

APPLETON VILLAGE SURGERY

PATIENT PARTICIPATION GROUP

NOTES OF THE MEETING ON 27th APRIL 2017

Present

Diane McCormick (Chair)
Anita Corrigan (Practice Manager)
Ken Ainsworth
Maureen Kerry-Lewis

Chris Sheen
Emma Alcock, CCG
Linda O'Neill (Secretary)

Apologies

Gill Shepherd
Dawn Nichols
Des Chow, CCG

Victoria Morton
Kristine Plugger, Wellbeing Enterprises

1. **Welcome, Introductions and Apologies**

Diane welcomed the group and apologies were noted.

2. **Actions from last meeting**

5. Anita will review the font size of patient information documents.

7. On agenda under item 6 – Premises Update.

3. **Ratification of minutes of last meeting**

The minutes of the last meeting were approved.

4. **Community Wellbeing Practice Update**

There was no update.

5. **MSK Service, Referral Management Service, Map of Medicine**

Emma Alcock, Transformational Change Manager, Halton Clinical Commissioning Group attended to provide an overview of some new services commissioned by the CCG.

5.1 **MSK**

The Musculoskeletal Clinical Assessment Service has changed to a self-referral service. Information leaflets are available in the surgery and will be put on the website. Patients can telephone the service for

triage and the MSK team can arrange any relevant tests and onward referral. The MSK service has access to EMIS so GPs will know what is going on with patients. The MSK Self-Referral Service is a pilot scheme and will be reviewed in 12 months.

5.2 Referrals Management Service

The Referrals Management Service has been introduced to facilitate secondary care referrals and to help manage demand into secondary care. The Commissioning Support Unit is now the central booking team. The service is fully auditable. Phase 2 of the scheme will see the introduction of clinical triage. Clinical triage will send the referral to most appropriate service.

There were concerns from some members of the group that the service will take away the decision from the GP who know the patient concerned and that it is an administrative process and not patient focussed.

2WW referrals are fast tracked through the system and will not go through clinical triage.

The question was raised about having consultants in the community. This is something that the CCG is looking at.

5.3 Map of Medicine

Map of Medicine fits with referral management and is an electronic library for GPs about clinical pathways, services in the community where GPs can refer to and how and has referral forms built into the system. It has been introduced to try to manage demand for health care services. Over time it will be built up as a central repository for information on services. It will include services such as the Health Improvement Team and Wellbeing Services.

6. Premises update

The developer has offered to pay any costs over what the CCG have agreed to pay. Any patient consultation had to have the permission of the Secretary of State and as the country is now in purdah nothing can be done until after the general election. The Practice is now looking at the end of June for the consultation and open day events.

Letters will go out to patients after the election with the date of the event and a link to the survey or the option to request a paper copy of the survey. There is an 8 week limit to the process.

7. Patient comments/complaints

There was one positive patient comment posted in the comments box. A positive comment was received via "Google my Business". Friends

and Family Test results for the month to date are 96% of patients surveyed would recommend the surgery.

8. **Round the table/AOB**

8.1 On-line access to services

Some members have still not received their password for access to records. Anita explained that patients can still use other on-line services but before they can access their records their named GP has to check the records and this can be time consuming.

8.2 Telephone System/Prescriptions

Diane reported that she tried to contact the surgery to speak to prescription desk. She was initially held in a queue and eventually when answered was told she had called on the emergency line and to call back. She questioned why there would be a queue on an emergency line. Anita will look into this.

Action: AC

Anita did inform the group that there will be a big push to get people to order their repeat prescriptions on line as following the survey into medicines wastage the CCG are stopping the pharmacists from ordering prescription on behalf of patients. It is not clear when this change will take place but it will result in a lot more work for the practice. The practice can still send scripts to the chemist for delivery but the chemist will not be able to request medication on behalf of the patient. It was thought by the group that this is a backwards move on behalf of the CCG and that Medicines Management should be speaking to the pharmacists about ordering unwanted medicines.

Two members of the PPG reported that their respective pharmacists had both made comments about the time it takes Appleton Surgery to provide prescriptions.

8.3 NAPP

The latest NAPP e-bulletin has been circulated to PPG members and attention was drawn to the date of the PPG awareness week, 19th -24th June. Anita suggested that this could coincide with the open event and would be an opportunity to promote the PPG, try to get new members and a virtual PPG. Diane also asked if members could come into the surgery during the week to help.

9. **Date of Next Meeting**

The next meeting will be held on Thursday 25th May 2017 at 6.30-8.00pm, in the surgery waiting room.