

# Shifa Surgery

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## Patient Participation Group - Shifa Surgery

### Minutes of the PPG meeting

12/3/14

Bangor Street Health Centre

### Present

Mrs PH, Mr YM, Dr I Bhojani, Dr T Ahmed, Sumayya Mayat

### Agenda

1. Discussion and clarification of last years PPG meeting
2. Plan from the year 2013-2014 discussed and all parties to express their satisfaction/ discontent with the progress
3. Plans for 2014- 2015- Objectives and visions discussion and how to implement them
4. AOB

Dr Bhojani discussed the implementation and progress of the last year's development plan that was produced by the PPG and Shifa surgery on 18/3/2013

1. Medicine management - considerable progress has been made on "cleaning "up the problems that patients were experiencing with prescription requests. The issues with prescriptions that were raised at the previous PPG meeting were noted and further issues raised by the practice as part of the team brainstorming session. Solutions for each issue were then discussed at the practice meeting and with following meetings either face- face or telephone calls with the pharmacist. The solutions were then implemented where appropriate and possible and outcomes assessed. A table of issues identified, solutions suggested, implementation and evidence presented at this meeting. It was acknowledged that sufficient progress has been made with prescribing and even during the meeting both PH and YM had noticed an improvement in their own encounter with the practice recently.
2. Counselling service - The practice had carried out an exhaustive research in the availability of counselling service available within the BwD community. The single point of excess to mental health had a long waiting time, the in-house service provided to the practice possible by Mrs Amina Dalal had received cut backs over the year and there

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were no charity or voluntary organisations that could be tapped into. The practice had considered employing practice councillor but with everything else there was no disposable income from the practice to employ a councillor.

PH was under the impression following her attendance at the CCG patient participation group meetings that referral to mental health and its waiting time have improved considerable. It was pointed out by IB and TA that there have also been “screening of referrals to the mental health team and significant number of referrals have been returned as inappropriate referrals and hence not seen.

PH suggested she would table the concerns about availability of counselling service at the next CCG meeting and the practice would raise this need at the next locality group meetings.

3. Open day- The open day was planned for last September but due to weather, availability of venue and time commitment this has not been done although discussions within the practice have been on going on having this open day. Options of how to run this open day were discussed at this meeting.

PH suggested – The open day would be more effective if a single concept was addressed during a single day rather leaving it open with several topics. One issue that was highlighted during a recent patient survey to get feedback on what is the most important development need for the practice and patients was the difficulty in the availability of waiting time for telephone answering and the availability of access to the appointments and this could form the theme for an open day. It was suggested that a sample population could be identified randomly and filtered to allow for unbiased selection of single household members, geography, ethnicity, age groups etc.

In summary of last year’s development plan, the group accepted that sufficient progress had been achieved and all were pleased with this achievement. In terms of moving forward additional development needs for the patients and the practice were discussed and looking at these in the context of what needs to be completed from the last year’s development plan. In order to do this the results of the recent patient survey was presented by SM. This survey emphasised the need the need to reduce the waiting time on the telephone and improve access to the practice, a concern shared across the country as acknowledged by all at the meeting. This is likely to be addressed at the open day for the patients.

Some of the additional develop needs discussed were:


4. Open days to cover awareness in medical conditions, e.g. dementia, diabetes, heart disease etc. It was suggested that this could be done over several years choosing one or two topics a year.
5. A patient champion could be identified to promote health and treatment e.g. home remedies, specific conditions- asthma etc. Limitations to this were discussed and the fear of inconsistency raised.

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6. Referral problems - patients not getting the first appointment. How do practices ensure that patients receive the first appointments at hospital. Could implement a process where patients to call up the surgery if any new referral has not received an appointment within the month
7. Post natal depression assessment and early intervention for new mums with neonates.
8. TA suggested "mums" group when they bring their babies for child health surveillance programme and to discuss with these mums looking after the children with minor illness and by alleviating anxiety about minor illness in the babies, hopefully this would free up the appointments for others.

It was agreed that we only focus on 2 development needs and suggestion was to prioritise referrals and look at identifying mums with postnatal depression

Dr T AHMED  


Dr T Ahmed

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