

Khattak Memorial Surgery

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Patient Participation Group Meeting Saturday 22nd February 2014

Present: Staff representation: Mrs Naila Ahmed (PM), Mr Mohammad Asaad

Patients representation: Mr HR ,Mrs SK, Mrs SS, Mr MH, Mr AS

		Action
1.	<p>Welcome and Apologies:</p> <p>NA welcomed the group and thanked the group for their continuing commitment</p> <p>Apologies were received from: Dr ISK</p>	
2.	<p>Minutes of Previous Meeting:</p> <p>Minutes agreed as correct and a true record.</p>	
3.	<p>Care Data:</p> <p>NA informed the group regarding Care Data an NHS England national Programme</p> <ul style="list-style-type: none"> • It will collect both identifiable and non-identifiable patient information from GP practices • Coded data such as symptoms, diagnoses, drugs, lab results is to be extracted • Information is to be managed and anonymised by the Health and Social Care Information Centre (HSCIC) • Utilised for planning and research purposes • Any patient wishing to OPT OUT of the scheme can do so by contacting the surgery, filling out an OPT OUT form which will be scanned onto the patient's medical records and a code will be input to ensure no data is extracted for that patient • GPs have no choice but to allow HSCIC to extract this information and once your data has been extracted, your GP surgery cannot control or protect how that information is uses, shared or who has access to it <p>Further information is available on our website: www.khattakmemorialsurgery.co.uk</p> <p>as well as www.care-data.info</p> <p>Opt out leaflets, letter and forms can be downloaded from: www.medconfidentail.org</p> <p>NA explained that care data is different to Summary Care Records (SCR) which is:</p> <ul style="list-style-type: none"> • A national shared medical record containing allergies, adverse reactions and medications • Currently being used in Acute organisations across the country • Access is based on a legitimate patient relationship and controlled by use of log in details <p>Patients raised concerns about Care data and wished to get the message out to all patients. They wished to collectively raise the profile. NA explained she will inform the doctors and practice staff regarding care data.</p>	

	PPG also asked if District Nurses would take information leaflets and forms with them.	
4.	<p>Premises Update:</p> <p>NA explained that the situation with the premises remains stagnant until April 2014. When some funding may become available. The current estimated costs total over £1 million and this is unaffordable. NA also explained the Clinical Commissioning Group is supporting the practice with the move however until some sort of funding becomes available there is little progress to be made. NA is also speaking to the CCG to refresh the business case. The PPG expressed the need for a petition which could be included in the business case to support the move as they see huge benefits with the move including confidentiality and disabled access as well as increased appointments and access.</p>	Action: PPG to draw up petition
5.	<p>Patient Survey:</p> <p>NA informed the group that the patient survey is being conducted which will be analysed and published on the website at the end of March 2014. Over 100 surveys have been completed.</p>	
7.	<p>Patient Issues</p> <p>Patients raised the following Issues:</p> <ul style="list-style-type: none"> • Communication to patients if clinics are running late • GPs to be on time as often they are over half an hour late and this causes delay • Triage system to prioritise working people as the PPG felt that those who were working and needed to be seen on the day could not be seen. • Patient Education was raised and the suggestion of charging patients who did not attend their appointments was also something the group felt we needed to pursue • There were also issues raised with regards to the walk-in centre where security staff were removing patients and patients were being refused to be seen at 6pm when the service is advertised as being open until 8pm. • The group also felt that if patients wished to make any suggestions or have any issues, then to inform the receptionist who would advise on the most appropriate step to take. • Customer Service – The PPG felt that messages which receptionists are giving out to be consistent as sometimes this is not happening. • Confidentiality – Given the restriction of premises it was suggested that the radio is put on in the background to drown out some of the patient conversations taking place at reception. 	
8.	<p>Action Plan</p> <p>Please see attached</p>	
9.	<p>AOB</p> <p>Date of next Meeting: May 2014</p>	