

**New Street and Netherton Group Practice**  
**Patient Participation Group**

**Minutes**  
**Saturday 22<sup>nd</sup> September 2012 (7<sup>th</sup> Meeting)**

Present: Anne Tinsdeall (Practice Manager)  
Virginia Roberts (Nurse Practitioner)  
Andrew Redfearn (Patient/Group Secretary)  
Margot Redfearn (Patient)  
Kevin Smith (Patient)  
Susan Jennett (Patient)  
Tony Walsh (Patient)  
Raphael Adesina (Patient)  
Pamela Powis (Patient)  
Lynne Whittaker (Patient)

**1. Review of Previous Minutes**

Andrew went through the major points of the last meeting.

**2. Patient Reference Group Network**

Anne advised the group that only one member of our PPG can attend the next PRGN meeting. Kevin Smith will attend the next meeting on Wednesday 26<sup>th</sup> September and will report his findings at the next PPG meeting.

**3. Flu Clinic Information**

Anne advised that the next Flu Clinics are on Saturday 29<sup>th</sup> September and Saturday 13<sup>th</sup> October, respectively. There is always a GP Clinic running concurrently with the Flu Clinics, as a GP always needs to be on-site in case of an emergency.

The Group Practice is urging all “at risk” patients to be vaccinated as soon as possible.

Margot and Susan both took some promotional materials and will display these on the PPG notice boards at both New Street and Netherton.

**4. Any Other Business**

- Five weeks’ worth of GP appointments are always on the system at any one time, with Nurse appointments being on for eight weeks;
- Saturday GP Clinics are pre-bookable;
- PPG Notice Board Suggestion Pad at New Street: there was an entry in the pad saying that it wasn’t clear if the pad was just for PPG members or for all patients. Margot has already changed this to inform patients that it is “for everyone” and Susan will do the same at Netherton;

- The inappropriate use of A&E was discussed at length. Anne advised the group that your GP should be your first point of contact, unless you are really ill (chest pains, severe bleeding etc). If you are too ill to come into the surgery, then you should telephone the surgery and the on-call GP will ring you back. Patients bypassing their GP and going straight to A&E is expensive for the Trust, as each visit - and the “level of action needed” - is taken out of the Trust’s budget. Kevin and Tony both know somebody who goes straight to A&E instead of their GP. The Practice is going to write to patients who have gone to A&E for non-emergencies;
- NHS Health Check: this is a free service offered to patients within the 40 - 74 age group, the aim being to detect any underlying health issues before they become problematic. A blood sample is taken at the appointment by a Health Care Assistant and the patient is given advice on smoking, weight, diet etc. If the blood test comes back as “clear”, then the patient will be invited to re-attend in five years, but if the blood test highlights action that is needed by their GP, then the patient will be invited to re-attend in one year. GPs will initially start sending out invitations to a small number of patients, the aim being to have checked all patients in the age group within five years. Patients already attending annual checks for asthma, diabetes etc do not need to attend the NHS Health Check;
- The boundaries/areas the Practice covers were briefly discussed;
- Kevin raised the issue of “patient feedback” and if patients were happy with the care they received from their GP during their appointment. This led to Anne advising that there may be an annual “Patient Satisfaction Survey”;
- Care Quality Commission: there is a legal requirement that all practices are registered with the CQC by April 2013. This may lead to CQC representatives talking to patients in the waiting room about how they feel about the care they receive from their GP. The aforementioned representatives should always provide ID and it is not compulsory for patients to answer their questions;
- The lunch break at Netherton and the diverting of telephones/lines was briefly discussed;
- Ordering repeat prescriptions at the correct surgery was discussed. For example, if you live in Netherton, please don’t order your repeats at New Street, as the prescription form may be left for you at New Street instead of Netherton;
- Susan asked if the surgeries plan to introduce “hand gel hygiene pumps”, as found in hospitals. Each surgery will probably get some pumps (and signs to inform patients), but the effectiveness of “gel pumps” is still unclear;
- Kevin advised that “physio hydro pool” at HRI may be closing; we await confirmation from the Trust.
- Baby Clinics: the New Street Clinic is still being continued, as it is well-used. Anyone can attend this clinic - they don’t have to be a patient - but they need to book-in. It is important that this Clinic continues to be well-patronised, as this can help to “fend-off” any future cut-backs/closures;
- Kirklees Health Trainers: these are available - in a more informal environment - to assist with depression, alcohol problems, getting fit in the gym etc. You can “self-refer”, but the Trainer may want to see you first in the Practice;
- Raphael advised the group that he thought the NHS was overall “excellent”, with the good points far outweighing the bad. The group agreed, with Andrew particularly praising HRI regarding his recent course of treatment;
- The meeting finished with thanks to all.

**NEXT MEETING: 10.00 AM, SATURDAY 3<sup>RD</sup> NOVEMBER, NEW STREET SURGERY.**