**Balsall Common (BC) and Meriden (M) Patient Participation Group (PPG).**

**Minutes of Meeting Tuesday 24th May 2016**

**Present:**

Dr Mandeep Bhandal (MSB)

Dr Aileen Carlile (AKC)

Joanne Hope (JEH)

Aimee Ibbetson (AEI)

Norman Stephens (NS)

Paul Williams (PW)

Naomi Cuthbert (NC)

Judi Smith (JS)

**Apologises:**

David Felthouse (DF)

Gary Bishop (GB)

David Taylor (DT)

James Hughes (JH)

Agenda:-

1. Prescriptions In Writing process and how it is now
2. Electronic Prescriptions
3. Prescription Guide
4. Online Services – Under 16’s
5. QOF results
6. Dr Whitehead maternity leave
7. Balsall Common (BC) and Meriden (M) patients staying at Practice
8. Telephone and not attend for appointments, more telephone cover now
9. Any other business

Younger members – school email addresses are no longer and now unable to contact via this. It is an awkward time of year with exams and school leaving. JEH or AKC to contact school to see if can find replacements for September.

* Stopped taking prescription requests over the phone, now requests are only taken in writing - working group to implement the change – Dr Horsley, JS and pharmacies attended.
* Change over went smoothly – a lot better than expected, didn’t have many complaints.
* Lots of discussions on other things in the group – JEH felt it worked really well.
* To be called Pharmacy and not Chemist going forward.
* Info given to patients on repeat prescriptions – in the meeting was discussed a user friendly prescription leaflet would be helpful to explain how prescriptions work, the following are points that have been suggested to be in the leaflet
	+ Explain the prescription system and methods of how to request
	+ What the review date is and where to find it on the repeat slip
	+ How batch prescriptions work
	+ Which pharmacies they can use
	+ The Practice is going to electronic prescribing (ETP) potentially on 01.08.2016 which means the prescription will go directly to the pharmacy of patients choosing.
	+ Can still have paper prescriptions if patients requested.
* 80% of GP Practices to go to electronic prescribing by April 2017 – hopefully will reduce the amount lost prescriptions problems we have.
* Can send prescriptions to another Pharmacy or ‘holding’ account to check the stock in the pharmacy of the patients choosing.
* The Practice will not have any training until the day it goes live.
* Will not do Control Drug prescriptions and Dressing at the current moment – patients will still need to come and collect these prescriptions in paper form.
* Wanted to test the system prior to confirming use, but it was an all or nothing so we have accepted the change.
* Difficult to write the user friendly guide until we learn more on how ETP will work.
* Once medication reviews have passed there review date, cannot order the medication online.
* Ask if can have a telephone consultation – Doctor will now note on patients record if this would be acceptable. – repeat slips will have messages on that have highlighted.
* BC Pharmacy – Gold Star – when deliver medication, they draw attention to the patients medication review, on a 3rd medication review they ask the patient to sign it to confirm they have read it.
* JS to attend the working group for the user friendly leaflet.
* Under 16’s we have stopped registering them and will remove any under 16 patients that are already registered on the online services.
* This is because ‘Gillick Competence’ had to be noted on patient records to allow the systm one online to accept the registration.
* Did not make sense for children for online services to have this due to the code – this will apply to children of all ages.
* Code allowed the ability to access online services for the patients regardless of their age, systm one informed staff of the code and no one queried it as no one knew what it is.
* Dr Nadeem realized on an under 16 patients and questioned the code being on the record.
* JEH sent a message to All Solihull practices and only one other practice registered under 16’s using the same code as they were unsure of the meaning behind the code.
* All 304 patients with the coding will be removed for under 16 online services access. These will all be contacted via letter or email with the reasoning of ‘Technical Issues’
* What age will a child be able to say that they do not want parent to see? – just simpler to cancel everybody under 16.
* Any future application will be denied and informed.
* Will be able to see all patient records online from 2017 if as a practice we agree to this.
* JEH this week alone have had 3 patients come to look at their paper and computer records – takes time as member of staff has to be sat with them during this.
* GP’s assess which records they can / cannot see but Patients have the right to see and understand their notes.
* Targets each year between ‘1st April – 31st March’ that we must meet each year – involves clinical data – this year we received 100% on all targets.
* Must be compliant as will need BT – every year have to discuss.
* Practice – must provide evidence of patient compliance.
* Staff working hard to input the data and information.
* Dementia QOF targets – all data anonymised – have to send to Department of Health to prove what was discussed and that we haven’t just ticked the box.
* If need be in some cases they may contact patients
* Dr Whitehead is pregnant, and will be going on Maternity Leave in July but hopefully will be returning 9 months after.
* Dr Grieve and Dr Atkinson will be leaving us and we will be having 2 new registrars start in August.
* Dr Bayliss and was replaced with Dr Gold – JS said saw daughter who was very happy with the consultation so has extra brownie points.
* Currently have too many patients requesting to switch practices, would only allow if disability issues or carers live in BC or M, otherwise home visits get awkward as to who sees the patients.
* Need to be kept together if carer and patient at separate practices may agree to the switch of practices.
* BC appointments – released in the morning and sometimes by 9.30am all appointments have gone.
* M may still have some appointments so a Dr may be ask a patient to go to alternative practice if urgent for that day and it is appropriate and vice versa.
* We will be flexible with the appointments and practice if it is a medical emergency – this is based on the clinical need and will come from the Doctor.
* All doctors do a session at Meriden each week.
* All minor surgery takes place at BC and any speciality e.g. gynae.
* Have noticed that more patients are turning up for appointments at 8.30am and 2.00pm.
* Have more staff answering the phones now to encourage people to ring for an appointment rather than come to surgery and queue.
* People with difficulties may lose out if they ring and unable to get to surgery to queue for the appointments.
* Since the introduction of the card system more and more patients are coming down to surgery
* Looking at introducing a ‘marks and spencer’ line system.
* Will have a dedicated receptionist for the queue and 2 x receptionists answering the phone lines – all sat on the front desk so patients can see that phone lines are now a priority.
* To make booking of on the day appointments fairer.
* Will be asked to stand in a queue in the barriers rather than sitting in the waiting room to wait.
* Patients to ring after 9.30am for reception enquiries – 8.30am – 9.30am can very busy and need to time the call correctly to get through.
* Query’s take time at 8.30am when trying to book appointments
* NS suggested phone system to say
	+ - * Today Appointments press 1
			* Future Appointments press 2
			* Any queries to ring after 9.30am
* Sub-divide the calls, can then ask patients to ring back at 9.30am if they choose to ignore.
* Times may be difficult for working people – but need to keep with the system and be consistent – urgent on the day appointments
* Being able to book online for appointments is very helpful.
* Cannot use online to book under 16’s appointments now, have to call up – unfortunately unable to get round this at the moment.
* NS patients who come to the practice and queue get earlier appointments, where if you phone up you seem to get the later morning appointments.
* MSB – Patient perception – queue to get an appointment rather than phone to get the appointment needed.
* We have a higher % of over 85’s – these patients may not use online and are unable to get to the surgery so early to queue.
* Have 12,500 patients across the 2 practices, less 25 – 40 (work age) patients.
* Medically urgent – don’t always get to be seen on the day due to less urgent patients having the appointments.
* JS - Celebrate – have always found that GP’s are great, have always been fitted in when needed to be seen, f/up – bloods etc, amazing service received.
* New housing development on the Kenilworth Road – 75 houses –do we have a closed list? No.
* If numbers increase can hire another GP? – Where does the money come from? – do not receive funding
* Revenue does not match the increase of population – no money goes to the health care.
* There is no liaison with the big developments, but increased the demand for the service.
* Dorridge Surgery – GP surgery found out about development due to Practice Manager when to the meeting.
* How will we cope? – the demand is already too much – historical value that there is not enough funding / GP’s available per head.
* 2004 contract introduced – GP’s used to do the basic care, now doing a lot more, secondary care is increasing so more and more patients are having to be bounced back to GP for follow ups – beyond our control.
* Salaried GP’s wage increase – want more as more responsibilities now – want a GP that is going to support and continuity of care for patient.
* Unfortunately doesn’t matter how much busier we become we will not make any more money.
* Solihull services - should start directing patients there?
* Have to pay for the running costs – overheads a lot more now plus additional expenses - all privately funded by the partners.
* Phlebotomy Hubs around Solihull? – No further information at the moment, we may be one but only for Solihull not UHCW.
* NS - Walsgrave – moulded hearing aids after having tests – have since been discharged, year later have no space now. Specsavers – gave new hearing aids and destroyed old ones, not what I wanted as they were the better hearing aids. Came here and had a bad experience – was not happy with the service. AKC advised need to discuss and look at other referral solutions – Dr Horsley is brilliant
* AKC – most feedback is normally good for Specsavers – needs to contact Specsavers and inform, since been under 3 years still under care.
* NS – Meriden is dingy compared to BC facilities. ESTP – sustainable – all hospital people, look at a potential refurbishment for Meriden? Research could be done?
* Lost IAPT – has an effect on the service.
* Funding – bid – this is to be discussed at the next Partners Meeting.
* Waiting Room – while waiting appointment – patients discuss with each other. Elderly patient – complained wait for appointments are 10 – 14 days in advance sometimes more.
* Ring on day appointments –reception never informed patient of this.
* Need to ensure that the elderly are informed and that all patients have the same opportunity to book an appointment.
* More patients are asking for their NHS numbers for various things, we only give these out face to face as can be used as a form of identification.
* TS – Patients need to start becoming more aware of self-care.
	+ Antibiotics are all that patients ask for – need to start being phased out – these are a daily battle.
	+ Need to encourage patients to look after themselves – Posters, newsletter, TV’s, face to face and leaflets.
	+ Will only be given if illness progresses – CCG encouraging educating patient on the need for them.
	+ Patients want a quick fix when it is not needed.
	+ Some patients happy when they are told no, some patients will go everywhere until they get them.
* Prescriptions and holidays for patients
	+ Partners don’t buy prescribing
	+ Have to make an effort to do the right prescribing of the right drugs.
	+ Will give a 3 month supply and then patients will have to pay for the drugs abroad.
	+ NHS pays for drugs – budget of what we prescribe not the money value.
	+ Tax / Dispensing pharmacy fees where abroad can buy what you want.
* PS – very complimentary of doctors only downside that can’t always get an appointment when needed / wanted.
* Old armchairs in Meriden waiting room, elderly generation like them, please don’t ever get rid of them – easier to get out of and comfortable to wait in.
* JS – Thank you for all that we do – daughter was re-registered in 24 hours, where Oxford took 7.5 week to register

**Next Meeting** :- **TBA**