The Charnwood Practice

**PPG MEETING MINUTES**

**Date:** Saturday 11th August 2018 **Time:** 11.00am **Venue:** Section E, The Charnwood Practice – Internal Waiting Area

**Attendees:** Michael Maxwell (MAX) Chair, Angela Macklin (AMM) – Practice Manager, Dr Choudhury (MC) GP Partner, Jagoda Kiesznowska (JK) Nurse Manager, Patricia Davies (PD), Sue Kendal (SK), Howard Kendal (HK), Pradip Modi (PM), Minaxi Modi (MM), Juliana Hector (JH), Percyfene Thomas (PT), Charity Paige (CP) & Samuel Paige (SP).

**Agenda**

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|  | **ITEM** | **DETAIL** | **ACTION REQUIRED** |
| **1.** | **Apologies received (MAX)** | Dr Mawby |  |
| **2.** | **Matters arising from previous meeting minutes (MAX)** | * HK asked who was our Data Controller. AMM confirmed that in relation to GDPR discussed at last meeting, the Data Controller for The Charnwood Practice was Paul Houseman.
* AMM had further information to share with PPG members on the purpose of the PPG & the PPG constitution queried at the last meeting by a number of newer members. AMM explained that she had been exploring the Charnwood Practice computer system and have found some very old documents that she thought would be a good idea to review and update. Copies of old documentation were passed around PPG members for viewing. It was agreed that review and update was required which AMM volunteered to do and bring back for approval to the next PPG Meeting scheduled for Saturday 3rd November ’18.
 | **AMM to Review & Update The Charnwood Practice PPG Constitution and agree with members.** |
| **3.** | **Agree previous meeting minutes and review action updates (MAX)** | Agreed and action points reviewed. |  |
| **4.** | **Practice Update (AMM)** | 1. **Staffing**
* GP Team – Update provided – Actively recruiting in a challenging market but important we get the right person for the team.
* Nursing Team – AMM informed all that that we have successfully recruited a new part-time practice nurse, Denise Prendergast to join the team. Kulsum’s training as phlebotomist is complete and has for 4 months been running her own phlebotomy clinics. Successful pilot. Upskilling continues with admin team which will provide improved service for our patients due to more flexibility.
1. **Services**

Prescribing Medicine for Minor Illness & Ailments**(National Review)** - AMM handed out a copy of a survey on ‘prescribing medicine for minor illnesses and ailments’ and MC explained what the survey was all about. From 1st October 2018, Leicester City CCG were proposing that patients may not be able to receive a prescription to treat minor illnesses and ailments, where treatments are already available to buy in a pharmacy or supermarkets and explained way this this has been proposed:* There is little or no evidence that a prescribed treatment will clear the condition
* You can treat the condition yourself by buying medication from a pharmacy or supermarket

AMM advised that the survey on ‘prescribing medicine for minor illnesses and ailments’ needs to be completed and submitted by 9th September if anyone wants to provide feedback before the proposals come into force. Completed surveys can be sent by post or the survey can be completed online. MC continued to explain that there had been 65% support for this move nationally to help with NHS funding for more serious illness. He explained patients would be upset. However there would be exceptions to protect the most vunerable eg. if don’t do a prescription the person will come to harm and special arrangements for Care home patients – the home can’t give if not prescribed so prescribing here will continue.MC explained that other CCG areas are already following these guidelines & provisions and the likelihood is that all CCG’s will go this way. MC shared with all that the CCG were also reviewing whether to continue with the ‘Pharmacy First Minor Ailments Scheme. PM commented that Pharmacy First not being utilised fully or correctly - Some patients were abusing the system – ordering medication for themselves but then posting it abroad for relatives to use. MC shared that the way GP’s make referrals is changing. New triage service being piloted in the County Practices – someone detached from the practice looks and decides whether to accept or reject a referral. Although only a pilot at this stage envisage will happen nationally if the pilot is deemed as a success.MAX wanted to clarify another matter at this point regarding of medications and pharmacy responsibilities. Whose responsibility to find supply if a patients allocated pharmacy is out of stock ? PM confirmed that pharmacies should phone around colleagues to borrow until can restock. SP commented that his pharmacy does the same and that it was important that they helped.JH mentioned that her pharmacy had issued a higher dose and had advised her to split the tablet. She had been concerned with this due to possibility of dosage being incorrect. HK agreed this would be a concern for him too in case he ended up taking the incorrect dosage. PM confirmed that this was an agreed pharmacy protocol and explained that it is considered safe to do providing tablets have been scored to split in half for this very reason. Personally he would issue one weeks supply in this way as a last resort.PM also added that there had been some problems for pharmacies getting some drugs in recent months due to problems with the heat in the UK affecting them and depos not able to send stock out because it was damaged.MAX just wanted further confirmation and be clear for all members the procedure for when a medication prescribed by the GP is not available. He wanted to emphasise that the onus is on the pharmacies themselves to source out of stock medication NOT the patient. Is that right? PM confirmed that it was the pharmacies responsibility to find the medication for the patient and in the extreme circumstances where it cannot be sourced, such as a manufacturing supply issue, then the patient would be asked to contact the GP and request an alternative medication until the supply issue is resolved. MAX wanted all to be clear that this is not the root if just an individual pharmacy is out of stock.1. **Project Updates**
* **Promoting the PPG and attracting new membership** - AMM confirmed this was on-going and wanted to focus on this for the remainder of the year. Had limited noticeboard space and strict rules from the landlord that we are not allowed to use blue tack to put up additional posters on painted walls. Have to stick to noticeboards but have found a solution and way around this a product called ‘Magic whiteboard ’ which clings using static to any hard flat surface.
* **PPG Photos** – AMM also explained that she was exploring options to display PPG member photographs so that patients knew who we are.

MAX agreed this would be useful as a tool to raise the PPG’s profile – being known to patients – recognised by patients may lead to patient’s asking PPG members questions directly and members can then tell them about the PPG in the hope of increasing membership. AMM asked members if they were ok to have their photos taken at the end of the meeting for a display board. 1. **Formal Complaints –** None to discuss since last meeting.
2. **Significant Events –** None to discuss since last meeting.
3. **Practice Feedback –** AMM gave to all a copy of the latest patient survey results. This included a comparison with 2 other surgeries within close proximity – Heron and Highfields Surgery (the other Merlyn Vaz Practices). AMM summarised that good results for The Charnwood Practice overall. AMM agreed to do some more work on this to present to PPG in different format for ideas on an action plan to improve ratings.
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| **5.** | **PPG Patient Members Update (ALL patient representatives)** | 1. **Feedback from meetings attended** – No feedback, as none of patient PPG members had attended any meetings. PM commented that he had wanted to attend one of the meetings but unfortunately had a last minute emergency so could not attend. MAX raised a concern that he was sending email correspondence to all PPG members but that he was not having any response so could not be sure all had received the information. HK has emails on his phone now but admitted he often forgets to look. MAX suggested that all send back a reply to confirm they had received it. All in attendance agreed to this. AMM confirmed that she had been sending members not on email hard copies of the information sent, and those in attendance confirmed they had been receiving information in this way. AMM agreed to continue this communication method as it was working and would attempt to send out on the same day received. MAX also aired his concern that The Charnwood Practice was not being represented at these meetings at all and this may be perceived in negative light by the CCG. All agreed it would be helpful to raise The Charnwood Practices’ profile at these meetings. PM said he would try and attend – He had many in the past but it had been more difficult recently but would try to attend when he could. SK said she was put off attending these meetings due to previous experience. When attending in the past she had felt that the people leading the meetings had their own hidden agendas and there was no encouragement to talk and discuss, rather just listen. MAX and AMM suggested that new members who had not ever attended a meeting should try it out. PT put herself forward as happy to attend some of the meetings to represent the practice.
2. **Other** – MAX wanted to comment on Zainab who is the Patient Services Team Leader. He wanted the management team to know that he feels she goes above and beyond to assist patients. MAX also wanted to congratulate Kulsum on completing her phlebotomy training and becoming competent in taking patient blood samples.
 | **All PPG members to acknowledge that emails have been received by sending a reply such as thank you, I’ve received.** |
| **6.** | **AOB** | * CP congratulated MC for becoming a partner at the practice.
* PT wanted to thank the Charnwood Team for the service provided to her as a patient. Really happy to be at the surgery and made a personal thank you to Dr Mawby and the reception team who she thinks does an excellent job and handles angry patients really well.
* MAX advised all that they should not wait for meetings to feedback and share information or ask questions. This can be done between meetings. Ok for PPG members to swop numbers so can discuss matters and ideas in between and coordinate who is attending meetings. Business only (Only matters concerning PPG). All agreed this would encourage communication. AMM offered to obtain all numbers from the clinical system provided all were in agreement. Would confirm with all that numbers are correct and forward to Max to keep for PPG business use. Patient members also agreed they would be happy to exchange numbers with each other.
* CP said she was happy to give her email address for any PPG correspondence.
* SK & HK wished everyone a Merry Christmas and a Happy New Year as they would not be able to attend the last PPG meeting this year in November as they would be on holiday.

***Meeting closed at 12.21pm*** | **AMM to forward all patient PPG member phone numbers to Max once confirmed.****AMM to obtain and forward CP’s email address to MAX.** |
| **7.** | **Next Meeting Date** | **Saturday 3rd November 2018** |  |