



Bartholomew Medical Group Patient Participation Group (PPG)

Meeting Monday 1st September– 6:00pm

Present:	Dr F Thornton (FT)	GP
	Helen Fox (HF)	Assistant Practice Manager
	Denise Ewing	GMS Co-ordinator
	David Wall (DW)	Patient
	Roy Taylor (RT)	Patient
	Susan Diack (SD)	Patient
	Mary Sarginson (MS)	Patient
	Malcolm Corke (MC)	Patient
	Daphne Corke (DC)	Patient

Apologies:

Trevor Langton
John Frost
June Fletcher
Eileen Dunford

Minutes	Action	By
1. Welcome and introductions HF welcomed everyone to the meeting. There were no new representatives to introduce.		
2. Apologies As above.		
3. Agree minutes from last meeting The minutes of the previous meeting held on the 28 April 2014 were agreed as an accurate record.		
4. Matters arising 4.1 HF explained the introduction of the new Friends and Family Test, a new initiative intended to improve services without the need for the PPG to carry out its annual survey. The group were given a demonstration of the new website and access to the questionnaire which BMG must have available to patients by Dec 14. She informed the group that the practice will collate and report on the results monthly to NHS England and publish these locally. Basically the survey needs to ask two questions.		

<p>The first is 'We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they need similar care or treatment? Responses are extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely or don't know.</p> <p>The second question is at practice discretion and can be changed if they need to canvas opinion on something specific. Patients can respond after each contact if they wish and the practice must provide patients with the opportunity to complete the test but patients do not have to complete them if they don't wish to. There is no target response rate. Any free text comments made must remain anonymous as do all the results.</p> <p>The BMG survey is available for use now on our website. We also propose to have a tablet in the waiting room to make it as accessible as possible. Printed questionnaires will also be made available in the waiting room however this data will need to be entered manually.</p> <p>Discuss identification of three areas for improvement and how FFT can help. <i>DW MC wanted suggestion box</i></p> <p>4.2 HF discussed the new System Online service for appointments and prescriptions and gave a demonstration on how to book GP appointments and order repeat prescriptions. The registration process was explained whereby patients need to bring photo ID into the practice and are then given a personal password to access the service.</p> <p>The group suggested we publicise the web BMG website on the JX board in the waiting room together with the flu campaign and shingles vaccinations for eligible patients.</p> <p>DW commented that the PPG website needs some reader friendly improvements as it contains too much detailed information.</p>		
<p>5 Unplanned Care Service and Over 75's Named GP</p> <p>HF gave the group details regarding two new</p> <p>The Unplanned care service has been introduced for the 2% of the practice list most likely to be admitted to hospital. A pilot service will initially run until March 2015. BMG will provide these patients with a named GP and care co-ordinator (Vikki). All discharges from hospital are now reviewed within 3 days and requests to speak to a GP will be answered within 24 hours. Every patient on this register will have a personalised care plan. This scheme will leads on to locality rapid response pilot explained by FT.</p> <p>From April 2014 all over 75's received a letter informing them that they are to be allocated a 'named accountable' GP. Patients do not have to see this GP as 'This is largely a role of oversight, with the requirements being introduced to reassure patients over 75 that they have one GP within the practice who is responsible for ensuring that this work is carried out on their behalf.'</p> <p>HF explained that the role of the named GP is to:</p> <ul style="list-style-type: none"> • Take lead responsibility for ensuring that all appropriate services required under the contract with the practice are delivered to the patient. • Where required, based on the professional judgement of the named GP, work with relevant associated health and social care professionals to deliver a multidisciplinary care package that meets the needs of the patient. • Ensure that the physical and psychological needs of the patient are recognised and responded to by the relevant clinicians in the practice. 		

<ul style="list-style-type: none"> • Ensure that the patient has access to a health check if requested, which is already a requirement of the GP contract regulations <p>6 Mr P Friend Leaving</p> <p>The group were informed that The Business Manager Mr P Friend had And the practice is in the process of recruiting.</p>		
<p>9. Any Other Business</p> <p>RT informed the group about the Goole and District Amputee Support Group who were meeting the 2nd week in October to offer help and guidance to patients and carers. MC pointed out that the drain outside Lloyds chemist is blocked and needs reporting to estates. It was mentioned that a spelling mistake 'of instead of off' appears on the JX board.</p>		
<p>10. Date & Time of Next Meeting</p> <p>The date of the next meeting was set for 6pm on Monday 1st December.</p>		