Low Moor Medical Practice

Meeting of the Practice Patient Participation Group
Thursday 6th October 2016

1. Members present: David Robinson (Chair), Audrey Robinson, Eric Neill, Jean Wainman, Christopher Wainman, Norman Settle, Bernard White, Maureen Rowland (practice), David Gibson (Practice),

2. Apologies: Derek Butterfield

3. New members: No new members present

4. Previous meeting - The minutes were read and agreed.

5. Access Action Plan. The action plan was modified at the request of the CCG. An Executive Summary has now been written and inserted and some of the initiatives have been redistributed amongst the team. The revised action plan has now been approved by the CCG.

Discussions with the Telecomm engineers who service the practice have revealed that the installation of a queuing card would provide minimal benefits to the practice. The practice has 6 incoming lines dedicated to reception and at 8 am, when the phone system is under pressure, there are 3 calls being answered and 3 lines still ringing. The callers on these lines are being informed that they will be one of the next 3 calls to be answered. The remaining callers are receiving the engaged tone. The installation of the queuing card will result in callers 4, 5 and 6 being informed what is their position in the queue. The remaining callers will still receive the engaged tone. This was debated amongst the group and the feeling was that this small gain was not worth the investment of nearly £1000.

The privacy curtain has now been fitted in minor surgery and this room can now be used as a consulting room. The resus trolley is kept in minor surgery and the clinical team need to access this immediately when it is needed. The curtain means that examinations can be carried out in this room and the patient's privacy respected, even when staff enter the room to remove the resus trolley.

Physio first sessions are now filled 50% of the time with self referrals from patients.

The pharmacists are now undertaking 10 medication reviews on 3 sessions per week. Comment was made from PPG members that the pharmacist appeared more knowledgeable that the GPs on medications and had a good telephone manner.

The strategy of training up admin staff in clinical work was debated amongst the group. D.G. emphasised that the key to this was that the training was focussed on being able to operate equipment such as blood pressure monitors and carrying out phlebotomy. The actual interpretation of the results and the giving of advice would remain with the GPs and Nurses. As a result of this initiative, waiting times have been reduced for patients requiring specific measuring appointments and nursing time has been freed up to focus on areas of need.

DG and BW visited Appleton Academy during June. The person they were due to see was not there and the available personnel had not been properly briefed so the visit did not go as expected. BW to follow up with the Head's secretary. If no improved response from them then other academic institutions to be approached.

Mention was made of the latest results from the GP access survey. The results from this are not as good as they were last year. Less surveys were sent out and less returned. The surveys are sent out

anonymously by NHS England to randomly selected patients some of whom may not have had any recent experience of the practice. DG commented that given the small numbers returned, if 6 patients were less favourable in their comments than the patients last year then this could have a disproportionate impact on the results. It is for this reason that the practice has targeted the friends and family return as all these patients will have had recent experience and it is possible to gain feedback from a much larger group of patients. During the year to date the practice is comfortably above the average figure of 50 per month feedback forms collected. The % of patients who would recommend the practice is nearly 95%.

6. Medical Students – A third year medical student will join the practice on a 5 week placement on the 31st October to gain a perspective on what it is like to work at a GP practice. Patients will have the option to ask to be seen by a GP without the student being in attendance.

7.Variation in approach towards diabetic patients – DG outlined the current way that diabetic patients are monitored which is centred around a half hour nurse appointment once or twice a year dependent on how well the patient's condition is controlled. There are a cohort of patients who do not attend the practice appointments and a further cohort whose test results indicate that they are not following the advice given to them. Some patients openly inform the nurses that they are not prepared to make the lifestyle changes necessary to reduce the impact of the condition. DG proposed that patients in these groups would still be monitored on a regular basis by a health care assistant taking measurements and blood samples. Once the results were available then these would be sent out to patients and patients then offered the facility of a further discussion with the nurse if they wished. The diabetic register continues to increase and this is viewed as a way forward to make best use of practice resources and encourage patients to take responsibility for their condition. Some concern from the PPG over the use of the term "diabetes not controlled". This term relates to diabetes control which covers blood sugar measurement, Cholesterol and Blood pressure. A patient is deemed to have their diabetes controlled when all three measurements are under certain thresholds. This can be achieved by life style changes, possibly in combination with certain medication.

8. Flu clinics – 430 patients attended the first flu clinic. Practice Health Champions were in attendance and were able to complete over 250 friends and family forms.

9. Next meeting – 12/01/17 at 10.30