

Patient Participation Group

Notes from the Meeting Held 2nd October 2018

Present: IJ, PE, SG

Alison McClintock (Practice Nurse), Mr Simon Guy (Business Manager)

Anne Armstrong (Healthwatch)

1. The notes from the previous meeting were agreed.

2. Matters arising:

The waiting room body mass index (BMI) machine is proving popular with patients, as is the leaflet we produced for patients that explains BMI.

SMS – our appointment system provider has agreed to update their software so that we can use an alternative text message provider to both send and receive text messages.

A Practice facebook page is under construction.

3. Healthwatch

Anne Armstrong provided the group with an overview of the role of Healthwatch and the work they are currently undertaking. Healthwatch is an independent organisation that fulfils a statutory function to monitor local health services. In Northumberland Healthwatch funding flows through ADAPT NE which therefore hosts Healthwatch.

Advocacy services are provided through ADAPT rather than Healthwatch.

Healthwatch are keen to establish links to PPGs and will in future be feeding back to Practices every quarter where they have received comments from their patients. Practices could then take these comments to their PPGs as appropriate.

Healthwatch has a seat on the board at the Clinical Commissioning Group (CCG) and other health boards. Healthwatch staff attend events, hospitals and GP Practices to engage with patients to understand their views on services and to promote service improvement.

Their latest survey revealed that the top 3 concerns for patients were GP appointments, mental health services and support for patients with dementia.

Healthwatch will be invited to return to the PPG for an update in 6 months.

4. We currently have 3 GP Registrars which is a welcome addition to the clinical team.
5. Changes to the car park are imminent. A new barrier and traffic flow changes will be introduced that will see the majority of disabled parking moving to the top car park nearest the hospital main entrance. Four disabled bays will be available at the entrance to the staff car park near the MRI scanner parking bay. Parking will become pay on exit and the current charges will be retained (40 minutes free, £1.20 per hour, maximum £4 per day fee). Disabled parking will remain free. The Practice will be issued with “void tickets” to enable us to provide free parking on a discretionary basis where for example a disabled driver with a blue badge chooses to park in the main car park as it’s closer to walk. The new pay machine will take cash or cards and will have a 24/7 help point.
6. Flu vaccination uptake has been good so far. The single national supplier of the over 65 vaccine has had to change the schedule of deliveries for all Practices such that we will run short before receiving our final delivery. We still anticipate being able to vaccinate all patients that request a vaccine before the end of November which is still in time for the start of the flu season.
7. Productive General Practice – this is a programme developed by NHS England to help Practices help themselves. We have elected to take part and we’re tackling Appropriate Appointments and Frequent Attenders. As part of that work we’ve added a new message on the phone system for patients that is a recording from Dr Anne Chalmers asking patients to let the receptionist know the reason for their request for an urgent GP appointment. By doing that it enables us to best direct the patient. We have for example now been able to use the Practice Nurses to see patients with a straightforward urinary tract infection and removed sick note requests from GP appointments. This system has been used for many years regarding home visit requests where it works well.
8. We have an atrial fibrillation screening (AF) device which we have paired with an iPad to enable us to screen for AF, a condition that causes an irregular heartbeat which increases the risk of stroke. The plan is to run opportunistic screening sessions in the waiting room from time to time, advertised in advance or simply when time allows and the waiting room is busy. The intention is to offer screening and to increase awareness.

9. The Did Not Attend (DNA) figures for the Practice were discussed. The national average DNA rate is generally quoted as around 5% or higher. Our DNA rate is typically 2-4% with the most recent 3 months averaging 3%. The use of text reminders certainly helps the DNA rate and some of the patients who persistently DNA are known to have medical or social issues.

Next meeting December 2018