**Greenside Surgery Patient Participation Group**

**Minutes of a Meeting held on Thursday 20th August 2015**

**Present:**

Dr C P Myers

Chair (Stand-in) Sarah Caddick, Assistant Practice Manager

John Byers

Susan Byers

Jennie Searle

**Apologies were received from:** Maureen Taylor

**Welcome, Introductions and Housekeeping**

Sarah informed members that the list of PPG members had now been tidied up and that David Pearson had stepped down as Chair of the Group due to a change in his work pattern. A letter of thanks had been sent out to him on behalf of the Group, which was circulated for members’ information. Sarah and Dr Myers were now hoping to recruit a new Chairperson from amongst the practice’s patients. Dr Myers suggested putting a notice up in reception asking anyone who was interested to contact the Manager for further details.

**Signing-in Sheet -** The signing-in sheet was circulated for signature by the members’ present at the meeting.

**The Minutes of last Meeting on April 2015** – were noted.

Dr Myers informed the Group that Dr Riddell had now commenced work and was carrying out 6 sessions over 3 days a week. There is also a trainee doctor, Dr Helen Davies, who will be working in the practice for 6 months.

The DNA (did not attend) policy update was discussed in more detail later in the meeting.

**Practice Newsletter** - An updated newsletter for September/October was in the process of being compiled and would feature a note in it regarding the PPG. Dr Myers agreed that it could be emphasised more in the hope that new members may come forward and would be highlighted accordingly.

**Dr Myers: National and Local Updates** - John Byers asked how the recent inspection went. Dr Myers replied that he was satisfied that it was a good Report which had covered all the 15 categories inspected. The Report seemed fine and no additional input was needed. However, Dr Myers felt that the visiting team could have been more professional. One example he gave was that during his introductory meeting he was surprised that none of the team introduced themselves at the outset, therefore, he gave a 30-minute presentation to a group of people who were completely unknown to him. He reported that the team went into negatives in a big way, so much so that Dr Myers feared the worst and that a poor Report would be the result. One of the things the team picked up on was that some of the acupuncture needles in stock were ‘past their sell by date’ which, he felt, was rather trivial. He found the whole exercise to be very disheartening.

However, when the Report came back it was very good and extremely positive. There seemed to be very few issues at all. But, it was felt to have been a very unprofessional and traumatic event for all the staff concerned. The outcome is that the practice is fine with no major issues, just one or two very minor things that Dr Myers will be happy to change. These visits are usually on a 5 year basis but for some reason it was only 2 years since the last one. There is a new system in place so it was felt that this was just a random picking. All in all, it was a very unsatisfactory experience. A report will be made to CCG.

Dr Myers was happy to report that the practice will be working to full strength from the 1 October. The waiting times for patient appointments was down to approximately 1 week. All the recent comings and goings had now been addressed and, as Dr Myers reiterated, the rather lengthy waiting period was now worthwhile since it was far better to wait to get the right people into the practice.

It was noted the reorganisation of funding in practices now liaising with the medical committee with the CCG had not seemed to have had any detrimental effects. At the moment, it was trying to iron out the nursing homes system in which practices would eventually have to manage nursing homes. Dr Myers said that the Greenside practice would happily look after Greasbrough nursing home but residents would still have a choice of staying with the doctor of their choice. As it was, the practice had patients in other nursing homes across the Borough.

The antibiotics issue currently in the national news was mentioned but Dr Myers stressed that the practice monitored all its prescribing and prescribed only to those who really warranted treatment.

Again, it was noted that the emergency section at hospital was still going forward and news was still awaited on what was happening with the Chantry Bridge practice.

John Byers asked if Dr Myers knew the percentage of patients that were registered with the practice who no longer lived in the area. Dr Myers replied that unless a patient informed the practice that they were moving away, the only way they knew if patients had moved out of the area was when they registered with new GPs. Another clue was if a patient attended a hospital in another area, their notes were sent on to the practice with the patient’s new address on the papers. In this case, the practice would write to them to ask them to consider getting a new GP.

Jennie Searle mentioned that it was mooted from a previous Government that people should be free to choose a GP of their own choice who did not practise in their immediate area. Dr Myers replied that this was mainly aimed at the London area but had never really gotten off the ground. However, in theory, patients could register with a GP of their own choice but, if they lived out of the practice’s local area, it could only be stressed that a GP would not be able to make home visits.

Jennie then asked about CDs. Did Dr Myers know how many diabetic patients were on the books that required insulin injections? Dr Myers thought there were about 260 who required insulin but of those only about 20% injected, which was a guesstimate of about 40-50. He emphasised that people on certain medications could not request prescriptions on line. Injectables were classed as controlled drugs, although not particularly by this practice, and were still unavailable to request on line but it is hoped as electronic prescribing evolves it will come about. It is for pharmaceutical committees to decide. It will probably be a long time coming as people are happy to be able to pick up a paper prescription. Dr Myers left the meeting at this stage.

**New Chair Person -** This had already been discussed at the opening of the meeting and Sarah would advise if anyone came forward.

**CQC Update** - Sarah reported that this had now been uploaded on to website and that a paper copy which had been placed in the waiting room.

**DNA Policy** - An update on this had been discussed at the April meeting. Sarah continues to run a search every Thursday morning on how many DNA’s there have been and how much time has been wasted over the week. It was noted that by trying to emphasise the DNA’s to patients the numbers have actually reduced. On average it was previously around 48 a week (shared between the doctors and nurses) but now it was verging on 28 so it was encouraging to see the numbers were coming down. Sarah mentioned that if patients had 2 DNAs then a letter would be sent informing them that they should miss any further appointments they would be sent another letter regarding their registration with the practice. This would not be done in haste but would always be checked to see if patients had a valid reason for missing appointments i.e. hospitalisation etc.

**Any Other Business** - An email had been sent out to members regarding the meeting at the Carlton Park Hotel on 8 September for the whole of Rotherham surgeries. Anyone who wished to attend were welcome to do so.

A copy of the letter sent to David Pearson thanking him for his participation as Chair was again circulated for members’ information.

**Date of Next Meeting:** **15 October 2015 (time to be confirmed)**

**January 2016 (date and time to be confirmed)**