



Bartholomew Medical Group Patient Participation Group (PPG)

Meeting Tuesday 4th June – 6:00pm

Present:	Dr R Singh (RS)	GP
	Dr A Saxena (AS)	GP
	Helen Fox (HF)	Assistant Practice Manager (Chair)
	Rebecca Clark (RC)	Practice Manager
	Roy Taylor (RT)	Patient
	Susan Diack (SD)	Patient
	June Fletcher (JF)	Patient
	Mary Sarginson (MS)	Patient
	Malcolm Corke (MC)	Patient
	Daphne Corke (DC)	Patient
	Trevor Langton (TL'ton)	Patient
	Walter Wilson	Patient
	John Frost (JFr)	Patient
	David Wall (DW)	Patient
Apologies:	Trudy Bradshaw (TB)	Patient
	Eileen Dunford (ED)	Patient
	Tracy Thornton	Patient

Minutes	Action	Action By
1. Welcome and Introductions HF welcomed everyone to the meeting. Members introduced themselves as there were new representatives.		
2. Agree Minutes from Last Meeting The minutes of the previous meeting held on the 4 th February 2013 were agreed as an accurate record.		
3. Update on Matters Arising <ul style="list-style-type: none"> HF informed the group that the TV was now in the back of reception and will be on the wall shortly. It will then be updated showing cartoons, relevant health updates and general information. HF asked if everyone had received and looked at the recently published newsletter. WW asked what GMS Coordinator stood for as a patient would not know what this role was. RS and AS explained the GMS stands for General Medical Services and the 		

<p>Coordinator ensures that we are fulfilling our contract to ensure payment. It was noted that we will try not to use abbreviations without explanations on future newsletters. SD felt that it would be useful to have posters advertising the Scunthorpe Hospital bus service. RT said he would try and obtain posters advertising the bus for Scunthorpe Hospital from his contacts there. RC said we would try and have it advertised on the TV in Reception. TB wanted it noting that she felt the newsletter was good and informative. All attendees felt the same.</p> <ul style="list-style-type: none"> • HF and RC explained the process for updating the website and RC is currently awaiting a proof to sign off. Once this has been signed it will go to print and then the website is updated with the leaflet information. 		
<p>4. Terms of Reference</p> <ul style="list-style-type: none"> • HF added Terms of Reference on to the agenda following a request to do so at the last meeting. RT didn't think they needed broadening. RT feels they are fit for purpose and TL'ton agreed that they should remain the same. All present agreed that these should not be changed as long as they are reviewed on an annual basis. 		
<p>5. Appointments Committee Report</p> <ul style="list-style-type: none"> • HF gave an update on the first meeting held 29th May 2013 which RT attended along with a GP, Reception Manager, both GP Registrars and HF. It was a useful and informative meeting and they looked at our average number of appointments per 1000 patients. We offer approximately 70 appointments per 1000 patients which compares well with the guideline 60/70 per 1000 patients. The number of pre-bookable appointments was also explained – up to 32 per week per fulltime GP. • The group also discussed some other options: - the possibility of a triage service, a sit and wait service and a first come first served system when patients would be allocated the next available appointment slot rather than a specific GP. MS commented that we have different GPs specialising in different things for example Gynaecology or skin. MC felt that patients with a chronic problem like to see the same GP for continuity of care. HF said that if a GP needs to see a patient again they can book you in to see themselves. TL'ton felt that patients should be prepared to see the first GP available. • All present agreed that it is of primary importance to inform and educate patients about our existing system and we wondered how best to access this. JFr felt that an information leaflet outlining the system that can be given to patients would help for those currently unaware of what is on offer. It was agreed for a leaflet to be devised explaining the appointments system. 		

<p>6. Out of Hours</p> <ul style="list-style-type: none"> RC gave an update on the current OOH provision and the pending changes. Humber NHS FT have agreed to remove the current OOH service from the Goole Hospital site and place them within Goole Health Centre. No dates have been confirmed as yet as alterations need to be made to the building. RC advised that we will have a shutter to safeguard our half of the building. RC also gave an update on the recent launch locally of the new NHS 111 service. 		
<p>7. Any Other Business</p> <ul style="list-style-type: none"> HF gave an outline of a new system for ordering repeat prescriptions due for launch early July called Electronic Prescribing. Pharmacies will be asking patients on regular repeats currently ordered through them, to sign paperwork to authorise this to be completed electronically rather than in paper format. TL'ton confirmed Boots are already asking patients to sign the documentation. JFr asked if a Consultant wanted an up to date list of medication could this still be done. RC confirmed that the information would still be available for us to print or the pharmacy to print. HF 'parked' the optimum size for the PPG as it was not relevant to discuss this at this stage. HF informed the group that the Practice is currently looking at a transport trial utilising Goole GoFar, Medibus and school buses to transport patients to and from appointments when the vehicles are not in use. This is currently been trialled in another local Practice and we are hoping to roll the scheme out very soon to cover our patients. There was discussion around patients in the villages possibly finding this more useful than patients who live in the town. Discussion took place around the next patient survey. SD felt that, as we were trying to get away from GP of choice the question relating to this may need removing. All present agreed. MS felt that question 5 needed to be reconsidered, with regards to awareness of our Extended Hours Service. Following on from her experience in helping patients to complete the survey in Old Goole, this question does not apply at the Branch Surgery. TL'ton felt that comparability was key and all agreed to minor alterations being made but to keep much of the survey similar to the previous two. This will allow us to look for improvements. RT asked when we should run the survey. RC explained that due to holiday commitments over the summer period it would be more beneficial mid to late September and in to October. RC advised the group that she had been offered another job and she was due to leave the Practice mid August. RT thanked RC for her hard work and commitment. 		

<p>8. Date & Time of Next Meeting</p> <ul style="list-style-type: none"> • It was agreed to announce the date of the next meeting shortly, at which time the main focus will be the patient survey. 		
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