that although patients had been offered appointments at other surgeries they were reluctant to go there. Mr Smith [jnr] said people like to go and see their own GP which is understandable and we need to educate the patients that if they are really emergencies they should go where they can be seen as soon as possible.

2. Andrea said the website was now up and running and each person present was given the web address and told that the minutes from all the meetings will be published on it. Mandy asked the meeting if they minded their names being shown and all said they were more than happy about this. Booking appointments and requesting repeat prescriptions will be available now online, in keeping with up to date guidelines.

3. Shingles and Pneumonia injections are now available for patients within the categories. Mandy explained the cost of the jabs was high and maybe that was why they were offered to certain age groups only. Pneumonia anyone over 65 and the shingles vaccine for aged 70 or 78/79.

4. Childhood immunisations and MMR, uptake problems. Mandy explained that many families now are refusing the MMR as they think it has links to autism which is not correct. There are now outbreaks of measles which is very dangerous and can even cause death. Mr Smith [snr] asked if a film could be shown on the TV in the waiting room explaining this. Another idea put forward was to list the countries where vaccination was obligatory and the low incidence level and compare it to the UK. This could be demonstrated
using a bar chart and taken over a period of years to demonstrate the fall in illness due to the vaccination schedules.

5. Audits. Mandy explained the audit process and asked the group for their ideas of what they felt would be helpful to the practice to improve the services offered to the patients. Mr Smith said the MMR vaccinations would make a good audit and this will be implemented, taking the stats now and after our campaign being put into place.

6. AOB. Mr Flatley said that back in November he saw a GP and that the GP said she would refer him for an MRI. He said he was still waiting and he was most upset. Andrea stated that yesterday the secretary and she had been investigating this and that they were currently working on finding out where the process had gone wrong as no referral had been implemented. This was now corrected but Mandy said she would log this as a significant event and find the root cause of the problem. Mr Flatley was grateful. Andrea said that the new system allows for urgent referrals to be issued and appointments given by the GP at the time of the appointment in surgery.

Mr Smith [jnr] asked about admin letters and how the system worked. Andrea explained that the letters for non clinical issues cost £15 and that they can often be dealt with by the secretary or herself.

There being no other business the meeting closed at 2pm.