

MINUTES OF PPG MEETING JUNE 25 2013

Attendees: Joyce Greener, John Wright, Eddie Bermingham , Janet Hendle , John Hendle, Dr T Abubacker, Nicola Abubacker (Petros practice)

Apologies: Caroline Dawson , Carole Beard , Elaine Crimp , Ann Marie Blake

Review of previous minutes

The previous minutes were reviewed.

At the previous meeting it was noted that there had been a problem with some referrals not reaching the hospital in January / February time. The hospital have since confirmed that there was a problem with the fax machine at the hospital.

Noticeboards are still a mess although have been tidied up. With constant requests to put up notices need to look at on a regular basis. Is a trade off between displaying all relevant information and too much so patients do not know where to look. Agreed to set up a NHS/Legal section and a more general community/practice based notice board.

Student Doctors

JG said that the day there were student doctors in patients did not have enough information about what was happening. NA agreed to look into this as may have students in the practice again though would not be on a regular basis.

Hospital V Practice Prescribing

JW asked why there may be a difference between the drugs a hospital may prescribe and the gp practice. The hospital may issue medication and the practice may then change it. A explained why may differ, but all prescribing is regulated by the medicines management department in the CCG. This applies to all prescribing of medication whether at the hospital or in a gp practice .Medicines management visit Petros each week and will ensure all changes in drugs being prescribed are being put through patients records. These changes will be notified to the hospitals prescribing too and may be a change for a drug for something performing the same function at a lower cost.

Medical Records

The meeting had a general discussion about medical records and how the records move about when people change surgeries. All the medical records from when the NHS started should theoretically be passed to any surgery when you change doctors. TA said that any patient is able to come to the surgery and review their medical records.

Ultrasound/ Hearing

TA explained how ultrasound and some other previous hospital based services are now being undertaken in the community. Janet H asked whether hearing aid batteries were available at the surgery. NA said at present no but would contact inHealth to see if could arrange that.

Organisational Structure

EB said it was confusing when staff are mentioned but not knowing what each employee's job description was. NA to ensure an organisation structure is sent out with the minutes.

Tendering process/Doctors

TA told the meeting that Dr Ratha was leaving mid-August. He reiterated the problem that with the uncertainty as to the long term future of the practice and that partnerships could not be offered Dr Ratha had accepted a partnership elsewhere.

At the moment we are aware of 10 individuals/organisations interested in Petros and Kingsway but there is no split available as to how many are interested in each or for both practices together. All the information about the next stage of the tendering has not yet come out. The group was told would carry on whoever ultimately ran the practice and if the group ever had concerns about any change in owners could contact the CCG. TA said the next stage of the tendering process may include contacting the PPG group for their comments.

Maintenance

JW had noticed a gap in the guttering over the front car park light which could be dangerous when it rains. NA to contact the handyman to look at when comes to the surgery.

cQc (Quality Care Commission)

NA explained how the practice had to document around 220 procedures and that the practice was open to an inspection at any time. A leaflet on the cQc and patient participation groups and a leaflet on the cQc was handed out and NA agreed to get copies sent out with the minutes.

Blood Tests

Until the long term future of the practice has been decided blood tests will not at present be introduced at the practice. However, Mel the HCA could in the future potentially be trained up to take bloods. There are a large number of requests and the doctors do not have enough time to take blood and see their usual number of patients.

Training

NA was asked how training is decided upon. She explained that some training such as child protection or life support is mandatory for all staff and will be organised at the practice. Other training is not mandatory, but the doctors/practice manager feel is important such as training Reception staff on communication skills or use of telephone system. Clinical staff have to keep up to date and training will then be arranged as necessary.

Shingles

TA was asked about the risk of shingles with people in their seventies. He explained that the chicken pox vaccine was important for pregnant women. The risk of shingles if you are over seventy years of age is greater.

Questionnaires

EB questioned whether the question “when you visit the gp do you feel satisfied?” should be put in the patient questionnaire. Ta explained that there are a number of questionnaires:

- Questions about doctors for their revalidation which are not seen by the doctor
- Questions the practice asks about the Reception staff which the practice collates and uses as required
- Questions about doctors and nurses staff which the practice collates and uses as required

The nurses and doctors questionnaire does cover the above. NA can get copies of the questionnaire for the group members.

Repeat Prescriptions

The meeting expressed concern about the amount of drugs that patients pick up and do not use. TA said this was a Luton wide and indeed a nation wide problem.

Although the government may want surgeries to issue one months supply a patient may prefer a longer supply of medication to reduce the number of prescriptions they are having to pay for.

Date of next meeting

The date of the next meeting is Tuesday 10 September at 6.30pm.