

**Benhill and Belmont GP Centre**  
**Minutes of Patient Participation Group Meeting**  
**Tuesday 13<sup>th</sup> Jan 2015 – Benhill Surgery**

Meeting opened 6.30pm

Present : Dawn Dodd (Practice Manager), Dr S Mawani, Dawn Dennis (Reception Manager and minute taker), Jack Hamilton, Pam Goodwin, Marian Wingrove, Shelia Kydd and Tracy Baleato – Farrow

Apologies : Orla Doherty and Sandra Brodie

1. Round table introductions
2. Dawn Dodd opened the meeting by advising as a practice we are looking for ways to better facilitate patient care and to provide continuation of care especially for our seriously ill and elderly patients.
3. Dr Mawani then provided an in depth discussion as to how “Benhill and Belmont” as a practice have been proposing how to do this. She was looking for ideas and feedback as to how we could all function more effectively as a practice. This also affects other services within the NHS. Patients overall are now living longer and many have complex health issues. These are requiring more and more appointments.
  - Dr Mawani then presented with a diagram explaining the types of patients and areas that need extra care.
  - This was a triangle diagram with 4 layers..

Top of triangle: Intensive Care required (small number of patients)  
2<sup>nd</sup> layer of triangle: Chronic Diseases and / plus multiple conditions  
1<sup>st</sup> layer of triangle: Chronic Diseases (COPD, Diabetes, CKD etc.)  
Bottom of the triangle: Minor Illness (cough, cold, localised pain)(largest number of patients)
  - Ways to manage these patients and their ongoing ailments / conditions followed
  - Suggestions of Minor Ailments to be seen by Nurse Practitioner (NP) / Nurse prescriber
  - Many members of the group were unaware of a NP role, and how she would be able to address many conditions. It was also suggested that as a practice we advertise what nurses can do? And also advertise the role of NP.
  - It was as discussed the possibility of triaging urgent book on day patients. As a practice we will be trying this for the month of February. Explanation of how receptionists are unable to make clinical judgement and how this has to be passed to a clinician. Telephone triage is a possibility of resolving this, and this would leave the urgent appointments for patients with genuine need.
  - Options of flagging “High Risk” patients so all staff can see that their condition needs to be addressed and may need immediate medical attention. Dr Mawani then advised that we already do this with our Unplanned Admissions patients, which is about 2% of our total patient list size.

- Dr Mawani explained the possibility of having a buddy group system where a partner was paired with an associate GP and possibly a nurse, and using these “teams” to provide ongoing care. Suggestions were made that the teams should contain both male and female GP’s. Query arose as to how this would work between the two sites? The general feeling was that this would be a reasonable and beneficial idea; however there are a few grey areas that would need addressing first. The idea of also incorporating a nurse was thought to be excellent and very beneficial to both the GP and the patients.
4. Emis (our clinical system) offering online access for patients to book in advance appointments and request repeat medications directly from the GP online. We do have a fairly large number of patients signed up to this, and uptake is on the increase. We agreed as a surgery we would advertise this service more and encourage all patients to use it.
  5. General discussion followed regarding availability of surgery appointments, that extended hours were available early morning and late evening on Mondays at Benhill and Tuesdays at Belmont. The late evening appointments appear to be the more popular of the two. The PPG agreed that you could usually always get an appointment with a GP or nurse.
  6. Marion attended the Health watch – Sutton meeting in December and reported that it was very interesting to see how other practices and PPG groups worked.
  7. Suggestion of a quarterly surgery newsletter was made available to patients with latest updates and news. One member of staff from each area of the practice to add a contribution. Also members of the PPG to add info if needed. This could also be a way to promote the PPG. PPG thought this would be a good idea and fantastic way for patients to keep up to date both local and NHS England health campaigns.
  8. Possibility of patient discussion forums / meeting to discuss certain long term conditions, where different patients use the surgery to meet and discuss management, problems, hints and tips together. Ideal for conditions like Diabetes.
  9. Dawn Dodd relayed some brief information on how attendance at A/E for unnecessary condition affects the NHS and costings for these visits.

**Meeting closed at 7.45pm.**  
**Date for next meeting to be advised**