

TWO RIVERS MEDICAL CENTRE, IPSWICH PATIENT PARTICIPATION GROUP (PPG)

Minutes of the AGM held on Tuesday July 3rd 2018
at TRMC at 7pm

Present:

Anne Walker (AW), Jo Hutchinson (JH), Sue Hayes (SH), Jenny Pickering (JP), Jean Garnham (JG), Pippa Sheldrake (PS), Angela Harvey (AH), Bernadette Smith (BS), Laurence Collins (LC), Rachel Helliard (RH) Dr Knight (JK)

Resignation:

Tricia Parker had resigned from the PPG group due to her other voluntary commitments. AW thanked TP for her contributions to the PPG.

1. Apologies:

Dr Smith and Dr Skrinchuk

2. Minutes of meeting held on May 1st 2018

These were signed as correct by AW.

3. Matters Arising, not covered by the Agenda

- Photo board. Work has started on taking the staff photographs.
- Wi-fi has been installed in the waiting areas and is free to use for the patients.
- Pharmacy. JH reported that if patients give Boots pharmacy verbal permission, Boots will send a text message confirming that a patient's prescription is ready for collection.

4. Practice report and staff changes. Rachel Helliard

Doctors

No changes with the clinical staffing and TRMC is looking at different contract arrangements such as annualised hours to see if that can attract locums to take a salaried GP post. There are currently the equivalent of 2 full time GP vacancies at TRMC, and these hours are being filled by locums.

Nurse Practitioner and Nursing Team

A Nurse Practitioner is ready to return to work in September/October. The number of hours will be agreed nearer the time.

Reception and Admin

The new reception staff are making good progress with their training plans. Both senior receptionists have been absent from work and a member of the reception team has been deputising in their absence.

TRMC is currently advertising for a Care Navigator Lead for the reception team and details of the role can be found on NHS Jobs

Practice update

Parking Eye

	Fines Issued (We don't know how many of these were appealed)
March	217
April	129
May	145
June	137

RH said that in order to contest a parking charge, the patient should get a designated form from main reception.

DNA letters

It was noted that, in a few cases, more than the prescribed 3 DNA letters had been sent to patients. JK said that this is down to individual GP's as to how they want to handle patients with complex needs and chaotic lifestyles.

Home Visits

The number of home visits has risen since the appointment of more paramedics as have the number of regular care home patient check ups. The duty GP triages patient calls for home visits of which 1/3rd are done by GP's.

JK does not feel that the number of post discharge visits has risen noticeably recently.

Care Navigation

5 staff have now completed level two training and an additional 2 members of the team have attended the level 1 day.

Phone calls

RH explained that the automated phone system has now been set to stack 20 patient calls. Any patients calls beyond that number would be cut off and would have to ring back later. In response to request from SH, RH agreed to put an automated message on the system to explain the process.

JP and RH had identified an occasional fault on the phone system whereby 2 calls come down from the Cloud at the same time and one caller gets cut off . RH has asked APR to investigate

RH

RH

Trends

LC and AW thought that the trends shown in the graphs could be more useful if they were accompanied by some written commentary. The PPG needs data relevant to the 'patient experience' .

6. Complaints and praise. RH

The complaint report was read and discussed. The meeting agreed with AW that it was encouraging to see the praise from patients about members of staff and the care received.

RH said that staff are being encouraged to fill in a 'significant event form' if they are involved in any controversy with a patient.

JK said that the practice has a 'zero tolerance policy' but there have been no recent reports of abuse from patients that he could recall. RH said patients can get frustrated at the front desk on occasion but she has done a lot of work with reception staff to give them autonomy and the ability to flex their response to individual patient problems.

7. Health Education Event 24th May. JH

AW thanked JH for all her hard work in organising the event.

JH reported that those who attended the Event had enjoyed it and gained valuable information. She thanked the PPG, the TRMC staff, the speakers, the CCG and the stallholders for all their very willing and enthusiastic help. She was disappointed by the low patient turnout apparently due to the Practice being unable to email patients caused by the new GDPR law. RH has since approached the Ipswich LMC which has said 'if the email address was provided by the patient prior to GDPR then you can continue to email whether this is for direct patient care reasons or not (but give the patients the option to opt out) but if the email address is obtained post GDPR then you would have to obtain consent to send them non direct patient care email'.

BS suggested that holding regular health education events would in itself gradually attract greater patient attendance.

There was discussion of how to help TRMC get more patient email addresses. Suggestions included a notice on the waiting room screens, a notice on the check in screens, a tablet at front desk, on the website or in a patient newsletter. RH to take forward **RH**

AW asked whether there is a Practice email address on the TRMC website by which patients can contact the Practice and which is monitored regularly. RH to check **RH**

8. Riverside clinic blood tests. JH

JH reported that she and other members of the PPG, had experienced problems with the blood testing facility at the Riverside clinic. The main issues were the extreme lack of confidentiality when checking in, the overcrowding and the lack of space and chairs when waiting to be treated. The redeeming feature of the clinic is the parking facility. JH has written a complaint to the CCG and the Patient Experience Manager is to look into the problem.

JK would like to hear the response. JK also said that some patients can book a blood test appointment at TRMC.

9. Feedback from CCG/PPG meeting. BS

BS found the meeting interesting as it gave her a useful overview of the local CCG and how it works alongside the PPGs. She was able to network with other PPG and CCG members, and she hopes to attend the next working party meeting.

10. Focus for the year ahead

There was much discussion on the subject and several suggestions made.

The 3 main areas of interest/work were;

i. Patient safety.

To include wheelchairs. JK to email toolkit prior to September meeting. **JK**

ii. Social prescribing.

May include voluntary groups having regular stalls in waiting room, writing a 'health directory' of local support groups, interactive patient terminal in the waiting room for patients to access information, support for and publicity of National Health weeks.

iii. The patient experience.

This could begin with a patient questionnaire. LC commented that the issues raised by user groups at the Ipswich hospital had improved patient experience , partly by breaking down inherent 'territorial staff barriers'.

AW will send PPG members a list for them to sign up to which focus group they would like to work on. **(Done)**

JK will ask members of TRMC staff to join the Groups. It is hoped that the Groups will have their first meeting before September the 4th. **AW/JK**

11. AOB

- All PPG members gave their explicit consent to their email addresses being shared amongst the Group. This is to comply with the GDPR.

JK to ask KS and NS whether they also agree to the above. **JK**

Dates of future meetings 2018

Tuesday September 4th, 7pm

Tuesday November 6th 7pm

Tuesday January 8th 7pm

