

**Patient Participation Meeting Minutes**  
**17 Oct 13**

**Present:**

Dr Jacqueline Bayer (JB)  
Sangeeta Kathuria (SK)

Patient representation:

Mary Blewitt (MB)  
Sahra Osman (SO)  
Berge Kanikianian (BK)  
Julian Galpin (JG)  
Karin Pierce (KP)

**MINUTES**

The meeting started with SK the manager briefly summarizing the happenings of the previous year, what the PPG and the surgery tried to achieve and what in fact, they did achieve for the practice over the last year:-

**Passing on of information** – SK explained how we have been able to increase our email database of our patients and at present have approximately 500 patient emails on the system. We have used the website, facebook, and the email system in order to inform patients of all the current changes in the NHS.

In addition, Dr Bayer's blog has been a hit with the patients and has been incredibly information about NHS, clinical, patient and other relevant changes as they continue to happen. We have had many hits on her blog and many patients have found her relaying of current affairs in the health world a great source of interest.

The link to the blog should anyone wish to access it is  
<http://102theavenue.wordpress.com/>

**Clinical Systems** – SK discussed how we were proposing to change our clinical systems to make it more up to date and user friendly for our patients. The approval from the Clinical Commissioning group for the IT system changeover has just been signed off and SK explained how we will be changing from our current clinical system, to another one called SYSTMONE. This is going to be in line with our health network and other practices in that we will all be on a uniform system. The project is set to initiate in April 2014.

**Patient education** – SK explained how we held a basic life support training session and invited patients to join us. However only two patients were able to come to the actual training session. We did not have a very good response and we are not sure if this was due to the cost, which was minimal, or the timings of an afternoon. In any case, we hope to hold more education sessions in various areas in the surgery as well as in the nursing homes (COPD talks) and will be updating patients on this.

JB then went on to briefly explain how NHS England are now in charge of GP practices since April 2013 and that they are still trying to get their act together in deciding who is responsible for what. There are new things that we are learning all the time and we as a practice are trying our hardest to keep up with these changes.

JB also explained how each Borough now is run by a CCG (clinical commissioning group) where there is a board of members and Dr Mohini Parmar is the head of this board.

There was a brief talk of how social services and medical services are not being more interlinked than before.

Also JB explained how smaller health networks are being set up as a result of the CCG, where local practices are grouped together to form their network. These networks will now need to work together to offer commissioned services for patients e.g. anticoagulation services and out of hours service, and studies in special disease groups e.g. Alzheimer's.

JB also went on to explain the issues with small practices and how threatened they are. There is hardly any patient time left for GPs due to the increasing demands on work loads etc. On top of that, CQC inspections are becoming a costly exercise to keep up with.

### **What do we want to achieve this year?**

SK then went on to allow JB discuss our objectives and goals for the coming year i.e. what we would like to target as a practice and a group to tackle any current issues. The three areas that we have chosen are listed and analyzed below.

#### **1<sup>st</sup> area to look at: PREMISES AND MERGER**

JB talked of how would patients react to the ideas of merging with another practice or growing by joining other practices etc?

Questions being asked were whether it was viable to join up as a merger, could we link up with another practice, what about the skills mix?

We would like to have this area on the patient survey this year and ask patients what their thoughts are on merging with another practice, looking at the pros and cons and seeing how this would allow us to move forward as a surgery.

Some of the plus points are the choice that patients would be able to go to the other surgery if we were closed or did not have enough appointments (e.g. on a Thursday afternoon when we close half a day). There would be more choice with regard to which GPs or clinicians to see and patients would have a choice in this matter.

Would patients like to see us move to another premises or what would their thoughts be on the premises situation.

JB discussed that we would need to pass CQC inspections and other risk assessments, so premises would have some impact on any decisions made. Having one uniform IT system would be a good advantage as patient records could be accessible between the two practices.

Also there would be a choice to see male GPs if required.

## **2<sup>nd</sup> area to look at: A&E**

SK and JB talked of how in the current climate, the A&E dominated the news and the demands on the accident and emergency services are being deemed as the next crisis to hit the NHS.

We would like to try and see how we can curb the attendances by patients to the A&E and the reliance of patients on these services. Not only do they put a strain on the department but they also put a strain on the practice budget. The surgery is now responsible for budgeting for A&E attendances and when analyzing data, we found many patients were attending this department when they had no need to.

JB discussed the options of NHS 111 and the walk in centres.

JG mentioned that neither he nor his family knew anything about the walk in centres locally and where to go in case they needed to use their services.

It slowly transpired from our discussion that there may be lots of patients who are actually not aware of the alternate services that are available to patients rather than going to the A&E as the first point of call.

JB talked of how many patients she has seen over the last week who had no idea what NHS 111 was and that many patients simply walked to the hospital as soon as they deemed something was urgent.

SO mentioned how she had used the 111 service and had had a good experience. But she also mentioned how she noticed upon attending A&E once, what trivial issues patients were coming in for and what a drain that was on resources.

We would like to ask questions on the survey based around the patient's knowledge about the alternative sources of support rather than the A&E e.g. urgent care centres, walk in centres, 111 on the phone etc. We would also like to see why patients are using the A&E services for basic ad hoc problems that are best managed in the practice or other out of hours services.

SK suggested that we ought to do a big display in the waiting room about the A&E and its impact and what patients need to know as the alternative options. Patient education is key in this area.

## **3<sup>rd</sup> area to look at – PRESCRIBING AND MEDICINES WASTAGE**

The final area we chose to look at as a practice and group is patient's education around the area of medicines wastage. There are continuously large amounts of wastage in the NHS in current times where patients are over ordering on their prescriptions, hoarding drugs at home, not synchronizing

their prescriptions etc and we feel that we need to do something to help patients know more about their options.

JB discussed things like dossett boxes which can be organized by the chemists.

She discussed the fact that old unused medicines can be taken to the chemist (if they are a nominated chemist to accept old drugs).

Patients can come in for medication reviews and have their prescriptions tidied up so that they order in a synch method which stops them ordering their medications at wrong times.

This is another area which requires patients to be informed of what to do and where to go and we would like to try and bring down wastage in the surgery.

### **Summary**

In summary, we decided that the above three actions were the more important areas that we would like to look at in order to improve the efficiency of the practice and improve patient life in some shape or form.

The next step will be for the practice to make up the patient survey and then disseminate this to patients in surgery, via facebook, via survey monkey and emails to patients. We would like to get maximum input from patients and we aim to make the survey short, to the point and punchy in order to ensure patients will read the questions and give a good reflection of their thoughts and ideas.

SK will be devising the survey and will be in touch with the PPG participants thereafter.

The next meeting will take place in order to discuss the results of the survey once these are collated, and to see how next to go forward in implementing the changes.

END OF MEETING