

St Ann's Medical Centre
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**Doctors: Owen, Kitlowski, Start, Mackeown, Powell, Forrester, Waller, Ullah,
Chandran**

Patient Participation Group Meeting Minutes Tuesday 5th November 2013

Present: St Ann's: Dr Ullah, Stuart Abbott – Deputy Manager

Patients: 8 patients attended

Apologies: Apologies were received from 2 patients

Stuart opened by thanking those present for coming.

Changes within the practice since the last PPG meeting

- **Dr Kitlowski**, there was a recent article in the Rotherham Advertiser that read as if Dr Kitlowski was leaving the practice to take up the role of Chair on the Clinical Executive Group. This is not the case and Dr Kitlowski will continue to work 3 days per week in practice as she did before taking up this role.
- **Dr K Carter**, Dr K Carter (Female) joined the practice as a salaried GP working 2 days per week. She will be based on the first floor to try and avoid confusion for patients as we already have another Dr Carter (Male). The practice will try direct patients to the appropriate waiting room by way of signage in the waiting room and messages on the touch screens.
- **Dr Weir**, who is currently on maternity leave will be returning to the practice in January 2014.
- **All patients to all sites**, very shortly the practice will open up appointments so selected patients can visit all sites as soon as the Clinical system has been

appropriately configured. The plan is to allow patients living in postcode S65 the ability to attend appointments at Ridgeway and vice versa. This will be a limited number of appointments per day so that current Ridgeway patients are still able to make appointments there.

Feedback from the last PPG Meeting

- **Snacks Dispenser** – the contract on the snacks dispensers in both waiting rooms has been terminated and as soon as the stock has all gone they will be removed.
- **Web address on all documentation** – it was highlighted in July that the practice website address was not on all documentation. This should now have been resolved.
- **Online ordering of prescriptions** – It was mentioned that not all prescriptions ordered online were printed at the correct site. This led to delays and duplication. The practice is working hard to reduce these errors.
- **Volunteer translators** – It was suggested that in light of the two translators no longer being employed by the Clinical Commissioning Group that the practice looks at replacements, possibly volunteers. There are issues with regards the use of volunteers but the practice has not ruled this out.

Feedback from the Rotherham wide PPG Meeting held on 4th July

- **Annual Commissioning Plan**– The Clinical Commissioning Group (CCG) has to issue a plan every year detailing its plans for Rotherham in the next 2 years and outlining its plans for the next 3 years after that. This plan will be made available in December 2013 and will mention in loose terms what money will be spent where. This is because the CCG will not know at that point exactly how much its budget will be. The plan will be circulated to the appropriate sectors and revisions made where appropriate. This will then be re-issued in January 2014. Concerns were raised regarding the language used in such documents but Dr Carlisle stated it was necessary to communicate it appropriately to the relevant people. Helen Wyatt promised to reduce the final plan into a 2 page document summary in plain English.

Questions directed at the group

- **Practice Survey 2013/14** – The annual survey was passed around for discussion with some questions from last year removed and more relevant questions inserted, namely:
 - Q18 - Would you be interested in having a 5 minute appointment where the GP only deals with 1 new problem? – it has been suggested that patients with simple problems could have a shorter 5 minute appointment. The practice wants to know how patients feel before they consider trialling this system. It would rely on patients informing staff why they need the appointment so the most appropriate appointment can be given. Patients are at time reluctant to discuss issues with receptionists which can make this harder to work.

- Q19 - Would you be interested in having a GP ring you back even if this meant a reduction in face to face appointments? – this is done informally at the moment, if appointments were scheduled then face to face appointments would have to be reduced. Again, we would like feedback before trialling this system.
- Q22, 23 and 24 – Are you aware we have a website, would you use it, what info would you like to see on there? So that we can try and provide what the patient wants.
- Q29 - If you didn't answer Yes to the question above please state why below – last year we asked if people would recommend us to someone who had moved into the area but if they said no we failed to ask why

It was asked how patients would be targeted. The surveys will be available from the reception desk of all three sites and we will look at mailing out a proportion to patients from specific demographic populations as well as those who do not attend very often at all.

The survey should start being distributed as soon as possible with a view to have a view to running it until mid January so the responses can be collated and fed back to the PPG at February's meeting.

St Ann's goals for the year

- **Improved access** – Current waiting times for the **first available** appointment are 2 days at Kimberworth Park, 6 days at Ridgeway and 7 days at the Health Village. It should be noted that 6 GPs weren't working today due to a compulsory training day and 1 was on annual leave. This accounts for a loss of 120 appointments which will have affected the statistics just mentioned. Obviously the wait for a GP of your choice may still be considerably longer.
- **Improved access via telephone** – Uptake of online booking of appointments has only risen by 118 patients in the last 3 months which will not take a great deal of pressure away from the telephones. The practice should advertise this more.
- **Reduce A&E Admissions**
 - **Long Term Conditions** – An ongoing pilot in Rotherham is to "Case Manage" the top 5% of patients at risk of admission to hospital. For St Ann's this represents about 950 patients. At the time of the meeting 530+ patients were being Case managed. Case management, in layman's terms, is providing pro-active care, usually for long term conditions summarised in a plan held in the patients in home. For example giving a patient with COPD a plan to follow should their condition flare up which may state
If x happens - Try more medication
If y happens - Ring the triage nurse
If z happens - ring 999

It also includes a sheet of information for the emergency services about the patients' conditions to view at a glance to try and reduce unnecessary admissions.

- **Canklow Childrens project** – So named because it was trialled in Canklow; it aims to reduce the number of parents taking their children to A&E unnecessarily by providing a simple flow chart of symptoms and medications that can be used. The group thought this was an excellent idea and should be available as handouts to collect without seeing a GP and also publicised on the website
- **A&E Pass back** – St Ann’s did meet A&E some time ago with a view to the department sending patients back to the GP if their attendance was inappropriate. Whilst this would be ideal for the practice, the A&E staff felt it may be clinically inappropriate to do so.
- **Walk In Centre** – in the future the Walk in Centre will be located next to A&E so that patients can be signposted to the correct place for the appropriate treatment.

Any other business

- **Use of the phrase Chronic Disease** – A patient relayed to Healthwatch, the organisation that has replaced PALS (Patient Advice and Liaison Service) unhappy that we had written to them, offering a flu jab due to their “Chronic Disease” as they felt their conditions were well managed. Healthwatch asked the practice to revise the language in the letters sent out, or at least discuss it at the PPG. In everyday language Chronic may mean poor quality, but in health terminology means persistent or long term and is not a derogatory term. It was suggested the practice may want to consider “chronic/long term” or “in view of your medical history”. Both phrases will be assessed and a decision made.
- **Doncaster Gate Hospital** – Further to regular newspaper articles, Stuart informed those present that the practice knew only what was in the newspapers regarding the future of the site. St Ann’s only rents a portion of the Health Village from the building owners, who in turn rent the footprint of the land on which the building sits (and associated car parking) from the owners, Rotherham Council. We, St Ann’s, are certain that if the demolition does go ahead, the owners of the Health Village will work with the Council to ensure any work is done safely and with minimal disruption to the practices. Most importantly, the Health Village and St Ann’s Medical Centre will continue to operate from this site irrespective of what happens to the surrounding buildings. It was suggested that St Ann’s and Clifton invite a reporter in to do a piece on the Health Village to highlight the fact we will remain on site.
- **Nurse Training** – it was asked if nurses have appropriate training for the clinics they deliver. The simple answer is yes; we would never ask or expect anyone to deliver a service unless they were deemed competent. We encourage our nurses to develop their clinical skills and training further and currently Joan Hawkrige (Practice Nurse) is completing her Nurse Prescribing Course.

Stuart closed by thanking everyone for attending.

The date of the next meeting will be in February 2014, date to be confirmed.