

**ROSEWORTH SURGERY PATIENT PARTICIPATION GROUP
MINUTES OF MEETING HELD ON
10TH DECEMBER 2013 AT ROSEWORTH SURGERY**

Present: Christine Ramsey (PM), Grace Platten (Secretary), Tony Walker, Sue Jobe, Michael Hopper, Eric Wright, Alan Rakison, Philip Baker, Elsie Wade.

Introductions and welcome to new members

1. **Flu Campaign 2013 Update** – We currently have 1500 patients who are eligible for flu vaccine and have achieved 79%, leaving a remaining 250+ still to have their vaccines. Lindy is currently working through the list trying to encourage any missing patients to attend.
2. **Shingles Programme** – The NHS are currently running a programme for all patients between the ages of 70 and 79 to have a shingles vaccine. Unfortunately however there is a shortage of vaccines so only patients who are either 70 or 79 are being vaccinated at the present moment. We have approximately 100 patients of which 60% have received their vaccination.

3. **Patient Engagement Programme**

Christine gave a brief explanation about Newcastle West CCG, where we fit in and how the financial side of things work and how we can try to save on costs for example by employing clinicians to work within the CCG rather than pay hospital costs, this can also improve patient care. Teresa also stressed that the patient's point of view is extremely important to us as a practice as this will help to steer us in how things will proceed in the coming months. Chris also explained how at present we as a CCG are looking at contracts which are due to expire.

4. **Reducing A&E Attendances**

At presents it seems that there is some confusion as to the correct use of the A&E departments at hospitals. It was felt that if we had better access we would reduce A&E attendances however Chris did point out that we as a Practice have one of the best performances of patients at A&E and this was due to the fact that we have Doctor of the Day and excellent access. It was felt that this could be an education issue and that we should be communicating correct use of services to the patients more efficiently as many of our A&E attendances could have been dealt with by the OOHs service. It was felt that information should be given to patients regarding services and their use, however this is already done via the website and reception waiting area and will be put in quarterly newsletter in future.

We are also looking to reduce hospital admissions; Teresa will be monitoring COPD and intercepting any vulnerable patients, as a practice we will be carrying out risk profiling whereby Christine will monitor data received into the practice which will identify patients who are at high risk of re-admission into hospital. This data will be discussed at our multi disciplinary meeting which is held each month and we will ensure that everything possible is being done to assist the patient which will include social care as well as medical.

Any other Business:

1. Dementia screening was discussed briefly
2. Mr Baker brought to our attention the fact that his wife had 3 house calls; however 2 were done by FY2s who were unaware of his wife's history. Mr Baker felt that the service was not good enough and actually had to ring CB despite asking the visiting doctor to check records with the practice.

All FY2 doctors are made aware that they must refer back to the Practice should they require any advice. Also patient summaries are printed prior to any house call. Christine will ensure that FY2 Doctors are aware of the protocol with regards to house calls at their induction.

Date of next meeting 4th March 2014 @ 1pm