Morden Hall Medical Centre
Patient Participation Group

Notes of the meeting on Tuesday, 24 February 2015 at 1800 (v01 19 03 15)

Present:

- Tony Loft (Chair)
- Elspeth Clarke
- David John
- Jayanthani Hettiaratchi
- Tom Killick
- Leah Biller (MHMC)

1. Apologies were received from Derek Heaton, Chris Walton, John and Maureen O'Brien and the partners who had to attend an evening locality meeting. Mary Gell sent her apologies for stepping down from the group.	
2. Notes of the meeting of 17 February 2015	These were agreed with one small change. LB agreed to update the notes to ensure the record of the meeting was accurate.
3. Matters arising:	• LB had created a registration checklist as suggested by EC (and not TL) at the previous meeting.
• feedback received since the last meeting	LB shared the feedback received via the website and NHS Choices, from the Friends and Family Test forms received in the practice (those received via the internet, the freetext comments had been corrupted by spambots). Apart from a couple of "off the wall" pieces of feedback (eg a fishtank for the waiting room was requested with no plan for safety or upkeep), feedback was generally positive with negative comments being in line with known shortcomings that we are already working to resolve.
• recent changes and forthcoming developments	LB listed these as: • Updated website almost in full flow that evening. • Online services about to be up and operational as part of the updated website offer. • All data safety measures and protocols around online services now implemented and ready. • A number of new staff recruited, due to start in March 2015 for a front of house team overhaul plus improved phone answering due to increased resources. • A compliance officer appointed due to start in mid March. • The MHMC dedicated winter paediatric service for the 0-18 age group, principally targeted at the under 5s not being as busy as anticipated/feared locally but the slots still being very useful.
• appointments – update	The work continues. The main aim continues to be the release of clinical time so that doctors and nurses are doing only the work they should be and not administration being passed to them rather than being headed off and dealt with by non-clinical staff.

	Most of the work is being done at scheduled partners' meetings at the moment with consultation documentation being produced post meeting for circulation by way of consultation and comment with revisions of each document accordingly. LB has suggested an initial "awayday" (long meeting when the practice is closed!) to identify and prioritise outstanding actions in relation to the MHMC access project after 31 March. There is a huge amount of work going on at present and there is no doubt it is putting strain on doctors who are already working very hard so the work has to be balanced so that it does not end up being counter-productive.
• premises update	St George's podiatry are planning to run a service from the first floor in the new financial year – Monday to Friday for local patients who will be referred by their GP. The facilities just need to be prepared and checked to make sure they meet all CQC, infection control and health and safety requirements for service and patient use. We await final confirmation but 90% of the work for this has been completed by both sides. LB is yet to go back through all contact received about the accommodation. However, full time podiatry is a good start and we are waiting to hear when we can start generating referrals.
• DNA statistics and discussion	• LB had now looked further into the list of missed appointments with the help of Steve Brown, our clinical auditor. As well as having been requested by the PPG, we had also been asked by NHS England to make sure patients do not use A&E inappropriately and it is patients who appear to miss a number of appointments we need to be aware of as they may end up in A&E because they have failed to use their surgery appointment. • When we looked at each patient with more than one missed appointment we found that, in fact, in almost all cases, they had only really missed one appointment because it had been a double or treble review or dressing appointment usually booked with a senior member of our nursing team. A diabetes review takes 30 minutes (made up of three ten minute appointments). Other long term conditions reviews take 20 minutes (or two ten minute appointments). Dressing appointments are often booked when a patient has had a procedure (one appointment per day for, say, a week) and then missed due to unforeseen circumstances eg infection or readmission to hospital etc. So, what we found has given us quite a lot of food for thought and work to do to make sure fewer appointments are missed. On the whole, it appears we do not have a real problem with patients missing (and not cancelling) their appointments.

	• What we do need to consider now is how to prevent these long appointments being missed in future. LB will take this to the nurses for ideas so that we can begin to develop a strategy with a plan or two.
4. Agreement of continuing priorities	These were reviewed and the second priority was changed in light of findings on DNAs (missed appointments): • Access • ***Making better use of doctor and nurse appointments (eg not wasting them on administrative tasks or inappropriate allocation).*** • Building/premises development
5. Any other business	• DJ enquired whether the Pharmacy 2 U service was official and had anything to do with the practice. LB said absolutely nothing and the correspondence/documentation was very misleading for patients and users. • Issues with Boots on site and down the road – repeat prescriptions were not being produced properly. LB said she would pass this on. • Concern had been raised over scarlet fever locally and whether there had been any diagnoses. LB said she was not aware of any.
6. Date and time of next two meetings	**Tuesday, 14 April 2015 at 1800** **Tuesday, 02 June at 1800**