

# Patient Participation Group – Dr Campbell's Practice

## Minutes of the meeting held at 2:30pm on Tuesday, 6<sup>th</sup> September 2016, at the Health Centre, Tarporley.

### Attending:

Paul Bujac (Acting Chair), Ron Chisnall (Secretary), Peter Dobbs, Janet Appleby,  
Nathalie Gresty, Margaret Waltier.  
Dr Campbell and Sue Dewhirst attended from 3:00pm.

**1. Apologies:** Keith Barker, Liz Johnson.

### **2. Minutes of the previous meeting (21<sup>st</sup> June 2016):**

These were agreed to be a correct record of the meeting and were signed by Paul as the Acting Chair.

(Note to Sue: These can now be published.)

**Secretary's note:** Some topics were discussed initially before 3:00pm then re-visited later. Some of these disjointed discussions are grouped logically together below.

### **3. Matters arising:**

There were no matters arising not covered by the agenda or dealt with under 'AOB'.

### **4. Progress report on on-line systems – usage statistics:**

Sue reported a significant proportion of patients used the on-line systems for repeat prescriptions and slightly fewer for appointments. However, only four patients had signed-up for access to their medical records. Test results are still not available since the demand does not yet justify the effort involved in implementing this feature. It is not clear why the demand for test results is so low compared with other practices.

There was some discussion about the 'repeat prescription' screens and that the user needed to be sure that the screens had been properly completed. Also, it is necessary to check, subsequent to the initial submission, that the request had been 'accepted' by a doctor. Dr Campbell added that the 'repeat prescription' system provided useful information for monitoring medicine review dates.

Nathalie reported that she had seen some users of the on-line arrivals system in reception who did not complete all their input before the system 'timed out'. Sue thought that she could add some extra time to this part of the system. She added that some patients had been confused when an appointment was not with one of the well-known and regular doctor or nurse and thought that they had been given an inappropriate appointment.

### **5. Communications from NAPP:**

There was discussion about the documents produced by NAPP about how PPGs should best interface with practices. Members did not rate these documents highly thinking that they were largely statements of the obvious and did not deserve the publicity they had received.

## **6. Progress report on web site to be shared between the two PPGs:**

Paul reported that over the summer months there had been discussions between the two PPGs and the joint web pages had been developed. They now included a facility whereby readers could ask on-line questions that were referred to the weblog authors for a reply. The outstanding question remained as to how best to publicise this new facility and encourage some active use.

## **7. Progress report on practice development:**

Dr Campbell reported that there should be some information within a month about whether the current proposals have survived the first bidding round and made it to the next stage. He added that there was nothing in the proposal that indicated a preferred development site. He added, however, that the general proposal had Parish Council support so there would be broad support at the next stage with help in finding a suitable site.

## **8. PPG Awareness:**

The general problem remains of bringing the activities of the PPG to the attention of the patient body. It was noted that at this time of year, many local organisations are starting their Autumn programmes and the opportunity exists to talk to these groups and tell them about us and what we aim to do. Ron said that the stall at the Tarporley Carnival had been effective and that some contact with local people had been made – although the weather on the day limited the overall effectiveness.

It was noted that the next national 'Self Care' week would be between the 14<sup>th</sup> and 20<sup>th</sup> of November. The last major event along these lines had been driven by the practice managers from the four local practices and no one felt that this PPG alone could mount a similar event. It was suggested, however, that a small room such as the committee room at the Tarporley Community Centre could be rented to advertise our presence and mount demonstrations of the general services available from the NHS to local residents. It was noted that the Community Centre now has good Wi-Fi services available. Sue commented that we should avoid advertising this practice in particular.

## **9. PPG Funding:**

Ron noted that the practice had continued to support the activities of this PPG with finance when necessary. He added, however, that our membership of NAPP was probably now overdue. He further noted that the West Cheshire CCG probably still had some money available to support PPGs and that it would be prudent to generate a budget to establish a source of additional funding to cover, for example, Saturday room hire, our NAPP subscription and the next conference.

He noted that NAPP was the source of good information, yet neither the practice nor the local CCG were members.

## **10. CCG Public consultation:**

Paul noted that all CCGs are public bodies and are duty bound to communicate with the public. He added that the West Cheshire CCG is holding its AGM on Wednesday, 28<sup>th</sup> September and has issued general invitations. Paul and Ron are due to attend.

## **11. Any other business:**

**11.1** Janet commented on a recent call to the 111 service. Firstly, she observed that the operator was clearly reading from a script and had no obvious medical knowledge. When, after some time, she got to speak with a nurse, she was offered an appointment at the

Countess or Leighton. When Janet said that she was local to Tarporley and the Cottage Hospital was an alternative, the nurse did not know of this resource and had to seek advice. When Janet eventually arrived at the Cottage Hospital she was seen immediately since the doctor on duty had no other patients and had been idle for some time.

Subsequent research by Paul reveals the following: Firstly, the NHS website:

<http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>

*111 is the NHS non-emergency number. It's fast, easy and free. Call 111 and speak to a highly trained adviser, supported by healthcare professionals. The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask you questions to assess your symptoms, then give you the healthcare advice you need or direct you to the local service that can help you best. That could be A&E, an [out-of-hours](#) doctor, an [urgent care centre](#) or a [walk-in centre](#), a community nurse, an [emergency dentist](#) or a late-opening chemist.*

Janet noted that she is 'with it' and knew a bit about the system so she was able to persevere and find her way through the system. But others, perhaps less able or ill-informed, would have found it difficult.

**11.2** There was some discussion about the 'Friends and Family' test and associated documentation. Sue said that completing the form once was not sufficient. One should be completed to reflect one's most recent experience. The forms were not always available in the reception areas but made available from time to time and the statistics constantly updated.

She added that it would benefit the practice if patients reported their experiences to the NHS Choices web site:

*Instructions: 1. Go to NHS Choices home page. 2. Click 'Services near you' and enter post code. This brings up local GP practices. 3. For this practice click 'Rate it yourself'.*

**11.3** Sue reported that the appointment of Jane Webb as a Nurse Clinician has been a success and she is making a significant contribution to the running of the practice. She is also continuing with her ongoing training as a diabetes specialist.

**11.4** Sue further reported the appointment of a *trainee Practice Nurse*. The person in question is a fully qualified *Nurse* but needs to update her qualifications to work in a GP environment.

**11.5** Sue also said that the *Physio First* had received further funding until next March. She added that some patients clearly thought that going straight to someone who was not a doctor was, in some way, a second class service and insisted on seeing a doctor first. They were unaware that if their condition warranted a doctor's attention they would be seen very quickly.

**11.6** Peter noted that September 13<sup>th</sup> will be *World Sepsis Day*. He has been invited to attend the UK's recognition of this problem in London on that day.

**11.7** Sue agreed to invite the 'Well-being co-ordinator' to a future meeting.

## **12. Date of next meeting:**

Tuesday, 29<sup>th</sup> November from 2:30pm until 4:30pm. Dr Campbell and Sue to join at 3:00pm.

The meeting closed at 16:40.