

ELLIOTT STREET SURGERY
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Patient Participation Group (PPG)
Elliott Street Surgery
Thursday 2ND October 2014

Attendees: Mrs (GH)
Mrs (JH)
Mrs (SR)
Mrs (SC)
Mrs (MH)
Dr STH Shah
Mrs P Coupe – Practice Manager (PC)
Mrs S Macafee

Apologies: none

Welcome to all and thanks for attending.

PC	Apologies for the mix up with the last meeting, it was decided that a reminder one week before the meeting may be the answer.
GP changes	<p>As we are all aware Dr Magda left the Surgery on the 19th September. We have a new GP starting at the beginning of November his name is Dr Ian Wilkinson and some of the panel remembered him when he trained at the Surgery a few years back when he was an ST2. He will be covering 6 of the 9 sessions.</p> <p>SR asked why he wouldn't be working full time. PC advised the group that we had advertised quite extensively for a full time GP but we needed to find an appropriate candidate.</p> <p>PC mentioned that we had Dr Caroline Mulgrew for the next year, until the first week in August 2015 and we have regular locum cover by Dr Christine Beeston. PC informed the group that we are trying to keep the same locum GP's for continuity of care. The surgery is still advertising for the rest of the sessions.</p> <p>SR asked what affect this was having on the appointments available. PC said that no-one has been refused an appointment and locums are covering the sessions available since the departure of Dr Magda.</p> <p>GH asked who Dr Mulgrew was. Dr Mulgrew is a qualified Doctor, in her final year of training as a GP ST3. Dr Mulgrew works closely with Dr Shah and is full time.</p>

	<p>SR asked where Dr Magda had gone. She has moved to another practice in Leigh, as she felt it was the right time to move on</p>
Opening hours	<p>PC is going to do a survey on opening hours. Everyone in attendance was fine with the opening hours.</p> <p>SR mentioned opening on Wednesday afternoons.</p> <p>PC said local CCG/NHS England planning to introduce extended hours and is up for discussion.</p> <p>PC said that if this happens then the GP will need access to the support services i.e. IT, phones, pharmacy etc.</p> <p>SR asked why we weren't open on a Wednesday afternoon. PC stated that it has been historical that we have been closed on Wednesday afternoon for protected time, meetings and workshops and educational training. The continuity of care is not affected. The local OOH take over the responsibility of patient care during this time, with one telephone call to the surgery number.</p>
NHS Choices	<p>Our practice has scored 97.2% where people would recommend our practice.</p> <p>PC stated that we are aware that the survey has gone out for this practice and whether this one will be as good as the last one, we are unsure, due to the change in the telephone system.</p> <p>Dr S informed the group that he asks new patients why they joined us and most of them say that they had checked on the NHS Choices website and the comments on there are very good.</p> <p>GH said that she had been on the website and thinks that the Surgery has some good comments.</p>
New GP	<p>Dr S confirmed that Dr Wilkinson's sessions are classed as full time and re-iterated that we are still looking for another GP to cover the other sessions. SR said that she didn't want this impacting on the patients and would like the Surgery to maintain the same level. Dr S said that the surgery is waiting for the right person rather than the first person that comes along.</p> <p>PC agreed that we are still pro active in seeking a new GP, we have interviewed but have not found any one suitable as yet. No one has been refused an appointment and locums will be covering the spare sessions.</p> <p>Well done by the PPG.</p> <p>Dr S stated that it was important to maintain the service we have been providing. The Surgery works together as a Team.</p> <p>GH asked if Dr Wilkinson would have a surgery every day. Dr Shah said that he is nearly full time and that sessions that Dr Wilkinson doesn't cover will be covered. Dr S also informed the group that when he is on annual leave Dr Wilkinson will cover Dr S and vice versa.</p>

Sr Griffiths	<p>The Surgery is looking to develop AG's role as she is a nurse practitioner. She is going to attend courses to help with female health such as menorrhagia etc.</p> <p>SR asked how many sessions AG covers, she covers 7, and asked if she would be increasing this? Dr S stated that he was in negotiation with her.</p>
AOB	<p>SR mentioned that when she came to see Dr Sniadek she was waiting outside room 2 & 3 and noted that it looked dirty and not as nice as the rest of the practice. She wondered what new patients would think as that area is not indicative of the rest of the practice.</p> <p>MH said that it didn't help that children scrawl on the floor and put their feet on the walls, with no reprimand from their parents.</p> <p>Dr S took the comments on board.</p> <p>PC mentioned that many times people put their feet on the walls and she has had to ask them to remove their feet from the wall.</p> <p>SC saw children playing in the cupboard under the stairs and KR came down twice to ask the children to come from under there. The parents allowed the children to keep going into the cupboard. The cupboard is now kept locked. Group agreed that parents should stop their children from playing in the waiting area.</p> <p>SR – a few meetings ago the group discussed the production of a information board about relevant topics. Unfortunately this has not come to fruition. PC will look into it again and endeavour to get it up and running.</p> <p>SC asked about EPR (Electronic Prescribing Requests) and when we would be going live. The practice is unsure exactly but tentatively April could be a possibility. EPR is where medication is ordered on line via the chemist for repeat meds, but these medications will still to be authorised, the pharmacist will ask what items you require and then it is done electronically. This negates the need for the patient to come to surgery to pick up the prescription and then drop it into the chemist. PC said that we will let patients know when the service becomes available.</p> <p>MH – queried whether it would benefit the community to have a mental health worker who can sit with people who need it. They have something similar in the Church, which she attends.</p>
Next meeting	Thursday 04/12/2014 at 1pm