



## Bartholomew Medical Group Patient Participation Group (PPG)

**Meeting Monday 28 April 2014 – 6:00pm**

Present:

Dr F Thornton (FT)	GP
Dr T Nkomo (TN)	GP
Paul Friend (PF)	Business Manager
Denise Ewing	GMS Co-ordinator
Trevor Langton (TL'ton)	Patient
David Wall (DW)	Patient
Roy Taylor (RT)	Patient
Trudy Bradshaw (TB)	Patient
John Frost (JFr)	Patient
June Fletcher (JF)	Patient
Susan Diack (SD)	Patient
Mary Sarginson (MS)	Patient
Malcolm Corke (MC)	Patient
Daphne Corke (DC)	Patient

Apologies:

Helen Fox (Asst practice manager)
Eileen Dunford
Judy Wardrobe
Tracy Thornton

Minutes	Action	By
<b>1. Welcome and introductions</b>  PF welcomed everyone to the meeting. There were no new representatives however those patient representatives absent at the last meeting were introduced to Paul Friend, the Business Manager and Dr Toby Nkomo (GP).		
<b>2. Apologies</b>  As above.		
<b>3. Agree minutes from last meeting</b>  The minutes of the previous meeting held on the 20 January 2014 were agreed as an accurate record.		
<b>4. Matters arising</b>  <b>4.1 Appointment Audit</b>  PF explained that as a result of the appointment audit and survey we have now increased our practice nursing hours to allow an experienced nurse to run 6 minor illness clinics per week. Also a nurse practitioner has been recruited to provide an additional session on a Friday as a trial. Both these changes are intended to free extra GP appointment space.  In addition we have introduced online appointments (and prescriptions) at		

<p><a href="http://www.bartholomewwavesurgery.co.uk/">http://www.bartholomewwavesurgery.co.uk/</a>. PF explained that patients wishing to access this service need to provide photo ID at the practice and will be registered and provided with the necessary passwords. SD enquired how we were publicising this service and PF said this was a presently by word of mouth and practice website roll out until confidence rises. MS requested a demonstration of the online services which PF agreed to organise for the group at the next meeting.</p> <p>4.2 Appointment availability – rota</p> <p>PF discussed how we have increased the number of instances in which missing clinics are replaced by locums or partners working extra sessions to maintain appointment levels. Additionally we are extending the availability of GP rotas to 6 weeks in to facilitate further advanced booking. This was well received as JF pointed out that there are still problems with GPs asking patients to return in a month and there currently being no appointments on screen. PF explained that this is a work in progress and that hopefully we will be able to demonstrate more benefits at the next meeting.</p> <p>4.3 Telephone system</p> <p>PF explained that there have been meetings with suppliers to look at updates and methods to handle calls differently and that whilst awaiting quotes this is likely to be cost prohibitive at present. He further discussed the plan to investigate alternate funding to try to implement before the equipment needs replacing. Also mentioned was the requirement for a dedicated bypass line for emergency care services to comply with a new enhanced service. The group was informed that telephone triage would be discussed at a practice planning meeting in May. MC pointed out that diagnosis over the telephone can be dangerous for anything other than minor illness and FT agreed strict protocols would need to be employed. PF confirmed that SMS I appointment reminders are now live for all patients that haven't declined the service, hopefully this will reduce levels of DNAs.</p> <p>4.4 Staff training</p> <p>PF explained the ongoing development work to accommodate minor illness via the increased nurse practitioner clinics and referral of patients to more appropriate services e.g. pharmacies where applicable. This work will continue on future practice training days.</p>		
<p><b>5. Introduction to the new contract for year 2014-15</b></p> <p>PF gave an overview of changes in the new contract this year, these included discussions about:-</p> <ul style="list-style-type: none"> <li>● The unscheduled care enhanced service designed to reduce the number of at risk patients undergoing recurrent emergency admissions.</li> <li>● The intention for all over 75s to have a named GP responsible for managing their care.</li> <li>● The record summary being online for all patients by September 2014 to include major problems and medications, and the continuing long term work towards full record access and electronic communication with patients.</li> <li>● The increased clinician types in extended hours to include Heath Care assistants as well as nurses and GPs.</li> <li>● Our increased responsibility to monitor Out Of Hours performance.</li> <li>● The funding reductions across GP practices and 10 year decline of NHS budget despite average appointment numbers increasing by 2 per patient per year over same time.</li> <li>● The reduction in testing and targets in some clinical areas.</li> <li>● Increased choice of GP practice and abolition of boundaries to allow patient</li> </ul>		

<p>registration out of area.</p> <ul style="list-style-type: none"> <li>● The Friends and Family Test and re-introduction of the national survey.</li> </ul> <p>FT and TN further explained to the group about the current shortage of new GPs which is creating major issues in the staffing of Primary Care.</p>		
<p><b>9. Any Other Business</b></p> <p>RT asked about the possibility of better joint working with NLAG and FT explained about difficulties encountered. All agreed the availability of open access investigations within the area were excellent. SD and RT confirmed their intention to maintain pressure for services and agreed with FT that car parking charges were still an ongoing issue.</p>		
<p><b>10. Date &amp; Time of Next Meeting</b></p> <p>The date of the next meeting was set for 6pm on Monday 28 July 2014.</p>		