

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

Patient Participation Group Meeting Minutes 9th July 2013

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

Patients: 12 patients attended

Stuart Abbott opened by thanking those present for coming and explained the purpose of the meeting was to update those present on recent changes, get feedback from the group and give the group their opportunity to raise issues.

Changes within the practice since the last PPG meeting

- **Dr Carver**, who was a salaried GP with the practice has moved back to her home town to continue her career there.
- **Dr Chandran**, joined the practice as a partner to fill the position left vacant by Dr Kenny. He has also qualified as a trainer and will soon start supervising GP Registrars in the practice.
- **Dr Bilton**, who is currently a GP Registrar at the practice and will complete her training early August will start on the 28th August as a Salaried GP filling the position left by Dr Carver.

- **Vacant Salaried GP Post**, the practice is currently recruiting for another salaried GP to take on additional hours within the practice to provide more GP hours and improve access.
- **GP Registrars**, Drs Bilton, Scammell and Langley will leave us in August and Drs Carter, Senthilkumar and Weston will be joining the practice for 12 months.

Feedback from the last PPG Meeting

- **Publicising online services** - It was suggested that the practice had attempted to publicise its online services (online booking and medication ordering) by way on posters in the waiting room and using the practice website. Some patients were unaware we had a practice website and suggested we put the website address on all correspondence.
- **Integrating the phone system with the clinical system** – This was explored but by the time the system had paid for itself it would be out of date.
- **Snacks Dispenser** – following on from the report in the local paper the patients present suggested the only thing dispensed in the waiting room should be water via a cooler. This will be fed back into the partners meeting.

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

- **Health watch** – Health watch will be funded by RMBC and replace some of the functionality of PALS but across Health and Social care. It will be based in the currently empty building across from the Corn Law Rhymer.
- **Michael Morgan – interim Chief Executive of Rotherham Foundation Trust** – Michael highlighted the challenges he faced in trying to turn RFT around including 300k per month losses which is being turned around by losing £6million of management costs and reinvesting at nursing level to improve care whilst making savings. The Electronic Patient Record (EPR) was a new piece of Software which was not installed properly and did not run effectively. The software company are now back on site making good the flaws in the system. It was also suggested joint working between hospitals may be needed to reduce duplication of departments and reductions in cost but that Maternity and A&E were essential to the town

Questions directed at the group

- **Flu 2013, how do we increase our uptake** – following a lengthy debate to identify if we, the practice, were targeting the correct groups and discussing how we use SMS, posters, messages on prescriptions, messages on the Jayex board (call display) and the self check in screens as well as writing to people three times, the group came to the conclusion that if St Ann's were following this regime and the patients were not taking responsibility for their own health then the practice has tried it's hardest. One further suggestion was an advert on the local radio or in the paper.

- **Patient Questionnaire** – The questionnaire is an annual requirement of the PPG. The group was asked what questions, different from previous years we could ask of the larger patient population. The practices thoughts were:
 - Do patients want to be able to access all sites
 - Do patients want the opportunity for a GP to ring them back – this is currently done informally, as needed rather than as a structured appointment session. It may lead to a reduction in face to face appointments being available
 - Would patients use, and know when it is appropriate to use 5 minute appointments – this would double the number of patient seen but only if the GP and patient understood that it was for a new, appropriate, problem. A review of a long term condition, for example, would not be appropriate.
 - If you wouldn't recommend St Ann's why not? Last year the questionnaire asked if people would recommend St Ann's and a very small amount of patients answered no but the questionnaire omitted to ask "Why not?". Finding out why would help the practice address areas where training or protocols may need addressing.

St Ann's goals for the year

- **Improved access by recruiting a salaried GP** – A further salaried GP should add 100+ appointments per week and reduce waiting times.
- **Improved access to reception** – With 1045 currently registered for online appointments and prescriptions and slowly increasing this should reduce footfall at the reception desk and the number of incoming calls to the surgery.
- **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 300+ patients were being Case managed. Case management, in laymans 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.

Any other business

- **New Registrations** – it is the patients' perception that new patients are blocking the counter whilst filling out registration forms. Can receptionists ask them to sit down or move to the end of the counter
- **Online ordering of prescriptions** – patients who order prescriptions to be collected from the branch sites sometimes arrive to find they have been printed at the main site. This process needs tightening up a little
- **Translators** – given the changing demographics does the practice have translators. The practice used to have access to an Asian translator and a European

translator both of which have been withdrawn. It was suggested we recruit a volunteer. This will be fed back to the next GP meeting

Stuart closed by thanking everyone for attending.

The date of the next meeting will be in October 2013, date to be confirmed.