

# King's Family Practice Patient Participation Group (PPG)

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**Date of Meeting:** 19 January 2016

**Time of Meeting:** 13:00

**Location of Meeting:** Magpie Hall Road, Chatham

	Name	Position
<b>Present</b>	Paul Stephens	Patient (Chair)
	Susan Stephens	Patient
	Lakhwinder Anota	Practice Manager
	Tracey Maple	Office Manager (Minutes)

	Name	Position
<b>Absent</b>		

<b>ACTION</b>	<b>DUE</b>	<b>WHO</b>
PPG Newsletter and A4 Notice for reception	Monthly	PS
Patient Survey	1 February 2016	LA
<b>Did Not Attend notices (DNA)</b> - <b>How many over a 3 month period?</b> - <b>How many patients removed over the same period?</b>	27 April 2016	TM
<b>Update PPG details on the surgery website</b>	No date set	LA
<b>Publish Practice boundary image on the surgery website</b>	No date set	LA
<b>PPG recruiting letter to be put in with patient letters / prescriptions</b>	April 2016	LA

### 1. Meeting

- Opened at 13:06

### 2. Minutes

- Reviewed and amended (see amendment attached)

### 3. Action Log

- Patient access to medical records (Not discussed)
- Did Not Attend (DNA) notices and removals (Pending action)
- Delay in receiving hospital letters (Discussed)
- Practice Boundary (Discussed)

### 4. Surgery update

- Processing of prescription times have been increased from 48 hours to 72 hours.
- Recently recruited a nurse for triage purposes. She will sign post patients to local Minor Ailments Schemes, provide 'self-help' advice and book GP appointments as appropriate. At present she is still in her induction phase.
- The GP partners have no plans to recruit a GP for now due to demographics and shortage of GP's.
- **PS – Is there a national average number of patients per GP**

- LA – National average is approximately 2600 patients per full time GP. This is the maximum to ensure safe levels of care. The CCG are currently reviewing the workforce in Primary Care with a view to doing a complete overhaul.
- **PS – What position is the surgery at in relation to this?**
- LA – We are still oversubscribed and patient demand is high. Patients are not always able to access GP appointments which is why we feel the new Nurse will improve the situation by ‘sifting out’ minor ailments from more serious conditions.

#### 4. Surgery Update (cont.)

- **SS – Will the Receptionist still be asking patients questions before booking them an appointment? Concerned regarding possible increase in abuse received by Reception staff.**
- LA – Yes they will be asking questions, as this is what the GP partners have requested they do. We are aware that this may increase the amount of abuse received, but we will be monitoring the situation from both the surgery and patient’s point of view.
- **SS – Some patient don’t want to share personal information if they are at work.**
- **PS – If a patient has a long-term condition they may require an assessment by the GP rather than a nurse?**
- LA – Nurses are qualified to treat patients with long-standing medical conditions e.g. Diabetes, COPD, etc. without GP involvement. The nurses also manage these patients through annual reviews. Not all patients are aware of additional services and their locations. In using the nurse for sign posting and triage, we are attempting to help educate the patients about self-care.

#### 5. Practice Survey

- Questionnaire reviewed by PS and SS.
- LA – top half was copied from previous survey and second half is PPG input.
- Questionnaire approved and LA stated it will need some ‘fine tuning’.
- **PS – Is the surgery going to use ‘Survey Monkey’ to analyse results?**
- LA – Unsure whether surgery purchased full license. Survey Monkey will not cater for patients who are not online. Data will need to be entered manually. Previous data input was done from an Excel spread sheet. Link will be put onto surgery website instead of Survey Monkey
- PS – If we utilise Survey Monkey, the data is not protected by UK laws.
- LA – Confirmed survey will be ready to give to patients from 1 February 2016 and will end on 29 February 2016. Results will be ready by end of March 2016.

#### 6. Medway CCG

- PS – Plans to invite CCG to promote membership of PPG is not appropriate due to low numbers. The CCG do run PPG meetings and suggest to PPG’s how they can contribute to their surgery and recruit new representatives. PS read out some of the actions. Full list to be sent to LA.
- One suggested action was to put PPG representative details on website.
- LA – Disagreed. This causes complications in relation to data protection and confidentiality. If we hold personal details on a public site, we are open to spamming and patients may feel they can complain to PPG about the surgery – also possibly also giving personal details. Additionally, if information is hacked and leaked then there are serious consequences.
- **PS – If details are written in the PPG meeting minutes and published would this serve as consent?**
- LA – Consent needs to be signed by the patient.
- PS – CCG are becoming more interested in Primary Care and are inviting patients to a meeting. Notice given to LA to display in the surgery.

#### 7. Any Other Business

##### PPG Newsletter

- LA – Format is fine. Will refine and clarify purpose of PPG.
- PS – Re-format font perhaps? Suggested this should be a monthly issue. Recruiting into the PPG this year is an important goal.

- LA – Previous notice put on Jayex screen and newsletter regarding PPG member. This only brought in 3 responses. None of these patients have since attended PPG meetings.
- LA – Suggestion of a combined PPG and surgery newsletter each 6 months.
- PS – PPG newsletter should be monthly to increase awareness of the PPG. Will do a monthly newsletter alongside other activity.

#### New PPG representatives

- PS - Medway CCG is no longer providing focus groups for patients with long term / multiple conditions. Patients who fall into this category should be represented on the PPG body.
- LA – Focus should be on targeting these patients. Not sure how to go about this. In comparison with Wales, Scotland and Northern Ireland the focus for Primary Care in England has changed each year. GP practices we are unable to forecast and manage treatment plans effectively, because they change each year. An example given was that of the requirement to review patients with Dementia. This has now changed to reviewing all patients with mental health conditions.
- **PS – Could PPG contact details be added as a footnote to letters?**
- SS – Patient letters are marked Private and Confidential, which prevents anyone from ‘advertising’ on them.
- PS – Only 97% of the population is aware of the PPG’s existence.
- **LA – Perhaps an A4 poster / leaflet could be put up in the reception area?**
- SS – Reception counter is very high so any leaflets / notices will need to be in a stand (upright position).
- PS – Leaflet needs to clarify purpose of PPG as a body working to improve the surgery by mutual objectives and clarify that it is not a route for complaints.
- **PS – Suggested the PPG note may be included with patient letters?**
- LA – To liaise with GP partners to get confirmation.

#### New Procedures / Medical Advancement

- PS – There are currently long waiting times for patients who require an Endoscopy. Recently, a programme was aired on television, which showed a minor procedure being done in the GP surgery. The procedure involved the patient swallowing a ‘sponge’ attached to a piece of string. When the sponge is pulled out, it gathers cells and is then sent off for analysis. If the results show anything untoward, the patient is referred for an urgent Endoscopy.
- LA – There is a body for Bowel Screening but we are not aware of this procedure being available in Medway.
- PS – What would happen if a patient documented their symptoms and sent it to a GP for advice? How would this be managed?
- LA – Letter would be scanned and work flowed to a GP for review. The patient will be asked to make an appointment. It is unlikely that they will be offered an appointment.
- PS – In secondary care, patients are given appointments for follow ups. Some letters only arrive after the appointment time.
- LA – That is down to secondary care procedures. If patients miss their appointments then the surgery will re-refer them.

#### GP Crisis

- PS – Asked whether the surgery was aware of a future GP crisis? An aging GP population will affect the local area, as GP’s retire and are not replaced. A surgery in Whitstable is providing secondary care procedures in a primary care environment. They are part of a Federation of surgeries. Are there future plans for this to happen in Medway?
- LA – There are no good Federations in Medway. Federated working would mean 1 GP doing all the home visits for the surgeries who are part of the Federation. There is a shared IT infrastructure and information is only shared within the Federation. Locally, the federations are all talk and no action. To become part of a federation, there is an

initial upfront investment cost, which we do not feel is a particularly good use of funds. There is no access to NHS funding when you are part of a Federation. On a smaller scale, local care team meetings are held regularly by the CCG. These are more beneficial, as information and resources are shared to improve the care of long term conditions.

The meeting ended at 14:18.

Next meeting will be held on 27 April 2016 at 13:00.