

THE KING'S FAMILY PRACTICE

PATIENT PARTICIPATION GROUP (PPG)

Minutes of a meeting held on 18th January 2017 at 1 p.m. at the surgery

	<p>Present: Shiraz Hussain (Chair) (SH), Lakhwinder Anota (Practice Manager) (LA), Simone Breugem (SB), Harry Carter (HC), Rose Davies (RD), Paul McCarthy (PM), Louise Shrubsole (LS), Brian Simons (BS), Paul Stephens (PS), Susan Stephens (SS)</p>	
	<p>Meeting started at 13.10.</p>	
1	<p><u>Introductions and apologies</u></p> <p>All members introduced themselves as this was the first meeting for several.</p> <p>Apologies were received from Ron Whitehead, Carol Wrate, Jenny Churcher.</p>	
2	<p><u>Minutes of previous meeting (12.10.16)</u></p> <p>The minutes were AGREED as a true record of the meeting.</p> <p><i>Matters arising</i></p> <p>Complaints procedure: LA said this should be produced and circulated by the end of this month.</p> <p>Signposting: how to assist and educate English as an Additional Language (EAL) patients. LA said he has started making pictorial signs. However there are some cultural and occasionally mental health barriers. These patients expect to see a doctor when another service e.g. a nurse may be appropriate.</p>	
3	<p><u>Thanks to previous Chair and confirmation of Vice Chair</u></p> <p>The Chair thanked PS for his 5+ years service as Chair. PS confirmed that he is happy to remain as a Group member.</p> <p>It was AGREED that SB should be the Vice Chair.</p>	
4	<p><u>How is the practice being affected by the current crisis in the NHS</u></p> <p>LA: doctor numbers are down to 2 for more than 7,500 patients. As a result the practice is temporarily not taking on any more patients. There is no direct impact from the current NHS crisis at present. The Government has promised additional funding but the Care Commissioning Group (CCG) and practice have not yet seen any. The CCG tended to put additional funding into big projects rather than share</p>	

	<p>it out. There is a drive towards collaborative working. Healthy Living Centres (Hubs) will house specialities, depending on demographic. IT: a lot of funding is going into messaging services e.g. appointments.</p> <p>Q: what has been the impact of changes in primary care?</p> <p>A: the biggest change locally was Medway Maritime being put into special measures. There are problems across the board with NHS and social care funding.</p> <p>Q: is there clarity and transparency in what the CCG is doing and will be doing in the future?</p> <p>A: there are issues with communication so that everyone can see the whole picture.</p> <p>Q: will the closure of Walderslade affect this practice?</p> <p>A: no, but any closures closer to home will. There is a drive e.g. to use pharmacists skills more, even to have certain pharmacies specialising in specific conditions. Another thread is to look at the effectiveness of drugs being used long term.</p> <p>Q: the link between Boots Pharmacy in Chatham and this surgery went down over the holiday period leaving some patients without their medication for several days. Has this been fixed?</p> <p>A: this is a problem at the Boots end so patients should take it up with them. The Electronic Prescription System (EPS) had encountered a lot of problems initially but the issue is now staff knowledge in the pharmacies of how the system works.</p> <p>SB had been told that locum pharmacists cannot access the system.</p> <p>LA: that should not be the case. All pharmacists have an NHS smart card. This is a technical issue rather than an issue of access. It could be that the locums have not been given these rights by their system administrators in the pharmacies.</p>	
5	<p><u>New computer system at the practice how it will work</u></p> <p>LA: the practice has made the transition to the new clinical system relatively smoothly. The staff are very pro active and competent and embrace technology. It is likely to be fully operational near the end of March. Clinical care has been unaffected.</p>	
6	<p><u>How does the complaints procedure work and how do patients find out about it</u></p> <p>See item 2 above.</p>	

7	<p><u>Forthcoming survey - what are the details</u></p> <p>The Chair said she was disappointed how few people responded last time, less than 1%.</p> <p>PS: at the last meeting he advised that this was an annual survey but in fact it should be carried out every 2 years. The PPG could start planning for it later in the year.</p> <p>LA: early planning is essential. Fewer and shorter questions are advisable to maximise response, with 4 choices rather than 5 so that responders could not play safe by choosing the middle option. The PPG should consider to how to increase the level of response. Survey Monkey would be used online but this is not accessible to all patients and it is vital to capture all groups.</p> <p>SB: the practice could promote the survey well in advance with posters.</p> <p>BS: people will want to know what the survey is for, to help them understand why it should matter to them.</p> <p>LS: perhaps there could be a draw for a reward for completing and returning the survey?</p>	
8	<p><u>What is the procedure for a patient being de- registered</u></p> <p>LA: NHS guidance is if a patient is out of the country or area for more than 3 months they need to register elsewhere. The trigger is how long it is since a patient has last been seen. The practice sends one '4-week' letter and if there is no reply, under the 8-day rule the patient is removed. But if the NHS does list cleansing exercises and send the letters without telling the practice.</p> <p>LS: it is a concern that only one letter is sent out. If there is a problem with the post being delivered would the patient miss the chance to put their case for remaining registered?</p> <p>LA: there is an appeals process.</p> <p>Q: could the practice not phone patients instead?</p> <p>A: this is an issue of manpower. There is also the issue of elderly patients who may have difficulty in dealing with a phone call: then whom should the practice speak to, e.g. the carer, a relative.</p> <p>Q: is there no overall nationally-held data on who is registered where?</p> <p>A: no. If someone registers at another practice e.g. on moving house, then that</p>	

	<p>practice will notify this practice and ask for their notes.</p> <p>Q: what happens to the de-registered patients records?</p> <p>A: they are sent back to health Authority.</p> <p>Q: what is the state of play with the labelling issue on records?</p> <p>A: there is a problem with bar coding (Capita).</p>	
9	<p><u>A question on translation costs for notices</u></p> <p>LA: the last (small) notice cost £175, in 6 languages.</p> <p>Q: certain signs are standard. If this practice paid for a sign, could it not sell it on to others or, alternatively, share the commissioning cost with local practices?</p> <p>A: these signs are usually specific rather than generic.</p> <p>Q: is there any evidence that pictorial signs work?</p> <p>A: they do not immediately but in time they made an impact.</p> <p>Q: could those who attend to translate for patients be asked to translate just a phrase in that particular language so that a database could be built up?</p> <p>A: unfortunately they would not do anything without a fee.</p> <p>Q: in Medway there is a large pool of medical professionals who use many different languages. Can the practice not tap into this resource and ask for assistance with notices/languages?</p> <p>A: yes, this was a good idea.</p> <p>ACTION: LA/SH/PS to take forward and report back to next meeting.</p>	LA/SH/PS
10	<p><u>Newsletter</u></p> <p>SB had emailed a few queries to LA.</p> <p>LA confirmed that he had been waiting for some changes to finalise the newsletter and then display it. Once the draft is approved he will make copies of the newsletter and laminate some.</p> <p>ACTION: SB to send newsletter in draft to LA, copying in group members.</p>	SB

	<p>SB had asked for input from the reception team on making appointments, an overview of how they deal with requests.</p> <p>LA: the appointment system is still being tweaked so it is not yet the right time for this. Nurses are being seriously underutilised, at a time when doctor appointments are oversubscribed. There was a trial offering appointments 2 weeks ahead but this did not work so the practice had reverted to 4 weeks. Once the system has been decided on he would notify the PPG. There is some abuse by foreign nationals but payment at the point of delivery could not be demanded for primary care. There is also an ongoing issue of patient education, e. g. not asking for prescriptions for paracetamol. Pharmacists can in effect give out medication and apply for reimbursement through the practice.</p> <p>LS: those working in advices centres do not know this otherwise they could put this message out.</p> <p>LA: the practice cannot put out this message until it is agreed higher up.</p>	
11	<p><u>Any other business</u></p> <p>PM asked about meeting on Saturdays.LA said this was not practicable at present.</p>	
12	<p><u>Date of next meeting</u></p> <p>Thursday 6th April 2017 at 13:00.</p>	
	Meeting ended at 14.24.	

Signed

_____(Chair)

Dated
