



**HOPE FARM MEDICAL CENTRE**

Hope Farm Road, Great Sutton, Ellesmere Port CH66 2WW  
Telephone: 0151-357 3777 Fax: 0151-357 1444

**Meeting: Hope Farm Medical Centre PPG Meeting**

**Date of Meeting: Tuesday 8<sup>th</sup> August 2016**

**Delegates Present & apologies:**

Present:  
Ken Salter (Chair)  
Sue MacDonald  
Barbara Lancelott  
Carol Williams  
John Langan  
Dr Kingston  
Tim Goldsbrough

Apologies:  
Trish Nash  
Marion Barnet  
Keith Anderton

<b>Agenda item number:</b>	<b>Notes:</b>	<b>Action required:</b>
1.	<b>Present and Apologies</b>	
2.	<b>Minutes from the previous meeting</b> The minutes from the previous meeting held on the 22 <sup>nd</sup> March 2016 were approved as a true record of the meeting held.	
3.	<b>Extended Hours</b> A summary of the Extended Hours service was given. There are various locations around West Cheshire but the closest for patients at Hope Farm Medical Centre is Ellesmere Port Hospital. The appointments must be pre-booked on 01244 385422.  The Extended Hours service run routine appointments for both GP and Nurse appointments:  <b>GP Appointments</b> Monday to Friday 6.30pm to 9.30pm Saturday and Sundays 9am to 2pm Bank Holidays 10am to 3pm  <b>Nurse Appointments</b> Monday to Friday 6.30pm to 8pm Saturday and Sundays 9am to 2pm Bank Holidays 10am to 3pm  The Out of Hours GP service runs from 6.30pm to 8am Monday to Friday and all day weekends and bank holidays. Patients need urgent attention through the Out of Hours service ring 111.	
4.	<b>Year of Care</b> An update on the Year of Care was given. The funding for the	



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pilot ended at the end of March 2016 and the CCG is keen for the pilot to continue running with practice post March 2016 without the associated funding.

The pilot was looking at the management of patients with chronic long term conditions – particularly those with multiple conditions. The patient is invited into the practice for the long term condition review and the initial checks are taken by the healthcare assistant and a follow up appointment with the practice nurse is then given to the patients to discuss the results and look at the goals the patient wants to set in the management of their condition.

The data collection during the appointments is using the medical records template created by the CCG and seems to be working well.

The practice is currently syncing patient's annual long term conditions with the month of their birth.

5. **National GP Survey**

The results of the July 2016 national patient survey was circulated to the PPG members. Overall the responses to the questions were good with them being above or the same as the national and WCCCG averages.

Particular mention was given to the 6 questions relating to nurses as these were all 5% to 7% higher than the WCCCG and national averages. We also scored 100% for 'had confidence and trust in the last nurse that they saw or spoke to'.

91% would describe their overall experience of this surgery as good which was 5% to 6% higher than the WCCCG and national averages.

The one area for us to work on is how easy it is to get through to this surgery by phone. This is consistently below the WCCCG and national averages. Although it has improved by 11% since December 2014. The practice is continually monitoring and looking at ways to improve this. Some new phone software in the autumn should increase the speed of answering the calls.

6. **National Association of Patient Participation (NAPP) Building Better Participation document**

The idea of this resource is to help PPGs to reflect on what they



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do and how to get more active participation in their PPG. The guide is built on the premise that PPGs thrive when their practices support and work with them, recognising the added value they can bring.

Building better participation is a framework of four interlinking Areas:

- Getting PPGs in place
- Helping PPGs work well
- Knowing and working with patients
- Influencing beyond the GP practice

It is not expected that PPG must work through all four Areas and all their Goals. Rather, this tool is designed for you to pick and mix from the Goals, as is appropriate to your PPG and your practice. You may decide to focus on several Goals within some Areas, while not looking at others.

Tim to develop and circulate questions for PPG members to consider

It was agreed to add this as an agenda discussion item for the next PPG meeting and Tim would develop a few key questions for the PPG members to consider in preparation of this discussion item.

## 7. **Practice Newsletter – August 2016**

The August 2016 newsletter was circulated at the end of last week. During the PPG meeting we ran through the main points in the newsletter.

The introduction of text messaging does seem to have had an initial impact in reducing DNAs; particularly with nurse appointments. We will continue to monitor this to maximise its potential in reducing DNAs and seasonal flu campaigns.

There has been an increase in the number of patients requesting urgent repeat prescription requests which potentially can lead to unsafe prescribing due to the speed of their request. The practice reiterated its protocol on processing repeat prescription requests and that only in exceptional circumstances will urgent requests be processed.

There was a section on identifying and helping young carers. The practice is currently trying to improve its awareness of patients that are young carers and providing them with the support they need.

Dr Hogan is leaving after 16 years to study tropical medicine to



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enable her to work overseas. Dr Hogan is being replaced by Dr Hannah Smith who has been a resident registrar with the practice for the last 12 months. New registrar Dr Tom Micklewright joined the practice in August.

8. **Any other business**

It was seen that when the reception area is very busy/full with patients that a member of the Patient Services Team proactively come round to the other side of the reception desk to help patients with the self-check in screen and resolving issues. This was seen as a positive move.

Wheelchair access around the practice can be restrictive due to the age and design of the building. People requiring assistance entering the building can ring the bell for a member of the Patient Services team to assist them. It was agreed to look at the signage of this bell so everyone was aware of the bell and its location. Any new developments will take disability access into account.

The PPG wanted to pass on their best wishes and thanks to Dr Hogan and wish her all the best for her new

The potential Diabetes PPG educational evening event is to be included on the agenda for the next PPG meeting.

**Date of Next meeting:** Tuesday 11<sup>th</sup> October 2016 5pm