

Morden Hall Medical Centre Patient Participation Group

NOTES of the meeting on Tuesday, 07 October 2014 at 1830 (v02 13 10 14)

1. Present:

- Mary Gell
- Maureen O'Brien
- Anthony Loft
- Elspeth Clarke
- Jayanthani Hettiaratchi
- John O'Brien
- Derek Heaton
- Leah Biller (MHMC interim manager - chair and notes)

2. Terms of reference

The following term of reference were suggested for the group:

- To work with MHMC to help shape service and facilities development according to practice, local and national needs.
- To provide input, suggestions and feedback through general discussion and experiences which, if personal, will relate to the wider patient population.
- To receive feedback received by MHMC from other identified sources .
- For the leadership and ownership of the group to sit with the PPG and not with MHMC – therefore to act as a partner of MHMC and not a committee thereof.

3. Chair and Secretary

Tony Loft offered to chair the next meeting with the MHMC representative acting as secretary.

4. Meeting frequency and attendees

Approximately every two months (give or take a week or so when things are busy).

Tuesdays are okay for the time being.

1800 (6pm) start works better for everyone, particularly in the winter.

A MHMC partner should be in attendance at each meeting – preferably with their identity notified in advance.

5. History of the MHMC PPG

It was agreed a fresh start would be more productive.

6. Making a difference

MHMC will listen to and work with the PPG based on clear priorities for the group – giving reports on progress at each meeting.

7. Working with the practice – sharing feedback

Feedback from the website, NHS Choices and all other recognised sources will be shared with the PPG at each meeting to assist in the identification and ratification of practice development priorities by the PPG.

8. Recent changes and forthcoming developments

- A new website is being commissioned to enable improved communication with the practice, better online information, online repeat prescription requests and online appointment booking (of approximately 20% of all daily/weekly appointments) by 31 March 2014. Other online services are also being considered and will come on stream when the practice feels confident it will be able to provide them to the standard and in the timescales these services will require.
- There is a new phone system with sets of options which mean, unless you are calling for an appointment (telephone or face to face) that day and not in advance or for a non-urgent matter, there is no need to call at 0800 (8am) and go through the almost inevitable waiting process this usually involves.

- Interim manager has been appointed (Leah Biller) who is working with the partners and all the staff to find the best operational and management structures after the departure of the previous practice manager.
- Nurse Sheila Druce is retiring at the end of October and returning to the practice to work two days per week in November. MHMC is currently recruiting for nurses and healthcare assistants but patients should ensure they have their long term conditions attended to even if it is not Nurse Sheila who will be performing that service.
- Telephone appointments have been introduced and increased to enable GPs to speak to patients on the phone to save them having to come to the practice and, if the GP feels it is important for that patient to be seen, they will ask them to come in and be seen. It is important to understand a telephone appointment is not a lesser or second rate option.
- The computer system means there is always access to an individual patient's up to date clinical records and, although continuity of care is an aspiration and feels comfortable, it is usually best, in situations where you know you need to consult a GP either on the phone or in person, to take the first available appointment in order to get your potential issue dealt with and then, if necessary, passed back to your usual doctor.

9. Agreeing priorities

There was a lot of disappointment when LB informed the group there were currently no plans to have local NHS outpatient and community services such as physiotherapy at MHMC and that this was out of the practice's hands.

An understanding of how the practice earns its NHS income and how services are organised and commissioned was requested and LB said she would be happy to provide this information either in a small meeting/over the phone so that it could be shared with the wider group.

For the time being it was felt there were two main priorities on which the practice should concentrate being:

1. Making advance booking possible at all times for non-urgent/routine/planned doctor and nurse appointments.
2. Reducing the number of patients who do not attend their appointments.

The third priority was to understand where the practice is at regular intervals with plans to repair and redecorate, renew flooring so that it can be kept clean and renew boilers.

10. Date and time of next meeting

Tuesday, 25 November 2014 at 1800 (6pm)