

**Morden Hall Medical Centre
Patient Participation Group**

Notes of the meeting on Tuesday, 25 November 2014 at 1800 (v01 02 12 14)

Present:

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|------------------------|------------------|--------------------------|----------------------|
| • Tony Loft (Chair) | • Chris Walton | • Maureen O'Brien | • John O'Brien |
| • Derek Heaton | • Elspeth Clarke | • Mary Gell | • David John |
| • Dr Ravi Patel (MHMC) | | • Jayanthni Hettiaratchi | • Leah Biller (MHMC) |

1. There were no apologies.	
2. Matters arising:	
<ul style="list-style-type: none"> feedback received since the last meeting 	LB read out the feedback from the MHMC website and NHS Choices – access to all types appointments and general contact with the practice being the principal theme with customer care as second.
<ul style="list-style-type: none"> recent changes and forthcoming developments 	LB listed these as: Nurse recruitment; reception/admin staff recruitment; website upgrade imminent; implementation of new phone system and call handling; development of staff rota to support phone and desk access plus to cover all admin duties; GP2GP records transfer now live and training taken place – with the same for Summary Care Record service; recruitment of a new practice manager in planning; CQC inspection report findings rectified; collection of feedback via website and NHS Choices plus regular analysis and responses; chairs with arms provided for the waiting room; trial of MJOG texting service; 75+ specialist nurse to keep this group of patients healthy and out of hospital; minor surgery to return to MHMC as soon as it can be arranged; phone recording facility now working.
<ul style="list-style-type: none"> appointments – planning the next stage 	Appointments – or access – is the key to almost everything the partners are reviewing and planning to improve at MHMC. It affects the building, staffing, communication media, how patients get called and recalled to manage their long term conditions, how MHMC works with other services, what services MHMC can offer as form follows function. MHMC is planning for an awayday for the partners to bottom out access requirements and how to meet them in the world of general practice in 2014/15.
<ul style="list-style-type: none"> premises update 	See above – in planning access and how it is offered as the defining piece of work, it will be become clearer what needs to happen to the premises. The original architects will be paying a return visit once MHMC know what it needs in order to offer the services patients require. MHMC has been approached by a number of services about renting space upstairs once it has become available next year although there was nothing concrete as yet.

<ul style="list-style-type: none"> DNA statistics and discussion 	<p>LB provided the following information: The 832 DNAs in the six month period from 1 April 2014 to 30 September 2014 should be assessed against a total of 23,336 available appointments during the same period; i.e. 3.57% of the available appointments became DNAs.</p> <p>The following details relate to the 6 month period from 1 April 2014 to 30 September 2014:-</p> <p>Total number of DNA appointments = 832 appointments</p> <p>Number of patients with just 1 DNA = 457 patients Number of patients with more than 1 DNA = 113 patients Number of patients with more than 2 DNAs = 28 patients Number of patients with more than 3 DNAs = 15 patients Number of patients with more than 4 DNAs = 7 patients Number of patients with more than 5 DNAs = 3 patients Number of patients with more than 6 DNAs = 3 patients Number of patients with more than 7 DNAs = 1 patient Number of patients with more than 8 DNAs = 0 patients</p> <p>LB agreed to drill down into the data to facilitate the group developing plans to tackle frequent non-attenders and other strategies to encourage patients to attend or cancel their booked appointments (at the next meeting).</p>
<p>3. Flu jabs</p>	<p>Appointments were not offered ad hoc or routinely. Only single clinic dates were offered with no alternatives. Dates were not offered on the website, via text message etc. LB apologised and said next year the flu planning meeting would take place in early to mid July before the schools went on holiday so that everyone could contribute to the plan and then make it a reality in the following autumn. The flu planning meeting for the current year had been too late and pivotal events had not been taken into account eg a reduction in the number of nurses available due to retirement.</p>
<p>4. Links to community services</p>	<p>LB agreed to display the cardiac exercise club information in reception and within the practice and make it as widely available as possible as well as details of the voluntary sector website for details of all voluntary services available to work with the NHS.</p>
<p>5. Implications of CQC inspections for general practice</p>	<p>Dr RP said Morden Hall had been classified as a 4 in the CQC newly published bandings but aspired to be at the top – at number 6 – before too long. The work currently under way will contribute.</p>
<p>6. Agreement of continuing priorities</p>	<p>These were confirmed as: Access Reduction of DNAs (appointments not attended) Building/premises development</p>
<p>7. Growing the PPG membership and making it representative</p>	<p>All the challenges to encouraging new members to make the PPG and more age and ethnically appropriate were</p>

	<p>recognised and it was acknowledged that this group was really no different to most community groups in that people with spare time and community interest in general were of a more advanced age bracket (!).</p> <p>That said, however, it was agreed to go forward with Twitter, Facebook, possibly MJOG (texting service) and anything else of a virtual medium available and, at the same time, for doctors, nurses and non-clinical staff to encourage active, interested people to come to a PPG meeting or join a parallel virtual community if that is the only way to engage younger and more ethnically diverse or less physically and mentally/emotionally able patients.</p>
<p>8. Any other business</p>	<p>Nurses have been prevented from standing outside doctors' doors to get repeat prescriptions signed and give them to patients who are waiting after a nurse review appointment. All repeat prescriptions must go through the usual channels and take up to 48 hours to be processed. Nurses cannot sign prescriptions as they are not nurse prescribers. WE did have a nurse prescriber for a short time but she is no longer working at MHMC. Fiona White, our nurse practitioner, is a nurse prescriber but she does not function like a nurse or conduct practice nurse type appointments although she can sign her own prescriptions.</p> <p>Specialist diabetes nursing resources – these have not decreased recently. Nurse Shastry sees diabetics and our new, experienced part time practice nurse, Nurse Sandra Lovell, also sees diabetics.</p> <p>There is a threat to Merton Adult Education Institute as it appears LB Merton wants to close it down and sell the site which is valuable. Everyone is encouraged to go on the website and participate in the consultation. If the facility closes down it may mean more demand at MHMC as there is student health support on site which would not transfer anywhere.</p>
<p>9. Date and time of next meeting</p>	<p>Tuesday, 13 January 2015 at 1800</p>