

**Havelock Grange Practice  
Minutes of Meeting**

<b>Meeting Title:</b> Patient Participation Group	<b>Date:</b> Wednesday 2 <sup>nd</sup> November 2016
<b>Time:</b> 17:00	<b>Venue:</b> Meeting Room 1, One Life, Hartlepool
<b>Chair:</b> VChair – MS	

**Present:** JG, BE, EC, MC, AT, JE, MW, GM, MM, Dr Acey (GP), JE & Michelle Martin (PM)

Item no.	Item description	Action for	Due by
1	<b>Apologies for Absence</b> WH, PW, TS, ST, LS, CH, SH IC & CG		
2	<b>Minutes of previous meeting</b> Item 5, corrected to read Chair has held post for over a year and would like to stand down - Agreed as a true record		
3	<b>Matters Arising – no matters arising</b>		
4	<b>Patient Participation Group Introduction Pack – no draft pack had been sent to MM. JE provided the group with the first original pack but not the amended version. Group were happy with the initial booklet, JE to email MM with amended version, which will be sent to members for comments. Once approved this will be produced and made available in waiting rooms. Terms of reference and constitution to be included.</b>		
5	<b>Update Flu – Flu Saturday was very successful, some DNA's but not many. Clinics continue to be available during the week, staff permitting.</b>		
6	<b>Chicken Pox – was addressed the last meeting</b>		
7	<p><b>Drs Update –</b> Dr Acey stated that the Practice had recently said farewell to Dr Hameed, who has now moved to Manchester. Currently we have 6 GP Partners, 3 Salaried GP's with Dr Al-Mashharawi &amp; Dr Suleman providing locum sessions. Enquiry made re Dr Din, who is Registrar who we would like to keep when he qualifies but that is Dr Din's decision. The Practice continues to advertise but without success and as we already know, this is a national problem. However, GP's are looking at ways to streamline their workload which potentially could be managed by other clinical members i.e. Pharmacists, Nurses and other attached staff Care Co-ordinators.</p> <p>Brierton premises is currently open on a morning only, which in consultation with NHS England was agreed on the grounds of patient safety &amp; GP welfare.</p> <p>Appointments for the time being unfortunately are available on the day and no pre-bookable appts are available due to lack of GP's and workload. It was explained that with 2 less partners in the Practice extra work had to be distributed among the existing partners over and above their daily sessional commitments. The Practice acknowledge that this is not how we prefer to run the appointments system but at present is a means to help cope with patient safety, demand and GP sanity!</p>		
8	<b>Staffing update –</b> The Practice has recently recruited two practice nurses, one of which is a fully qualified chronic disease nurse. The other nurse will require training but not as much as a nurse from the District.		

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9	<p><b>On-line Services</b> – A decision has been taken to switch clinical systems from Vision to TPP. As a result all new patient applications for on-lines services have been suspended until the move, which is planned for 7<sup>th</sup> February. All existing patients who currently have access will continue to have access upon till the switch over. Once this has taken place, the Practice will need to re-register patients who will then receive via email details to set up the new facility.</p>		
10	<p><b>Health Watch</b> – MS updated the group to future plans to re-site the WIC and Minor Injuries within the Hospital. Also those operations carried out at North Tees requiring after care will be transferred to Hartlepool. Community Services are also likely to be moved to the Hospital too.</p>		
11	<p><b>50 Action Group</b> – MS attended this group which she felt was just a coffee and chat environment and that nothing really was discussed and agreed. Initially this group had been run by HVDA and funded by CCG. However, is now run by HBC and is felt to have lost its focus and attendance has also fallen.</p>		
12	<p><b>AOB</b></p> <p><b>a) Language barriers</b> – BC enquired as to whether such patients with communication issues took longer than the norm? MM stated that initially this caused problems within the Practice but now that the process is clear and accessible causes little disruption but does take a little longer but no longer than those patients who have hearing impairments.</p> <p><b>b) Information</b> - GM raised the issue with telephone message following a recent time-out. Message was that the Practice was closed and having had a need for a GP appointment that morning, ended up going to the WIC. MM apologised for the incorrect message but was not made aware at the time only after the issue had been corrected. The Practice has at present on-going issues with the out of hours telephone message, which the Practice is trying to resolve with the IT department who have sole control of the telephone systems.</p> <p><b>c) Community Health Ambassador (CHA)</b> – JG is a CHA which is “To create stronger community links, for the purpose of enhancing quality of life, health, well-being and social cohesion. A recent questionnaire survey is now available. Discussions lead to aftercare for patients following hospital discharge and that there appears to be a gap in supporting patients to access services etc. Dr Acey explained that a new service has recently started were Care Co-coordinators are contacting specific patients following discharge to ascertain whether they can help arrange or improvement the home environment and or social aspect in any way.</p>		
13	<p><b>Date of next meeting</b> 1<sup>st</sup> February 2016</p>		