Patient Participation Group

**Minutes of a Meeting held on Thursday 19 June 2014**

**held at Greenside Surgery, Greasbrough**

Present: Dr Christopher Myers

Carole Dalling (Practice Manager)

David Pearson (Chair)

John Byers

Susan Byers (Minutes)

Michelle Green

Apologies for Absence: Ann Clough & Lee Rourke

# Minutes, Introductions and Housekeeping

* The Chair welcomed two new members, Michelle Green and Susan Byers, to the meeting and informed members that Rachel Barrow had formally resigned from the Group.
* It was noted that Tom Jenkinson, Ann Clough and Lee Rourke had not sent their apologies for the meeting and it was wondered if they were still continuing as members of the Group.

n.b AC & LR sent emails but not seen until after meeting

**ACTION:** Carole to contact them to ascertain their membership to the Group

* John asked how many members should the Group consist of. Dr Myers replied that there were no set numbers but ideally there should be 6 to 8. Carole informed the Group that membership to the Group was advertised in the newsletter and on the noticeboards in the waiting room.
* The Minutes of the Group’s meeting on Thursday 10 April were approved.

# Practice Newsletter Update

The latest issue of the newsletter had been circulated with the Agenda and the July edition was under construction. It was noted that there had been a slight change in the format so that the news bulletins could be contained on both sides of an A4 sheet. The newsletter was available in the waiting room for patients and also posted on the website.

Carole circulated a copy of a ‘praise or grumble’ sheet that a patient had handed in thanking the staff for their care and concern when handling their particular needs. It was suggested that copies received might be displayed on the noticeboards for patients’ information and perhaps also on the website. However, Dr Myers pointed out that if that was the case then any ‘grumbles’ sheets must also be made available and he was concerned that if a member of staff had been specifically named it could cause upset to that person’s morale, and that was something that should be avoided. Carole explained that there was a proper complaints procedure in place and that she dealt with any that were received.

**ACTION:** Carole to review procedure and advise accordingly

Dr Myers mentioned that on two separate occasions recently during open access sessions he had seen approximately 38-40 people on both days in his surgery. He felt that this was becoming untenable. If a person was ill then they should make an appointment to see a Doctor, however, many were turning up at open access just to ask for repeat prescriptions and other inappropriate reasons. Dr Myers asked for the Group’s views and suggestions as to how this system could be sustained, as it would become more and more untenable if the situation remained the same.

**ACTION:** Open Access to be added to the next Agenda for further discussion.

# Dr Myers – Updates on National/Local Practice

Dr Myers reported that there would be no closing of the list at the present time. He felt that there should be a new meeting to discuss restricting the list to the immediate local area and not from further afield as the current practise was to take on all corners. When asked, Dr Myers was unaware if this practise happened nationally. He estimated that it would take NHS England approximately six months to review its decision; therefore, in the meantime, the list would remain open.

Michelle asked if there were any violent patient codes in the practice, to which Dr Myers answered not at present. Carole added that violent patients would not usually be seen in surgery but would be dealt with elsewhere.

Dr Myers confirmed that patient numbers were rising gradually and mentioned a Report from the Scrutiny Team with regard to Primary Care Services. The Chair asked if it impacted on the practice’s primary care system. Dr Myers replied that primary care was high at present but it all depended on future funding.

Carole drew members’ attention to page 22 of the Report which featured a picture of the young people’s display area in the waiting room, using it as an example to others of the commitment to the young people who currently used the practice. She also drew attention to a proposed reduction in funding/budget to the practice, which would come into practise over the next two-year period. There would be an equalisation per patient but not for the workload. There was a petition in the waiting room with regard to the funding/budget which patients were being asked to sign in protest of these changes.

Dr Myers spoke of the creeping privatisation of the NHS, for example, the smoking cessation scheme. This had been put out to tender by the Council and a private company had been employed to deal with this matter. No GPs were involved in any of this but he surmised that they would be expected to do assessments in their surgeries for the private company. He imagined there would be other schemes in the future. He hoped that GPs would make a stand and not co-operate with the private companies.

Michelle asked if there were to be evaluations. Dr Myers replied that there would be no evaluations carried out for at least eighteen months. It would be discussed but decisions would be made case by case.

# Nominations of Chair and Secretary

At this point, Dr Myers left the meeting. The Chair explained to new members that Dr Myers attended only the parts of meetings that directly concerned him and that any other business was to be discussed by the lay members of the Group.

Carole nominated David to remain as Chair of the Group, which was seconded by John. David said that he was happy to continue in the role for the time being. Susan Byers Secretary.

# Factual Information

The Chair had nothing further to bring to the table but was concerned that members’ numbers had dropped off lately. Carole reiterated again that details of the Group were advertised in the waiting room and online.

Michelle mentioned that funding for a pilot scheme that she was involved with called ‘Grass Roots’ had been granted and the scheme was now up and running in Rawmarsh. The scheme offered help and counselling for matters such as bereavement, stress, housing problems etc., which people sometimes took to GPs surgeries in their desperation. It was hoped that it would relieve pressure on local GPs by cutting down on people making inappropriate use of their time. She said she hoped further funding would be available to set up similar schemes in Greasbrough and Kimberworth Park.

Michelle asked Carole if similar occurrences happened at Greenside Surgery and if there was an in-house support worker. Carole replied that there used to be a support worker but the funding had been cut. Carole asked Michelle if she would design a questionnaire for the next meeting if Drs thought useful.

Carole mentioned that the EPS had a date in mind to go live but felt this needed further discussion. The Chair enquired if people were using the online appointment and repeat prescription systems. Carole replied that some were using the systems but most still telephoned/called in. The Chair suggested that these be included as items for a future Newsletter.

**ACTIONS:** Carole to ask

* the GPs for their thoughts on the scheme
* if a questionnaire is appropriate at this time, and
* put both items on the Agenda for the next meeting

**Any Other Business**: There was no other business for the meeting but Carole passed round a copy of a recent email that had been received thanking Dr Evans and the Reception staff for all their help and concern from someone who had telephoned the surgery from South Africa enquiring about a close relative. Carole would add it to the practice’s portfolio.

**Date and Time of Next Meeting: Thursday 14 August 2014 at 5.30 pm**

The Chair thanked everyone for attending and drew the meeting to a close.