



THE GILL MEDICAL CENTRE

PPG Meeting Minutes, Tuesday 25th July 2017

Staff Representatives: Debbie Johnson (DJ), Rachael Kerwin (RK), Kathryn Thomas (KT)

Patient Representatives: SE, AB, JB

Apologies: JW, PS

Chair: DJ

Agenda point and actions	To be completed by
<p>Rolling actions</p> <ol style="list-style-type: none">1) Travel vaccination form on website – Complete2) Post office for large mail projects – using Mjog messaging service3) Update nurse appointment information in practice leaflet – Rachael is going to overhaul the leaflet in the next few weeks as it is looking a bit tired and cluttered with information4) Add “female” to Dr Green on the practice website - Complete	
<p>Practice news</p> <ol style="list-style-type: none">1) <u>Salford Standard</u> Debbie explained to the meeting about the Salford standard work that all Salford practices have been involved in over the last year. This was a massive project and following completion of the first year Debbie showed the group the results dashboard which showed that The Gill Medical Centre finished in first place out of 45 practices for the achievement of the most key performance indicators. The CCG are going to produce a certificate so the practice can display this in the waiting room. We are currently working on year 2 of the Salford standard2) <u>Mjog</u> The practice is currently trialling an SMS texting service which we hope will assist patients who frequently forget to attend their appointment. The number of appointments that are missed is usually about 40 per week at the moment which amounts to more than 2 surgeries per week wasted. We are hoping that the system will improve the uptake for the flu vaccination and it will help us to get in touch with those patients who need to come for review, rather than just relying on the post. Debbie said that the success of the system will be down to our having the correct mobile number on the computer system and we are gathering information daily from patients to check their contact details. We have included it on the self -check in system as well. AB suggested that we should ask patients when they attend the practice whether they received their text message, which is an excellent idea. JB said she had received a text on her phone for her mother as she is the main contact for her mother. JB wanted her mum’s mail delivering to her own house but we said we could not do this unless we had her mum’s consent.	

<p>3) <u>Did not attend actions</u> We are obviously very concerned at the weekly rate of numbers of patients who do not turn up for their appointments without cancelling them. We have decided that we need to address this issue as a priority and Rachael carries out a weekly audit of those patients and writes to them. If the patient is a persistent offender without having any medical reasons as to why they forget, then those patients will be discussed in a practice meeting and may be asked to register elsewhere. JB asked whether we could charge patients who do not attend, but unfortunately this is something we cannot do. Debbie said we would report back to the group any results following the use of Mjog to see whether this has had any impact on the DNA rate.</p> <p>SE said that she had once checked herself in but the system had not registered her arrival and patients were going to see Sam before her. Kathryn explained that the receptionists should always be aware of who was in the waiting room and unfortunately on this occasion the process fell down.</p> <p>Action – Audit DNA rates in 3 months’ and feedback to the group</p> <p>4) <u>Flu campaign</u> Debbie and Rachael outlined the plans for this year’s flu campaign. AB told us all about a flu patch and whether this would be available soon. Nobody else had heard of this and Debbie said she would find out more information.</p> <p>Action – Investigate information about flu patches</p> <p>5) SE attended a recent hospital appointment and the consultant was unable to find her blood results on the computer. The consultant advised that the practice were at fault, however Debbie explained that the consultant would have access to the hospital lab results and couldn’t understand this. Debbie asked whether SE had opted out of the shared care record, SE said she didn’t think so. Debbie will investigate.</p> <p>Action – Debbie to look into whether SE has opted out of the SCR</p>	<p>RK</p> <p>DJ</p> <p>DJ</p>
<p>Staff</p> <p>Debbie discussed the current changes in staff with Mandy joining us and Bethan coming back to cover Annika’s maternity leave for a couple of months.</p> <p>Debbie also outlined the proposed practice structure whereby we are introducing a lead reception role into the organisation and that interviews were taking place next week. SE was very happy about this as she said this has been lacking for years. AB wondered if it had been advertised internally and was happy that it had as he feels it’s important to value existing staff.</p>	

<p>Future plans</p> <p>Debbie discussed that she was keen to obtain some patient feedback via a survey so that we can address issues that are closest to the patient needs and we had a conversation around what areas we should focus on in the survey. It was agreed that we would keep it short and would include the following;</p> <p>Access Prescriptions Car Park Confidentiality</p> <p>Action – Debbie to develop patient survey to launch later in the year</p> <p>AB thanked the practice for dealing with all the issues that had been raised at the last meeting.</p> <p>Debbie thanked everyone for their time.</p>	<p>DJ</p>
<p>Next Meeting – October TBA</p>	