

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Monday 28 July 2014
MINUTES**

Present: **Patient Representative Members:** Chair: Chris Milne (ChM), Dawn Patterson (DP), Glen Green (GG), Jenny McGowran (JM), Roy Tyler (RT), Rebecca Maund (RM), Jo Cousins (JC), Jo Daniell (JD)
Surgery representatives: Dr Havercroft (AH), Dr Evans (CE), Dr Bunyan (PB), Philippa White (PW) and Lysa Ball (LB) note taker

| | Welcome to Jo Cousins – Introductions took place | Action |
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| 1 | Apologies: Janet Bastick | |
| 2 | Minutes of previous meeting 14.4.14 Agreed and will be published on the website | LB |
| 3 | <p>Matters arising:-</p> <p>NHS Funding – JM published an article in the Hanley/Welland Parish Magazine. Feedback was generally favourable but one commented it was a bit strong. JM has had email responses and written to Harriet Baldwin. No reply from Harriet Baldwin as yet. PW confirmed that she had had a query from the CCG for a reply to a letter to Harriet Baldwin and it seemed her office did not reply themselves. ChM & JM suggested they attend one of Harriet Baldwin's surgeries to see what her perspective was. Discussion regarding the RCGP campaign which is lobbying for 11% funding for Primary care NHS services, currently primary care get 8% of the NHS allocation. Concerns regarding funding for Upton surgery in the future as the PMS (personal medical service) contract the practice holds secured additional funding for services in a rural area and it may be that we have to revert to a GMS (general medical practice) which mean a significant drop in funding.</p> <p>DWP – CM confirmed that after a number of phone calls he has been given the name of the Disability Advisor for Malvern, Andi Watlin and CM will try to progress this.</p> <p>Hanley Castle Art Work – JD and PW visited the school with one of UMST trustees and chose 6 pictures. The pictures are currently with JD who is framing those that require it and LB to meet with the Art Group teacher on 29.7.14 to discuss the potential to share space. PPG suggested publicity and a suggestion was made about a specific patient newsletter regarding the artwork and asking the students involved for a write up about their art. It was agreed that this may be an on-going project every school year.</p> <p>PPG leaflet – It was felt that this would be a good idea for our new patient packs. The group felt that they needed to be more visible and RT suggested that a regular column in the newsletter might be a more effective way of promoting our presence to the patients. LB to email PPG for contributions and give a deadline. Volunteers for Proof readers of the patient newsletter were RM, DP, CM, JC</p> <p>Electronic cigarettes – A safety information leaflet was given out. Suggestion made to put information in the Newsletter.</p> | <p>ChM/JM</p> <p>ChM</p> <p>JD</p> <p>LB</p> <p>LB</p> |
| 4 | Friends and Family Test A summary guidance was given out. ChM will be the PPG representative | |

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| | on this new project and an information pack was given to ChM. Discussion took place regarding the possible answers and the choices available and if other questions could be asked, (please see page 6 , 4.2). PW confirmed that more information is due to be published. Start date confirmed as 1.12.14. | |
| 5 | Email facility for patients to use for non-urgent admin enquiries Discussion took place and the general opinion is that there needs to be a more developed system in place before this was taken any further. PW confirmed that there is a facility for leaving messages on the EMIS access. PW confirmed that we would have to have a named member of staff each day to deal with this facility. It is felt that there is good telephone access, the desk is open all day. The group were concerned that people would start to email in request for appointments with a specific doctor and time that could not be offered so that would then require more staff time to contact back when the specific request was not available. It was confirmed that no other GP practices in our area offer this service. Agreed to defer until robust cross network systems are established as a routine way of communicating for confidential health queries in Primary care. | |
| 6 | PLACE LB to contact JB/GG/DP to arrange a convenient time and date for this to be carried out. | LB |
| 7 | MORI Poll on GP patient Feedback PW showed the group the link from the website and discussed the results. A3 colour copies will be printed and posted out to the group. Discussion took place regarding these results. PW confirmed that 3 action points are needed for the DES requirements and a meeting will take place on 18.8.14 with PW/ChM/JMC to agree on action plan. One action agreed was the drop in score on helpfulness of reception staff. An example was given by RM. PPG would like feedback from receptionists themselves as to what issues they find stressful and how the PPG could help them. GG reported how she had observed difficult situations at the desk when the staff were trying their best to help, but patients were asking for appointments that could not be given and that the education of patients and managing expectations was key. | PW/ChM/JMC |
| 8 | South Worcestershire Federation of GP Practices – ARH ARH confirmed this is a private company of which he is one of five directors. Shareholders are the 31 practices in the South Worcestershire locality which has 290,000 patients. The federation has been formed to protect the interests of local practices and to keep work within primary care. Agreed so far is clinical support of cover for community hospitals, they have been awarded AQP (any qualified provider) for vasectomy services, awarded to manage locally enhanced services all of which Upton provides additional to core service, GP in A/E pilot which is running for 3 – 4 months and this is offered 7 days per week. The focus for the Federation is how practices work together more efficiently. Other ideas are for staff sharing and employing specialist nurses. There is a buying group already set up in association with the LMC. It is anticipated that the federation will bid for the OOH service and for the registered list of patients for the walk in centre. Currently advertising for a CEO. The loss of the PMS contracts was a very big issue for the future of services in South Worcestershire and efficiencies on scale across the 31 practices will be increasingly important. | |
| 9 | Feedback from SW Clinical Commissioning Group Governing Body – GG | |

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| | GG to email LB with a brief summary | GG |
| 10 | <p>Compliments/Complaints/Suggestions</p> <p>PW confirmed that we had received 7 complaints since the last meeting which had all been resolved. Following discussion it was felt that one of the complaints had been made before regarding delays in the system for referral and treatment. As a result of discussion it was suggested that we recommend patients to ask consultants to copy them in to clinic letters. Long delays in receiving some speciality letters from the secondary sector had been reported by the practice to the CCG quality group and it was acted but PB suggested there is pressure in the whole system and delays such as these thought reported to us reflect the pressure Also maybe for the newsletter about tests done here cannot be viewed by the Acute Trust. We had received 19 compliments and two suggestions. The suggestion regarding email service was discussed under item 5.</p> | LB |
| 11 | <p>Note contents of Practice Update</p> <p>A copy was handed out at the meeting – please Appendix 1</p> | |
| 12 | <p>RCGP – Future of General Practice and SWCCG Practice Development Day</p> <p>Future of General Practice: the surgery team thanked the group for their support and confirmed the booklet of signatures had been sent off to the RCGP.</p> <p>SWCCG PDD No time for discussions info to be emailed round post meeting</p> | PW |
| 13 | <p>Dates for 2014 PPG Meetings</p> <p>This has been confirmed as Monday 20th October 2014. Request for 2015 dates be taken to next PPG meeting avoiding all school holiday time as agreed.</p> | LB |
| 14 | <p>SWPPG Meeting</p> <p>ChM to email brief summary.</p> <p>Risk Stratification – Short discussion took place regarding Risk Stratification in relation to the unplanned admissions DES. The surgery has been using the tool for a different pilot for the last year and the new DES and local priority has been for our 225 nursing home patients. ChM said there had been discussion at the SWCCG group about the term Risk Stratification and how it was meaningless for patients. An information leaflet is expected. CE leads on this for the surgery and confirmed that we also already have a ‘special care list’ where younger patients with serious conditions are identified for fast-track access to GPs and a process for a multidisciplinary meeting to discuss at risk children so the approaches are already embedded in our usual ways of working.</p> <p>Surgery Interaction with blind and partially sighted people – not discussed, to go on to next agenda.</p> | ChM Agenda item for next meeting |
| 15 | <p>AOB</p> <p>Update on Upton Baptist Church Minister and the role of his wife – GG</p> <p>A summary was handed out to the group by GG.</p> | |
| | Date and Time of Next Meeting – Monday 20th October at 6.30pm | |

Appendix 1

Practice Update JULY 2014

New contract:

- Case manage vulnerable patients (both those with physical and mental health conditions) proactively through developing, sharing and regularly reviewing personalised care plans, including identifying a named accountable GP and care coordinator work is underway and we are prioritising the nursing and rest home patients in line with local guidelines.
- Named GP for patients aged 75 and over – around 1000 letters had to be processed and sent to patients aged 75 and over with their named accountable GP. Then the tear off slips proceeds and records changed for those who wanted another named GP.
- Friends and Family Test – PW attended the strategic update on this (agenda item)
- Choice of GP practice – still no information relating to this

- CQC inspections Worcestershire was not in the next round

Doctors update – Dr Hall leaves in August and will be replaced by Dr Peter Mathias for a 4 month placement. Dr Miller is away until mid September.

Reception update: We welcome a new member of staff Sonia Spurr in August and wish Ursula well with her Pilates teaching.

Physiotherapy: Fiona Lucas has left us to pursue a private physiotherapy service and we have some temporary cover until September when we hope the post will be filled substantively.

Nursing team: We are introducing a new role Lesley Smith recruited from the RAF Primary Care sector will commence in August as our Advanced Nurse Practitioner. We hope to develop new patient services for on the day requests to allow more access to GP principles and demand is now more that we can manage despite having a stable patients population. It is with great regret we say goodbye to Nurse Amelia Lamb who leaves us mid August.

Age UK Social prescribing: We are having a presentation of this initiative for referral to the project in August. Social prescribing is for patients who are, over 50 or Carers and the recently bereaved (of any age), who meet one or more of the following criteria:

- Socially isolated
- Struggling to manage significant life change,
- Living with long term conditions
- Lacking social and community support
- Frequent users of primary care services

Social Prescribing is successful in:

- Improving mental health outcomes
- Improving an individual's sense of wellbeing
- Reducing social isolation
- Enabling individual's to help themselves
- Managing better when coping with change
- Maintaining lifestyle when living with a long term condition

Additional mental health clinics: We have been allocated an extra day for the gateway service held here which has commenced and also an evening CBT service has started once a week.

Clinics lost: Rheumatology has been moved to Malvern Community Hospital.

PMS GP contract: We have received notification that the process will take place this year and it is anticipated this will be significant withdrawal of our patient funding and will impact on services.

Training/Conference Use

- Consultant updates for clinicians in Joint Injections
- Travel health for Practice Nurses - 26 attendees
- SWCCG Practice Nurse development day
- Team Leaders and Managers training
 - CPR training for clinical and non clinical staff

