306 Medical Centre
Minutes of PPG Meeting held on Thu 13 Sept 2018

Present: **Staff:** Dr M Chawdhery (MC-GP) Mo Dawood (MD-PM)
Patients: Richard Cooke (RC), Phillip Lipsidge (PL), Alan Robertson (AR), Kathleen Lipsidge (KL), David Pickard (DP), Rasheed Adedoja (RA), Richard Harwood (RH), Sandra Floy (SF)

Apologies: **Patients:** Kwame Ocloo (KO), Khurshid Qureshi (KQ), Jean Halden (JH)

	Agenda Item	**Timings**
1	**Meet, greet & eat**	12.15 - 12.30
2	**Welcome & Introductions**	12.30 – 12.35
3	**Minutes of the last meeting and any matters arising** The minutes of the last meeting were agreed subject to minor typographical errors. **Matters arising therefrom:** Update on priorities: Priority 1: Review appointments and strive to maintain wait times for routine appointments to within 7-10 working days (locality cluster agreed) and review and publish; Quarterly DNA data published to enhance patient awareness and; Patients who fail to attend 3 or more appointments in 6-12 months without notification, to be sent a warning letter reminding them that they risk being removed from the register. Exceptions allowed on medical grounds at the discretion of practice. **Update:** At the time of the meeting the next available routine appointment with a GP was in 5 working days. Priority 2: Premises Refurbishment Plans discussed. MD also advised that we would progress gradually with other works over the next two years in stages to include patient entrance flooring, waiting room flooring and lights. Patient entrance flooring completed over bank holiday weekend. Patient call Screen being installed – feedback sought, screen size and installation location agreed Priority 3: Practice Newsletter twice yearly Spring and Autumn – Maintain next due in Autumn. Draft Circulated for review – National Survey Special.	12.35 - 12.45
4	**Commissioning update and Locality Group Meeting (if any).** • Bola Olatunde (Membership & Engagement Manager) was unable to attend	12.45 – 12.50

5	**Open Session – Holistic Care** Dr Chawdhery gave a short overview of holistic care. In summary: NHS Health Checks – Help identify condition through routine screening after the age of 40. Chronic Disease Registers – Patients who have a chronic condition such as diabetes, asthma, COPD, hypertension, stroke, heart disease. Some patients may have more than one chronic condition. Recall processes were in place to ensure these patients were appropriately managed and at some stage would be recalled annually for monitoring. Where a patient had more than one condition they would be holistically reviewed with all their conditions where practicable. Thus ensuring that their condition considered, a care plan would be agreed. Elderly Holistic Checks – These are carried out annually for elderly patients, patients based on their frailty index and for patients with two, or more chronic conditions. The checks are comprehensive and take account of patients, health and social needs holistically. They have proven very useful as usually a patient's social situation impacts on their health, so if the social issue is addressed (eg. housing conditions, benefits, care package etc.) then their health improves. During this assessment, urinary frequency, bowel movement, hearing, memory, diet, teeth, vision, bone health, foot health, mood, falls, pain, carer arrangements, living conditions, are reviewed. Shortfalls are addressed through referrals to Safe and Independent Living (SAIL) to address living areas, benefits support and so on. A care plan is agreed and case management is planned, requiring a review of the patient until areas identified are improved. During these assessments ongoing care is planned to avoid hospital admissions and to ensure that the patient's quality of life is maintained/improved through mutually agreed interventions in the best interests of the patient.	12.50 – 13.15
6	**AOB** o GP National Survey Results received in July 2018 reviewed and discussed. The practice performed very favourably to practices in the locality and in line with national averages. Areas that the practice could improve on were considered to be subjective and it was felt this may be down to patient perceptions and expectations (i.e 67 % respondents stated they had enough support in the last 12 months to manage their long term conditions (local CCG average 72%); and 90% of respondents were involved as much as they wanted to be in decisions about their care and treatment during their last appointment (local CCG average 91%). The practice would strive to improve in these areas as practicable. o E-Consult being rolled out. A patient link will be provided on our website. Patients with minor ailments will have to complete the questionnaire-based algorithm and it will signpost as appropriate and only those that required a call back would be contacted within two working days. The questions will enable effective decision-making and appropriate signposting by closing down the request where appropriate. o FFT regularly published on the noticeboard and website. Satisfaction is usually in the 90% mark so no concerns. It was agreed that FFT would only be discussed if performance fell below 80%. o It was agreed that where PPG members provided email addresses, meeting notices would be emailed. We would continue to send postal notices to everyone else.	13.15 – 13.45

	Date of next meeting agreed: 13 December at 12.30pm The meeting was brought to a close at 1.40pm	

Proposed dates for future <u>Meetings 2019</u>: Thursdays @12.30pm: 14 Mar, 13 Jun, 12 Sep, 12 Dec