



Patient Participation Group Meeting

Tuesday 12th February 2019 1.00 pm

Conference Room, Hadfield

Present:

Chairperson LA; HB; WA; JO; JA; GA; HT; TW (Part); Dr LD; SS; Helen Robson (new member).

Apologies:

SH; VM; RH; AM; CE; IE.

LA welcomed new member Helen Robson to the meeting and thanked WA and JO for their support at the event on 4.2.19 to recruit patients to the online system.

1. Minutes from 8th January meeting read.

2. Approved by JA and JO.

3. Matters Arising:

Poetry sheets found and are now displayed in the Glossop waiting room (see AOB from January meeting). Further discussion regarding best display of these to be had when Andy Millican is available.

4. Prescriptions:

TW in attendance to clarify process following numerous issues reported. At **Glossop** there is a team of 3 admin staff who collate all the requests for repeat prescriptions (online and from box in surgery) on a daily basis, including checking and highlighting specific issues (i.e, early ordering by patient because of holidays, need for routine tests); these are then passed to GPs to be signed and sent to the Spine portal which allows information to be shared securely with pharmacies. 48 hours later, the prescriptions will be received by the appropriate pharmacy. In **Hadfield**, there is not this admin team and thus all requests go directly to a GP for checking and signing; there is recognition that this system is insufficient and needs to change as the Glossop system provides a level of checks –and thus fewer errors- not available at Hadfield. While online requests produce fewer errors than paper, not all patients can access the online system for this, as those deemed vulnerable are considered to be best served by using the pharmacies' ordering systems. TW also noted that children under 14 need their own email address to access the online system; parents are advised to set up a specific email for this and to manage prescription requests for their children that way. LD said that the Glossop and Hadfield sites are separate practices in terms of their systems, hence the disparity; it is planned that they will merge in future.

TW left the meeting

5. Informal Meetings:

LA noted the problem with the venue of the informal meetings at Hadfield; the room is now needed for training on Monday mornings, at least for this year. Alternative times and days were discussed, with Monday afternoons or Tuesdays at 1.00 being the likeliest options.

ACTION LA will inform the group prior to the next meeting when HT has been able to check room availability.

6. Clive's Film:

Clive's 15 minute film about activities available in Glossop, was shown. Discussion focussed both upon its purpose, to act as noise distraction in the Hadfield reception area where there is no privacy to have a reasonably confidential reception space and also the technicalities of adding additional information which the GPs want to do. HR raised the issue of sensory difficulties associated with the music soundtrack; if this were to be removed, the video would not provide the sound distraction that had been its aim and therefore another solution would need to be developed for the Hadfield privacy concerns. LD wanted to have the facility to add information regarding specific health projects as and when required. Clive's hard work in developing a very professional account of local resources was recognised and appreciated.

ACTION it was agreed to discuss the video further when Clive was present;

7. Report from Partners' Meeting:

No specific issues.

LA queried whether all reception staff at Glossop knew the system for booking patients into clinics at George Street as she had observed difficulties. The function of George Street clinic in offering appointments for GP consultations and routine checks (bloods etc) was clarified, as was the process of booking via a patient's own GP service.

ACTION LD to check on training for receptionists re George St clinic

8. Surgery Survey:

The surgery survey is an annual event, undertaken in conjunction with the partners on an agreed topic. Discussion resulted in suggestions of two main topics: barriers to online access and which communication methods patients prefer (text, phone, Facebook, Twitter).

ACTION It was agreed that this would be discussed further at the next meeting.

9. Newsletter:

JA is looking for items for the Spring newsletter; suggestions were for features on the MMR vaccination, hay fever remedies, reminders about the current online access (no longer available via the website) and awareness of the need for holiday vaccinations.

10. AOB:

No AOB.

Meeting ended at 2.30.

Next informal meeting: LA to inform of venue and time.

Next formal meeting: Tuesday 12th February, 1.00 at Glossop