

**Havelock Grange Practice
Minutes of Meeting**

Meeting Title: Patient Participation Group	Date: Wednesday 3 rd August 2016
Time: 17:00	Venue: Meeting Room 1, One Life, Hartlepool
Chair: GP	

Present: GP (Chair), MS (Vice Chair), JE, MW, CG, MC, IC, MM, Dr Eaton (GP) & Cynthia Neil (Practice Manager)

Item no.	Item description	Action for	Due by
1	Apologies for Absence PW, JG, BC & EC		
2	Minutes of previous meeting Agreed as a true record – time error corrected & MS added to apologies.		
3	<p>Matters Arising</p> <p>a. Signing in sheet – all present happy to have their names on the agenda and minutes for publication. Suggestion that sheet be adapted to include e-mail addresses to ensure up to date contact details are available.</p> <p>b. On-line Services – no further information. Practice needs a further update which at present has some “bugs” in the system which would prevent work being completed.</p> <p>c. Texting Service – Practice is purchasing a bundle which they will begin to use in September commencing with the longer appointments. Chair asked about the consent and CN indicated she would check this with Michelle Martin. The group look forward to receiving a further update on the use of this service at the next meeting.</p> <p>d. CQC – Results & report. Chair had a copy of the report and requested that this be printed and added to the Patient Group Folders located in both receptions. Dr Eaton advised that this was available on CQC website www.cqc.org.uk. MM requested a copy be sent to her – CN agreed to this. The Practice received an overall rating of Good with outstanding for Effective and the work with People whose circumstances make them vulnerable. The Practice are delighted with the result and felt that the inspection day went exceptionally well. The two Patient Group members who kindly met with the CQC Assessor reported that their experience had been in the main positive but they would now be better prepared for any future inspection. They had indicated to the Assessor that they felt involved with the practice but did feel that on occasions they were not “told everything,” although this may be confidentiality reasons. They had indicated to the Assessor that they were not happy that a GP had not attended the last meeting; however the Assessor had indicated that this was not necessary however the groups Terms of Reference do indicate this to be the case. It was agreed that the Terms of Reference would be amended to state that a GP will be in attendance if available. The Chair also indicated that he was surprised to read in the report that the Practice had received 19 complaints and the group were unaware of these</p> <p>CN advised that she would ensure the group received a breakdown of the complaints received for 2015-16 but the group agreed that the number appeared small for the size of the Practice. GP & MM were thanked for their time spent with the Assessors by AE & CN on behalf of the Practice</p>		

continued

Item no.	Item description	Action for	Due date
3	<p>e. Telephone changes – CN advised the group that the Practice had received several comments about the new system with the majority being positive and only a couple being negative. The transition has been very smooth and the Practice feels that the service has improved for the patients and the positive impact for the Practice team is very good (time taken to reduce queues in the telephone system). CN</p> <p>f. Patient Survey – this will be deferred until the next meeting. The Chair asked the group for their availability to agree a time to meet to set the survey. The Practice agreed they would provide the meeting room for this, if available and also would complete the administrative work to produce the survey documentation, once agreed. Discussed the possibility of using this survey on “flu Saturday” if this goes ahead or using texting service to deliver to a large cohort of patients.</p>		
4	<p>New Members – JE requested that the group look at providing an induction pack for new members to aid their integration to the group and to encourage future attendance. This could include the Terms of Reference, Meeting Schedule, power and decision making process of the group and a “pen profile” of the group members that included information on their background and interests, if individuals were happy to provide this. CN indicated that the practice would provide administrative support for this. The group agreed to work on this in their meeting about the patient survey.</p>		
5	<p>Chair/Vice Chair – both members have held this post for over a year and would like to stand down. Group members are asked to consider new nominations for these two roles. It is hoped that new nominations will be received for the next meeting.</p>		
6	<p>Practice Items</p> <p>a. Leavers</p> <p>I. Dr Yawar Hameed – leaving for personal reasons. Practice is trying to recruit but there are national difficulties with a shortage of GPs and, in particular, those who wish to work in the North East. Discussed the number of sessions that the Practice is short at the current time.</p> <p>II. Mandy Ghebreyal – Practice Nurse. Practice is now considering their options as this resignation has only been received this week. Discussed how there are similar recruitment problems for Practice Nurses as the skills required differ greatly to the skills that District Nurses or Secondary care Nurses staff have.</p> <p>III. Anouska Dobie – Practice Assistant</p> <p>b. New Starters</p> <p>I. Dr Becky Palmer – Salaried GP who will work six sessions per week (recruited via our contacts as a Training Practice)</p> <p>II. Lucinda Pollin – Practice Assistant</p> <p>c. Journee Medical Practice – advised the group that unfortunately this Practice has closed. Patients have been moved to another Practice but there are a cohort of patients who are unhappy with this and are locating to many other practices in town. This highlights the vulnerability of General Practice at the current time and the national issue of recruitment and retention of GPs.</p>		

7	<p>Any Other Business</p> <p>a. Alternative Therapies – MS asked if the practice had any intention of providing any alternative therapies as she had read an article indicating that there was NHS funding for this and member JE indicated that from her previous work experience some Trusts have provided this for both patients and staff. The Practice has no knowledge of any funding streams for this and at the current time has no plans to provide this.</p> <p>b. Flu Saturday – the group asked if there were any plans to provide this for the campaign this year. CN advised that the Practice had a provision date of 1st October but were finalising staffing numbers to see if this was viable. CN advised that she would make the members aware of the decision ASAP so that consideration can be given to providing information for patients and consider fund raising for a charity as had been completed in a previous year.</p> <p>c. Chicken Pox – MW advised that she seen in the national press about a child who had required hospitalisation for this disease but a member of GP reception team involved had indicated that the child did not need to be seen for this disease. The member asked if our team completed any triaging. CN assured the group that administrative team members do not provide any clinical triage and that any triaging completed in this practice is by clinical team members. However CN did advise that administrative team members may ask patients for their symptoms to aid the clinicians in prioritising response times to patients. The group were happy with this.</p> <p>d. Chair’s contact details on Practice website – it had been agreed previously to put the Chair’s e-mail address on the Practice website. CN will check this and add if necessary.</p>		
8	<p>Date & Time of next meeting 2nd November 2016 17:00</p>		