

Burton Latimer Medical Centre Patient Participation Group

Minutes of the Patient Participation Group meeting held on 26 November 2018 at 6pm in the Conference Room, Burton Latimer Medical Centre.

Present: Ms H Corbett (Practice Manager) – HC (Chair); Steve Edwards - SE;
Denise Mawby - DM; Rachel Zachariah - RZ; Bill Nelson – WN (Note-taker)

In attendance:

1.	Apologies and Welcomes: Apologies were received from Sue Grant, Dr Raja (Anticipatory Apologies for the next meeting were given by DM)	Action:
2.	Minutes of the last meeting: The minutes of the meeting held on 17 September 2018 had been previously circulated and were accepted as a correct record and signed by the Chair. The minutes would be posted onto the website and the Patient Participation Group Notice Board following the meeting.	Actions: <ul style="list-style-type: none"> • DJC to post on the website • DJC to copy and put onto Patient Participation Group Notice Board
3.	Matters Arising: 3.1 Carer Support – Denise, with contributions from RZ, raised a number of useful points to take this discussion forward. Consistently, research studies confirm that carers very rarely self-identify, a significant problem particularly with young carers. This raised the question as to what happens with the Practice’s “Carer Register”. HC confirmed that the register is in place and appears as a flag on screen when a patient visits a clinician. The practice actively supports carers, but has to rely on carers raising concerns, as explained by Dr. Raja last time, although all clinicians are alert to silent or passive signals from carer-patients. HC & SE further confirmed that the Practice goes beyond in-surgery consultations and actively seeks to maintain the carer register. A recent letter to carers on the register included signposting to the Carers’ Association. 3.2 Antibiotics – HC confirmed that the profile of this concern has been raised across the Practice & new notices for patients have been displayed. There is particular concern to monitor ABX prescriptions to children, to avoid unnecessary resistance. 3.3 Finedon Proposed Closure – HC advised that Survey Monkey & paper surveys were in hand and being analysed. There had been concerns about personal aggression from people on the BL Neighbourhood Alert Facebook forum. HC had explained the distress to a main contributor of inappropriate messages; sincere apologies were received. 3.4 Lloyds Pharmacy – SE explained the results of reorganisations within Lloyds management. Service has improved greatly, although some concerns about out-of-stock items are still to be resolved. Routing scripts to the patient’s “designated pharmacy” was improving, but was not 100% yet.	Actions: <p>DM & HC to monitor & look for opportunities to add value.</p> <p>HC to note for NHS England forms on Finedon future.</p> <p>HC to analyse</p> <p>HC to monitor on behalf of Practice staff.</p> <p>SE to continue to liaise and monitor.</p>

	<p>SE had liaised with the Finedon pharmacy on behalf of patients concerns and needs.</p> <p>Lloyds (and the Practice) will be closed for two days at Christmas so arrangements are being put in place for early release of repeat scripts and medicines.</p> <p>Apparently, Lloyds have a target of preparing medicines to issue of 8 mins, it was 22 mins locally, currently it has already been reduced to 11 mins.</p>	All to report problems, concerns and Good News.
4.	<p>Finedon – Proposed Closure:</p> <p>As part of the established and continuing consultation with PPG, HC introduced the “Equality Quality Impact Assessment” document, required for the closure review process.</p> <p>PPG members noted that earlier discussions with and preparations by the Practice largely confirmed inherent compliance with the intent and spirit of the process.</p> <p>PPG members were able to identify additional positive points to add evidence of the Practice’s thoughtful approach.</p> <p>Cross reference to Item 3.1 above was suggested to be valuable extra confirmatory evidence that stringent patient and carer safeguards are in hand and under constant scrutiny and review as part of the process.</p>	<p>Action:</p> <p>HC to prepare detailed entries</p>
5.	<p>Any other notified in advance business:</p> <p>5.1 Research Initiative - DM sought clarification of the validity of a research project letter received with confusion arising from 3 relevant addresses/contact points; this was explained by HC.</p> <p>5.2 Health Walks Movement – DM & SE led discussion of the KBC support for this activity. The Practice also supports with leaflet displays and prompts from clinicians, when appropriate. This is seen as particularly relevant as part of a comprehensive approach to dealing with (type 2) diabetes.</p> <p>WN noted similar, regular, open-to-all walks from ST. Edwards church in Kettering.</p> <p>5.3 Activities Z-Cards – HC & SE described the purse/wallet sized Z-Cards detailing activities, particularly for diabetics, with SE noting continuing discussions with Lloyds about sponsorship.</p>	<p>Actions:</p> <p>NFA</p> <p>All – spread the word</p> <p>SE to continue</p>
6.	<p>Date and Time of Next Meeting</p> <p>The next meeting will be on 21 January 2019 at 6pm in the Conference Room, Burton Latimer Medical Centre</p> <p>Other dates for 2019:</p> <p>18 March; 20 May; 15 July; 16 September; 18 November</p>	<p>Action:</p> <p>All</p>

There being no further business the meeting closed at 19:05

Signed _____ (Chair) Date _____

