

Minutes of Patient Participation Group Meeting

7 February 2017

Present

Practice Manager	Jan McCulloch
Office Manager	Aileen Money
Admin Assistant	Angeline Salani
PPG Members	Alex F, John H, Ed A, Willie C, Susan G, Roy L

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Thanks were made to Alex again for providing home baking for the meeting.

1. Minutes of Previous Meeting

The minutes of the previous meeting were adopted as read.

2. Previous Meeting Actions

The Group were informed that all previous actions had been completed.

- We continue to share the work of the Health and Social Care Partnership in the local communities via our social media networks.
- Unity Enterprise will deliver a workshop to the reception team at a staff meeting on 22 February to assist on identifying carers.
- Jan will contact Janey Anderson, South Ayrshire Council Sports Development Officer, to arrange some up-to-date promotional information to display in the surgery.

Action

- Jan to contact South Ayrshire Council for promotional material
- Our new Community Link Worker, Rebecca Watson provided statistics on the referrals she has received. 27 referrals were made between 29th July and 18th November 2016. 22 people engaged with her and 10 of those are receiving ongoing support. She has referred others on to outside services such as:
 - ❖ Befriending Services
 - ❖ Mindfulness
 - ❖ Bereavement Support
 - ❖ Opportunities in Retirement

❖ Airways Choir for people with COPD

Although still early days the work of the Community Link Worker was found valuable in supporting patients to live well in the local community.

3. PPG – Increase in Numbers

A huge increase in numbers was realised following the previous meeting and we discussed the possible reasons for this and how best to manage such a large group. It was suggested that the delivery method may have had an impact; instead of sending out individual attachments, a link to the Practice website was sent. It was felt as we now have more e-mail addresses, the reach was greater. We wanted to know the reasons why patients wanted to join the group, what the new recruits hoped to gain from joining and how they intended participating, so Aileen and Angeline carried out a brief poll of those who had shown an interest this time round. Whilst some had an interest in becoming an active PPG member, some had only wanted to put specific suggestions forward and a few had signed up in error.

We discussed how best to manage the numbers, and also how to encourage patients to put forward comments and suggestions without joining the Group if they did not want.

The following points were agreed -

Action

- Email the entire PPG, defining the original Aims of the Group
- Ask members if they had any particular skills which could be used
- Set up focus groups for specific topics
- Encourage a wide range of age groups
- Share the Practice email address email@medicayr.com which can be used for feedback on the Website, Newsletters etc

4. Patient Suggestions

As mentioned in the item above, we had received a few suggestions recently prompted by the increase in PPG numbers. These were discussed with the group.

- Busy Telephones – the Practice is now a step closer to having the telephone system integrated with our computer system and so we are

now in a position to upgrade the telephone system. The new system should be installed by the end of March and will allow call queuing and call monitoring, which will hopefully ease congestion at peak points.

Patients often phone to check if prescriptions are ready and this ties up the phone lines unnecessarily. The prescription team contact patients if there is a problem with a prescription so there is no need to check. We need to ensure patients trust this system. The Group felt this may be because patients ordering over the web want to be sure we have received it, and they asked if a confirmation could be sent once the prescription was processed.

Action

- Advertise the prescription line process, encouraging patients not to block telephone lines checking prescriptions are ready, as we will contact them if there is a problem
 - Check for IT solution to alert patients who order via email that a prescription has been processed.
- Reaching Older Patients – it has been suggested that older people may not be getting information on Practice changes because they do not attend the surgery very often.

Action

- Ask patients to let us know if they, or someone they know, would like a copy of our quarterly Newsletters sent to them
- Accessibility of Waiting Room Notice Boards – it was suggested that the notice boards in the waiting room are difficult to read due to the seating arrangements. This has been acknowledge and the seating was rearranged to try to allow better access, however, due to the fixed nature of the seating, it was not possible to rearrange it in a way that was safe.

Action

- There are Practice information books in the Waiting Room, we will update these to include Notice Board information and ensure the books are prominently displayed
- Make the notices bigger and bolder to be easily readable from a distance

- Higher Seating – a suggestion was made that higher seating could be provided for people with mobility or back problems. “Elephant feet” were purchased and attached to the two freestanding chairs with arms and feedback from the patients who have used them has been very positive.
- Identifying Patients Discharged from Hospital – it was suggested that these patient records be flagged for the Receptionist’s attention, so that we could identify those requiring additional support, or needing more intensive care. Having discussed this within the Practice team we felt this would be impractical to do for everyone discharged from hospital, and there was no easy way to do this. We had however thought of flagging those patients who required more intensive care planning and it was suggested we could do this for a trial period.

Action

- Flag the notes of patients in this category, and await feedback from the team
- Length of Routine Appointments – a patient suggested we let patients know that they can ask for a longer appointment if required eg if they wish to discuss more than one problem. Although this information is included in the Appointments Leaflet, we will circulate it through the usual channels. It was noted the routine length of a GP appointment is 10 minutes and this is the average across Scotland.

Action

- Circulate information via newsletters, social media and Waiting Room Notice Boards informing patients they can make a longer appointment for multiple/ complex issues.

5. House of Care

The House of Care model is a pilot scheme the Practice is undertaking which aims to enhance the quality of life patients living with long term conditions have. The Pilot focuses on those living with COPD or Diabetes and is intended to help patients prioritise their health concerns by focussing on what is most important to them and setting realistic goals for them to try to improve their quality of health.

A copy of the diabetic questionnaire was available for the group to review. Feedback was very positive from this Group, and formal feedback was being collected from those who had been part of the pilot.

6. Partnership Changes

It was announced at the last meeting that Dr McGee would be reducing the number of sessions he works from 9 to 4 come 1 April 2017.

Dr Li-Anna Tan will join the Practice Partnership on 1st April 2017 working 6 sessions per week, replacing Dr McGee's lost sessions.

It was announced that Dr Hulme will be leaving the Practice in June to move to Australia with his family. The Practice will advertise for a replacement in the coming months and the Group would be kept updated.

A member of the Group asked if we would ever consider employing a Clinical Pharmacist. The Practice appreciates the value of multi-disciplinary teams and whilst this is not on the cards for now it may be something to consider for the future. At the moment we do have a Prescribing Support Pharmacist whose work involves medication reviews, and specific projects to ensure maximum efficacy of treatment.

7. Scottish Patient Safety Programme in Primary Care

As part of the Scottish Patient Safety Programme the Practice uses various methods to ensure safety standards are met and clinical governance is optimised.

The results of the recent Safety Climate Survey undertaken by the team were shared with the group. The survey asks questions about the working conditions, communication, workload, leadership and such within the Practice. The Practice always scores above average when this survey is carried out and this year, scored higher than the previous survey two years ago which is very complimentary.

8. Healthy Working Lives

The Practice has recently achieved the Healthy Working Lives Silver Award. The working group promoted a number of healthy living approaches with physical activity challenges, Soup Club (making soup for the team and sharing recipes), stress awareness and relaxation approaches amongst other things. The award will be presented on 22 February. We are the only medical Practice in Scotland to have achieved the Silver Award.

9. Any Other Business

- First Point Of Contact – Eyecare Ayrshire is a new initiative being undertaken in Ayrshire & Arran encouraging patients to contact their optometrist first ie before contacting the Practice for any eye complaints. Most of the optometrists in the town are taking part, and same day appointments are made available for urgent care.

Patients are also encouraged to use other “first point of contact” services for example dentists for mouth problems and the local pharmacists offer a Minor Ailments Service advising and treating a range of illnesses such as colds, burns, thrush, worms and skin problems.

The Practice has been awarded a First Point of Contact Physiotherapy service for the next 2 years. Patients can self-refer to this in-house physio for any musculoskeletal type problems eg sciatica, back pain.

Action

- Update the Appointments Patient Information Leaflet to let patients know of these services
- Chronic Disease Reviews – after the last meeting the group were asked to find out from friends/ family why they might not attend for annual reviews asthma checks etc. The Group felt that some people may not see the need for an annual review appointment as they are attending the doctor or hospital regularly anyway. It was suggested that the invitation letter highlight the benefits of attending for review.

Action

- Update the annual review invitation to include the benefits of attending for review of your specific long term condition

10.Date of Next Meeting

The team were happy to continue meeting every 4 months. Proposed dates for future meetings therefore were - 6 June 2017, 3 October 2017 and 6 February 2018.