**PATIENT PARTICIPATION GROUP**

**MEEITNG MINUTES**

**TUESDAY 18th June 2019**

**Attendees: VF, KJ, SK, JP, JP, VB, SB.**

**Apologies: TK**

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| **Agenda Item** | **Discussion/Action** | **By Whom** |
| Minutes from previous meeting | Minutes from previous meeting agreed. Actions from last meeting; Protocol for BP machine should be finalised in Dr Jones’ Admin time this week. KJ has contacted previous members of the committee by email and phone. 3 responses confirming this was not a good time to return to the committee but would contact in future if that changes.  | All |
| PCQSWirral Carers | VF informing committee that this is a new target based programme set up by the CCG (Wirral Health & Care Commission). The aim is to improve access to GP services for patients and some of the criteria; * Have a minimum of 75 appointments per every 1000 patients; MXGP target is 533 appointments. We currently exceed this target.
* Ensure we have adequate GP cover for leave etc. MXGP already have a good system in place for leave cover.
* Offering under 5’s same day appointment. MXGP already have this system in place for under 10’s.

There are some suggested targets such as having more than 45 percent registered for online services and having an online consultation option. We have had Econsult in place since July 2018. There are medicines management targets in addition including improving antibiotic prescribing . Questions raised by the committee in response to this;Q. SK = how do we cater for patients who work and can’t call at 8:30am? Advising we have our pre-bookable appointments, a select amount release per day to book via the automated telephone line which is open before the surgery opens. We have the online econsult and access to extended access appointments for after work appointments. Anything urgent, or for today patients, we will accommodate an appointment on the day. Reception triage calls appropriately. We will continue to monitor the need for appointments and make adjustments to the available pre-bookable/triage appointments as appropriate. Q. = Patients need to be aware of what services they can book into at the surgery – suggesting an “information table/board” in the surgery to display the services available to patients in the surgery. VF recently attended a meeting recently that was attended by a rep from Spital PPG who had held an event for Carers. They did a leaflet drop, informing local residents of an open day being held where they could get information and advice about services in community aimed at carers. VF asked if this would be something MXGP committee would be interested in doing? The committee felt that an “information table” would be of more benefit where we could have leaflets from local organisations such as Wired, Mind etc. JP will help obtain leaflets for the table. Felt we could rotate the table frequently to have particular topics – diabetes, mental health etc, with targeted information leaflets available. We can also display leaflets we receive from events held locally such as at the Methodist church or the Library. |  |
| PA’s | Explaining that we have two new Physician Associates working with the practice. Further that PAs are newly trained members of health team. They need an undergraduate degree in biomedical or health/life science field to apply for the intensive two year university course, and have passed an exam. This is a new project in our area being supported by NHS England and the Health Education England. The PA’s are supported by the GP’s in their first year and can see a wide range of minor issues and problems. This is increasing our appointment availability access for patients.  |  |
| Telephone Access | Asking the committee how they find our telephone access. Most attend the surgery if they need anything rather than use the phone. KJ explaining that we have two lines downstairs, and the phone is also answered upstairs. KJ monitors the phone lines and there is a trend of increased calls on Monday mornings, Friday afternoons and before and after bank holidays. Staff answer lines as quickly as we can as well as dealing with face to face enquiries and we will continue to monitor this and find ways of improvement. Advising we also have Econsult if anyone has a general enquiry regarding medication and are unable to get through/use the phone during the day.  |  |
| AOB | Provided with a leaflet for CAP money, that we can put on our information table in the waiting room. Enquire whether we can have a ticker tape across the information screen advertising the date of the next PPG meetings. KJ will look into. KJ will rearrange visit from Katherine Hanlon, Project Manager for the Patient Portal, who hasn’t arrived tonight.  |  |
| Primary Care Networks | Dr Harris attending the end of the meeting to give some information about Primary Care Networks. PCNs will come into effect on 1st July. MXGP have joined with Moreton Health Clinic, Moreton Medical Centre, Hoylake Road Medical Centre and Hoylake and Meols Medical Centre. Our combined list sizes are just under 30000 patients. The name for our group is Moreton & Meols Primary Care Network.PCNs will increase resources to practices. The focus of the networking is on promoting wellbeing and working in collaboration with local surgeries and providers. |  |

**NEXT PPG MEETING – 10th September 2019 at 6:00pm**