

Ainsdale Medical Centre

Patient Participation Group Meeting Thursday 11th May 2017

Present

Chair: David Waugh

Practice Clinical Representative: Doctor S K Bennett

Practice Administration: Paul Ashby

Secretary: Gill Mayren

Members: Roy Connell, Rodney Dykes, Ken Lowe, Paul Ellis, Jean Washbourne, Roger Exley

Apologies: Barbara Jones

1. Minutes from last meeting and matters arising

Welcome from DW. Some members did not receive the agenda, need to investigate members email addresses. PE stated that the agenda was attached to the last minutes – was that the agenda for January's meeting ? PE also suggested to check spam folder and to add PPG email to address book to prevent this.

PA confirmed that the surgery will participate in the Civic Society's Christmas tree display next Christmas following RC's question as to why we hadn't previously taken part. It was generally agreed that it contributes to the spirit of the community at Christmas.

Still unsure if there is anywhere else in the village that has a defibrillator apart from Ainsdale Medical Centre. PA to follow up.

The Natterjack magazine is no more after one issue - they couldn't get enough advertising revenue to make it viable.

2. Speakers

DW has contacted Age Concern – still awaiting a response but they seemed very positive. KL pointed out that he could put DW in touch with Justine at Age Concern. Next speaker is in November. Group questioned whether the audience is/was too small for a speaker. PA suggested Suzanne Lynch, the meds management lead for CCG who could speak about community pharmacies and what their role is in the community, also how changes are impacting on patients etc.

3. Practice Update

PA informed members that we now have an updated, more flexible telephone system which enables us to route incoming calls. This will enable us to record a message, for example during the busy flu season we receive a high volume of calls relating to patients not being able to attend their specified time slot. This would enable the surgery to set up a recorded message informing patients that they can attend any other clinic on their letter. This in turn should free up more time for staff to help patients in other areas. It also has a voice recording system so all calls will be recorded. RC pointed out that he is happy with the new queuing system.

PA is keen to bring in SMS messaging again with a system called MJOG for use with mobile phones only. This will be used for appointment reminders and cancellations, it also links to EMIS. We will be able to notify patients instantly of any changes to their appointment, rather than ringing each patient individually. JW suggested that this could also be used as a questionnaire tool.

The existing EMIS system can be used to notify patients via SMS of their test results and a few surgeries in Southport already do this but if the patient is having multiple tests done it sends the patient a text message for each result and they can be received days apart and this can be misleading for patients. It's an idea that's slightly ahead of its time and the system will need to be enhanced for this to work properly. PE noted that he could look at test results on his Patient Access account.

PA noted that patients will be told to call the surgery after 5 day for their results to avoid unnecessary calls when results are not yet available. SKB said encouraging patients to call for results acts as a safety net for us.

We are currently busy implementing the terms of the Local Quality Contract which is funded by the CCG. Last year (in fact for the previous 18 months) the LQC was largely centred on a single objective which was the Over 75 Health Checks and frailty assessments. This year's LQC, from now until 01/04/18 is more detailed and covers a wider range of areas. For example, it involves work around manual pulse checks, breast/bowel screening, 2 week wait referrals follow up, CHD, AF, COPD, quantity of meds management, referrals, access to services at the practice etc. It will take up a great deal of resource which would otherwise be deployed in practice improvements but the LQC is designed to improve patient outcomes so it's also very important.

Funding has been given to the CCG by NHS Estates and Transformation Fund for information screens to be placed in waiting rooms. NHS Choices have plenty of content to show but PA asked for ideas as to what could be added by us as a practice. There is no specific time scale for this and the funding may only be partial but they would be a really valuable addition to our patient communication efforts.

4. Patient Access

PA has changed the settings so patients can now have 2 appointments booked simultaneously . There are currently 3 different sites available to register for Online access: i Patient, Patient Access and DIMAC. We suggest patients use Patient Access as this is the one we are familiar with as a practice. Telephone numbers can be updated via online services or at reception - suggestion to put this information on the practice newsletter.

5. PPG Activities

It was decided not to represent the PPG at The Ainsdale Show.

PPG Awareness week is the 19th-24th June this year. It was agreed that some PPG members could represent the group by attending the surgery for one of those days; DW to arrange.

Date confirmed for AGM is Thursday 14th September 2017. DW to arrange what is required for this and asked members to reply to his email so he knows it has been received.

It was noted that the number of members is dwindling and it was felt that more females and younger patients would benefit the group.

6. Website

PE reported that unfortunately there have not been many views on the website: between 6.1.12 and 11.5.17 only 75 visits but 45 of those were from Brazil! Any ideas for new articles to be added would be appreciated. New material would need to be added fortnightly to keep interest in the site.

7. CQC Inspection Reports

RG passed round copies of research he had kindly done in relation to CCQ inspection reports. He identified the elements 'Responsive' and 'Well-Led' were the key groups that the inspectors looked out for. Outstanding surgeries seemed to have a lot of connections with local groups. PA - This research will be helpful in guiding the surgery to improve before the next inspection. He reiterated that our result placed us in the top 10percent of practices nationally but we should always strive to improve and working more closely with community groups would be something we should be doing more of irrespective of whether we were being inspected or not.

8. June PPG Meeting

Flu clinic to be discussed at next meeting: Something different than last year, change the friends & family form slightly, other elements of healthcare, recruitment to PPG, what can people offer to the PPG, surgery information.

Next meeting: **Thursday 29th June 2017 6.30pm**

Apologies: Roger Grand