

Hartland Way Surgery

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HARTLAND WAY SURGERY **PATIENT PARTICIPATION GROUP MEETING**

MINUTES OF MEETING HELD ON 21 JANUARY 2016

Attendees: Dr Ingram, Dr Gardiner Rena Amin, John Kingdom, Derek Ritson, Robert Goldsmith, Michael Mansfield, Eric Green and Susie Prior

Apologies: Helen McMullen and Kirstie Smith

1. Welcome and introductions
2. Apologies noted from non-attendees – noted that Mrs McMullen had recently fallen and injured her nose.
3. Conflict of interest: None
4. Minutes of the last meeting: approved
5. Matters arising from last meeting:
 - The article in MORA regarding the prescribing of diabetic strips needed a little qualification. Should be altered to make clear that the surgery were following guidelines and trying to reduce the amount of unnecessary testing.
 - JK not yet had success in contacting two local practices to share their best practice. RG would speak to PPG members that were part of the local diabetic group that he attended and report back.
 - Due to other commitments, members had not been able to attend many promotional activities.
 - A new practice manager has been appointed and started in August.

Action: DR to modify the entry into the magazine.

Action: RG to contact PPG members on his diabetic group

6. Surveys

The patient survey was discussed and how to achieve a greater number of participants.

- Making some available in the local pharmacies was an option.
- RA reported that McCoigs now had new management and following a large staff turnover were now settling in, although there was obviously still room for improvement.
- It was suggested that the pharmacist from McCoigs be invited to attend the next PPG meeting.
- AI thought that it would be useful if the survey was seen as coming from the PPG. It could also be used as a recruitment tool “would you like to join...”

Action: SP to arrange invitation to McCoigs

Action: RA/SP to amend patient questionnaire

7. PDDS

- AI went through the most recent PDDS and discussed its function as a monitoring tool used to assess performance in 3 main areas.
 - a) A&E Attendance – the practice was below average – good – should indicate patient’s ability to get an appointment at the surgery. It could also indicate patient empowerment over long term conditions meaning A&E attendance not necessary.
 - b) A&E Admissions – Higher than the other averages – could be viewed in a positive light; out of those attending there was a higher rate of admission, indicating that they were right to attend in the first instance. However, AI reported that the practice was penalised for being over the average. Whether anything could be done was discussed and the question was raised “what is good v what is bad” – good from a healthcare viewpoint, but bad for the practice budget. It was hoped that budget setting would move to a more ‘fair share’ arrangement.
 - c) Routine referrals – also above the average. AI reported that every hospital attendance by a patient on our list comes out of our budget. All appointments were very heavily monitored, DNAs included were charged to the surgery.
- The PPG asked what other Practices were doing in order to keep their figures low. AI discussed the local Network peer review and how best practice was discussed amongst network members.

8. The friends and family test {F&F test} (Review of responses November & December 2015):

- AI reported the results from the above responses to F&F Test. Generally the responses were very positive, but occasionally there were some unfavourable comments
- DAG commented that it was the overall sweep that counted rather than individual responses.
- Some members felt that it shouldn't be anonymous, but that generally the system worked well.
- It was felt that the number of responses would increase if the ability to post responses online was pushed. The website could also be used to post a response to an unfavourable comment or complaint. This would openly show that comments were read and acted upon.

Action: SP/RA to upload comments and response to the Practice website.

9 Extended Hours

- Two hours each week – can be made up of GP and Nurse appointments
- Nurse appointments currently not fully utilised
- DAG reported to the meeting that the practice wanted to add an extra 30 minutes on Wednesday and Thursday evening, equating to two additional GP appointments on each day, making the practice extended hours 3 per week. The PPG were asked for their approval before submitting the request to NHS England.
- PPG felt the new arrangement was ultimately beneficial to the Practice's patients and backed the new arrangements.

Action: DAG/SP to submit a request for additional extended hours to NHS England.

10 Antibiotics

- RA reported on the too heavy useage of antibiotics resulting in lack of effectiveness and build up of resistance for both bugs and patients.
- Practices are being monitored on their prescription of antibiotics overall and of 3 particular antibiotics whose use needs to be reserved for severe illnesses.
- For both volume and prescribing of the 3 'reserved' antibiotics, the surgery were on target.
- Patient demand for antibiotics great. Their awareness of the resistance issue needs to be raised.
- RG suggested a quarterly Practice newsletter which could highlight issues such as this.

Action DR to draft a short article to put in MORA – RA to check content

Action: SP to put together a pro forma newsletter for PPG approval

11 Any Other Business

- JK – Warfarin level affected by BP medication – was unaware that this could happen. DAG – any medication change will affect level, patients on Warfarin should be very aware. This is something else that could be included in the newsletter and notice board.
- INR Results – always need to be brought in when requesting a prescription for Warfarin.
- INR tests – Borough bound – eg cannot have INR test at Boots in West Wickham if a Croydon resident.

12. Date of next meeting

- Thursday 6 June – 12 Noon

Action log:

	Actions	Rationale for the action	Responsible member
1	To modify the article in MORA re diabetic testing strip prescribing	Provides the readers with a clearer understanding regarding the rationale behind the change in prescribing	DR to amend
2	To make contact with members of other PPGs to gain an insight of their activities/practices.	To share good practice with other PPGs	RG to make contact with PPG members who also attend his local diabetic group
3	Patient Survey	To gauge patient satisfaction, to identify gaps in service provision and provide a local solution to a local problem and to encourage patient engagement with the work of the PPG.	RA/SP to draft a questionnaire and share with members
4	Pharmacy invitation	To engage with local pharmacies and encourage their input into the activities of the PPG	SP to issue an invitation to McCoigs
5	Update on F&F test	To demonstrate to patients that F&F comments were read and acted upon	SP to upload comments and response to website
6	Extended Hours	To demonstrate full compliance with the DES and the Practice response to the needs of patients.	DAG/SP to submit request to NHS England
7	Antibiotics	Practice response to the need to reduce the usage of antibiotics through the dissemination of information to patients	a) DR to draft article for MORA – RA to check content b) SP to prepare pro forma newsletter for approval