

MINUTES – PPG MEETING PEELER HOUSE SURGERY

LOCATION: Peeler House Surgery	DATE: 28.09.16	TIME: 12.30
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MEETING LOCATION:	The Surgery
MEETING CALLED BY:	Joanne McWilliam
TYPE OF MEETING:	Quarterly
NOTE TAKER:	Sylvia Atkins

STAFF PRESENT:	Dr M Foulds	Joanne McWilliam
	Sylvia Atkins	
PPG MEMBERS	Robert Gollidge	John Dixon
PRESENT:	Barbra Dixon	Patricia Read
	Irene Newbury	Peter Jones
APOLOGIES:	Linda Demejer	Patricia Parker

	AGENDA ITEM:	ACTION:
1.	Minutes from last meeting – agreed	ALL
2.	Items outstanding from last meeting not on today’s agenda:- None	
3.	Peeler House 1 year old: The move to Peeler House has proven to be very successful, with improved working conditions, it has given staff morale a major boost. The move has enhanced the surgery for patient experience. And over the past year we have made changes as follows:-	

	<ul style="list-style-type: none"> • The practice list has grown and due to the unprecedented numbers wanting to register at the practice we had to close our books, this was partly due to continuing the standard of care and also the extra administration that is involved, we are currently still catching up with the administration side. • The increased numbers in patients has driven us to be stricter with our non-attendance protocol. • The new telephone system has proven to be greatly beneficial and the group agreed that it was preferable to have the comfort messages rather than an engaged tone, we had on the older system. • Extra staffing employed on reception and extra responsibilities, such as Zoe training for administering of immunisations such as flu and B12 and also spirometry. • Extended phlebotomy clinics and nursing clinics were put in place too. 	
4.	<p>ECP:</p> <p>We discussed the possibility of an ECP (emergency Care Practitioner) who was going to be shared between 3 surgeries – this has now fallen through. The aim was for the ECP to do home visits, care home visits, medical reviews etc. to help alleviate pressure on the GP’s and nurses. On further discussion the management decided that the costs outweigh the benefits for the surgery. Home visit requests are fairly infrequent and manageable within the current surgery set up.</p>	
5.	<p>Sharing Group Meeting:</p> <p>Discussed with the group if they were interested in attending the Sharing Groups Meetings at Health House. SA expressed that the meeting is open to those that want to go and would accompany any of the group if they wish to attend. RG said he thought that they were really trying to encourage the younger patients to go and it was his opinion that the younger patients had a different mind-set due to being young fit and healthy. It was considered that the meetings were mostly about very good ideas but with little or no financial back up.</p>	
6.	<p>CQC:</p> <p>Still expected but still no date of when they will visit</p>	

<p>7.</p>	<p>Flu Clinics:</p> <p>Discussed the pharmacies offering flu jabs to patient’s when they collect their prescriptions. It a bone of contention to us, as the pharmacy not only get paid more per patient then the GP practices but their vaccines are also delivered some 2 weeks earlier than our supply is delivered. Patients are not aware of the extra costs to the NHS or the implications that it could in the future prove to be non-cost effective for the surgery. MF explained the process of ordering/payment and fees received for vaccines.</p> <p>Our flu clinic this year will a little different, we are holding a ‘drop in’ clinic – this will give patients more choice, they can come when they are ready between 9.30 -12.00 on Saturday 1st October.</p> <p>We now have 3 surgeries so we plan to have 3 x clinician administering the vaccinations – Rachael the Practice Nurse, Dr Foulds Zoe – this will be her first flu clinic . Dr Lovett will be available to take Blood pressure if it is indicated.</p> <p>JM to speak with the Landlord to request car park to be available on Saturday 1st October to help keep the cars off the roadside. SA to send letter to local residents to advice of the clinic and possible extra parking.</p>	<p>JM SA</p>
<p>8.</p>	<p>RISING COSTS OF PRESCRIPTIONS:</p> <p>Discussed rising costs of prescriptions, including paracetamol, aspirin, E45 creams and the possibility of these being restricted in the future. Cheapness of pharmacy own brands of such medication. Explained that we have to prescribe generic medications and not branded.</p> <p>There was a lot of interest in repeat prescriptions and were eager to learn how the prescription system worked, discussed:-</p> <ul style="list-style-type: none"> • Wasted medication – this was usually due to pharmacy ordered repeat medication when it was not required, also items such as eye drops often requested and not used before use by date, resulting more waste. • Various members of the group expressed concern that should they not order a medication for a month or two, as they did not require it at that time, that they would have problems ordering it at a later time when needed. MF advised to ring/pop into the surgery and that a task would be sent to him for review. 	

9.	<p>PATIENT SELF HELP:</p> <p>Discussed Minor ailments, available at the pharmacy (self-refer) if the patient does not pay prescriptions, then they would not pay for any medication given by the pharmacy. The pharmacy would normally need the patients NHS number unless they use their regular pharmacy. This can be used for various ailments such as lice, coughs, eye infections, etc. Members given leaflet with more information.</p> <p>Physio Direct is another self-referral in which patients can contact the physiotherapy service direct by phone. There are cards in the surgery promoting this service and are available for patients to take home.</p> <p>Both these services can speed the process up for patients to receive treatment and in addition save valuable GP time for more urgent appointments.</p>	
10.	<p>NHS CHOICES – FEEDBACK:</p> <p>Please leave feedback on the NHS choices website. Your feedback is very important and we encourage all patients to leave their feedback on the site.</p> <p>For those of you who are unfamiliar with the website there is a flyer attached.</p>	
11.	<p>Any other business:</p> <ul style="list-style-type: none"> • Staffing – unfortunately, our new nurse Debi is leaving end of October. This is due to her living out of the area. We are currently looking for another nurse. • ZS being trained as a Health Care Assistant – this will take pressure of the nurses clinics • Help line telephone numbers – we have a list of telephone numbers from AA to MacMillan support, these are freely available to all patients • Carers Support Groups – there are magazines available in the surgery for patients providing important information on support groups for carers. 	
12.	<p>Any further questions for the GP or manager?</p>	

	<ul style="list-style-type: none"> • In asked if any patients demanded antibiotics at any time – MF explained that patients attitudes had changed, this was probably due to the increased media coverage and that there were times when advice was given but a deferred prescription was also given. • JD wanted to explore the possibility of providing a sports injury clinic at the surgery. JM, MF explained that this was something that was mentioned before the move to make use of spare consultation room, however, as time has gone by the consultation room in questions was used most of the time and was not available. • PJ advised that he knew of a mobile sports physiotherapist operating in the area. It was suggested that the physiotherapist contact he CCG. • Future meetings to be held on a Monday 	
13.	<p>Any suggestions for next quarters meeting?</p> <p>Please let SA know if there anything you would like to discuss at the next meeting</p>	ALL
14.	<p>Thanks for attending to all – Next meeting date:</p> <p>Monday 16th January 2017 at 12.30</p>	