

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Monday 14 January 2013
MINUTES**

Present: Philippa White (PW), Dr C Miller (CaM), Dr A R Havercroft (ARH), Chris Milne (CM), Janet Bastick (JaB), Jenny McGowran (JM), Glen Green (GG), Jo Daniell (JD) Dawn Patterson (DP) and Lysa Ball (LB note taker).

		Action								
1	Apologies – Roy Tyler									
2	Minutes from Meeting 15 October 2012 – These were accepted as a true record and will be available on the website. Apologies from LB for not printing a complete set of these for the meeting.									
3	<p>Matters Arising:</p> <p>111 - Two hand-outs were given on this topic. This is a new NHS service which is being introduced to make life easier for the public to access healthcare services when they need medical help fast but not a life-threatening situation. PW confirmed that when this comes into effect our telephone message will be changed accordingly and that it would be cheaper for patients to dial 111 themselves than for the practice to divert the calls. This has been piloted in other areas and seems to have gone down well although no feedback from the GP's in those areas. NHS Worcestershire intend to have a "soft launch" in February and then a big national campaign to promote the main launch in April 2013. PW confirmed that there was a meeting at County Hall on Tuesday 22 January 2013 but this was not a patient event. DP also confirmed that as part of her connections with LINK that she too would be attending. PW also confirmed that there would patient events in due course.</p> <p>Eye Health/Glaucoma Event for patients – PW confirmed that this was something that we would like to do but in the Spring time when the nights are lighter. LB to make enquiries with Spire regarding this.</p> <p>Time 4 U - This will be re-instated at Hanley Castle High School in April 2013 and will be an ongoing service. Thank you to UMST for the support over the year as the GPs feel that without it the service would have been lost for good.</p> <p>First Aid Training in the Community - PW had looked into this and St John's Ambulance do provide training in the Community. The prices are for groups of 8 – 14 people</p> <table style="width: 100%; border: none;"> <tr> <td>Essential First Aid Adults</td> <td style="text-align: right;">£300</td> </tr> <tr> <td>Basic First Aid</td> <td style="text-align: right;">£300</td> </tr> <tr> <td>Essential First Aid all ages</td> <td style="text-align: right;">£300</td> </tr> <tr> <td>Essential First Aid and basic first aid</td> <td style="text-align: right;">£480</td> </tr> </table> <p>PW has suggested maybe a proposal to UMST for the above. Following discussion a suggestion was made that perhaps we should tailor this to a specific audience and new mums and carers were suggested. PW/LB to contact Riverboats Children's Centre and the Worcestershire Association of Carers to see what they offer and maybe a joint venture could be done.</p>	Essential First Aid Adults	£300	Basic First Aid	£300	Essential First Aid all ages	£300	Essential First Aid and basic first aid	£480	<p>PW</p> <p>LB</p> <p>PW/LB</p>
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	<p>Befriending - GG confirmed that the Messy Church was going from strength to strength and that approximately 40 people attended the last meeting. The group confirmed that other befriending services were available in the community:-</p> <p>Pastoral visiting WI – local villages Hanley Swan/Hanley Castle had a sick visit service and there may well be others</p> <p>There was a befriending group at the library but not sure if this is still current Youth Group is held at the Hanley Swan Village Hall for 10 – 14 years to help with this transition period and is run by parents and does have a Children’s Council.</p> <p>Action – please let PW/LB know of any other services in the community. LB will contact the Riverboats children’s Centre to see what they have to offer.</p> <p>Research Activity</p> <p>PRIMIT Study - PW confirmed that this was going well , this is in relation to coughs and colds spreading in families, part of this is an internet study sign up and we give out hand gels to those who participate.</p> <p>PREFIT - (prevention of fall injury trial) – the study aim is to determine the comparative effectiveness, cost effectiveness and acceptability of three primary care fall prevention strategies (advice, exercise and a multi-factorial programme) for older people living in the community. The study has been delayed across the country.</p> <p>HEAT – PW confirmed that Dr J Barrell had had a meeting with the research nurse lead but again there seems to be a delay in progress. At some stage the research nurse will come the surgery to help with the searches.</p>	ALL
4	<p>Health Monitor - LB gave out a copy of a survey regarding the health monitor in the waiting room. Overall the responses had been very positive with 123 pluses and only 10 minuses. PW confirmed that UMST were supporting this for 12 months and would report back as and when a review was needed. A counter had been installed on the machine so we will know actual use.</p>	
5	<p>Pharmacy - ARH attended the meeting to update everyone on what was happening so far. The PCT had turned down the original application and we have been notified that there is an appeal against this decision . GG and CM had sent letters of support. GG felt it was regrettable that the Town Council had not supported the initiative as so many patients would have benefited. This has now gone to 2nd appeal and three outcomes are possible, the Litigation Authority could turn it down, or they could uphold the appeal, or they could request an oral hearing to decide. ARH confirmed our best chance was for an oral hearing and would be very grateful if GG and CM could re-submit the letter. GG/CM agreed to meeting on 15.1.13. Also PW to contact the lady from the Ripple Parish who had also sent in a letter to ask if she would be kind enough to re-submit for this 2nd appeal. ARH confirmed that if we did</p>	CM/GG PW

	<p>get the oral hearing that members of the PPG would be able to attend and voice their opinions. ARH would advise the addresses to whom the letter of support should be addressed. We would also copy in the pharmacist making the submission. ARH also thanked the group for their continued support.</p>	
6	<p>Community Day - Discussion took place and PW suggested that due to current work pressures would the PPG consider deferring the June event until at least September as we had held many open patient evening events and had another scheduled for eye health in June. JD suggested perhaps we should only do this on 2 yearly basis. DP suggested more input from the PPG to support the workload of the practice staff. The group felt that we should target a different audience each time and a suggestion was made about new mums and incorporating the Riverboats Children's Centre with first aid event, ask the doctor etc. This would certainly help the surgery reduce the amount of child admissions and we could perhaps include the children's art group from the library. PW to contact Riverboats and will report back at next meeting. The general feeling was that this was very worthwhile doing something again.</p>	PW
7	<p>Private Patient Services – DP was concerned about the amount of NHS services that were being offered by private providers. PW explained the bid processes she had recently had to do for the surgery in order to maintain services such as smoking cessation and health checks. PW confirmed that this was the current strategic direction of the Department of Health and all local NHS commissioning organisations had to offer certain services out to Any Qualified Provider.</p> <p>Bringing access to services for out patients was the priority for the surgery and PE felt strongly it was important for rural patients not to lose out. In this way we are trying to keep control of what is available to patients in this area. Whilst not all are happy with the situation it was agreed that all changes should be briefed to patients in newsletters and view the patients group but the pace of change was very fast and was becoming the new world for general practice to have to compete in against other providers.</p>	
8	<p>Use of Minor Injury Unit - DP felt confusion had come about following an article in one of the local papers about using the Walk in Centre instead of A/E. This was agreed by the group. ARH confirmed that a lot of our patients do not use the MIU as we are still currently able to treat minor injuries here at Upton. To confirm that the MIU is a nurse led unit and the practice is actually charged against their budget each time a patient uses the service at MCH.</p>	PW
9	<p>Newsletter Distribution - GG thanked PW/LB for all their hard work in producing and distributing. GG confirmed that she also distributes approximately 60 via the church, Hanley Swan Post Office and by hand and is very keen on recycling, 'once read please pass on' is her message. CM said he would look at maybe putting the newsletter in the Welland shop and if the group could look at more potential avenues for distribution. LB confirmed that the newsletter also went out with the weekly dispensary deliveries and to all the nursing/care homes.</p>	ALL
10	<p>Referral procedure to Physiotherapy – GG asked for clarification on the referral procedure to physiotherapy and if this could be incorporated into the next newsletter. She felt that some patients thought they could knock on the door and be seen without a referral. PW confirmed there was a waiting list at present and would have a word with the department to see if this was happening. PW confirmed that Amanda Snelson had retired in December and that a</p>	PW

	new starter was expected in February 2013. In the gap in recruitment by the Health and Care Trust the waiting list was likely to increase.	
11	Out of hours service and OOH survey – Discussion took place regarding this service and the considerable pressure they are under at the present. CM brought two case studies with him which were handed out. PW confirmed that if a complaint was made it should be addressed to the OOH service. CM felt that the OOH service was not always aware of the late opening pharmacies. A sample survey was given out regarding the OOH service for possible future use but with the introduction of 111 and the staffing issues the changes that would bring now might not be the time to undertake a survey.	
12	Dying Matters Exhibition - From March 11 th to March 24 th , Upton surgery will be hosting the “small actions, big difference” photography exhibition. The exhibition has been organised by the Dying Matters Coalition, which promotes public awareness of dying, death and bereavement, by encouraging people to talk about their wishes towards the end of their lives, including where they want to die and their funeral plans. The photographs, taken by Nadia Bettega, capture the seemingly minor actions that can make a powerful difference to the quality of life for people in their final days and for those who care for them. They will be displayed along the PCT corridor and will be available to view during normal surgery opening hours.	
13	Patient Surveys and DES action plan – PW confirmed that DES stated that a survey had to be undertaken and this has been completed for this year as agreed with the group and was available in the waiting room and on the web site. A new survey was proposed for next year and a selection of survey’s were handed out. The group felt the most appropriate one was “NHS patient feedback” but with a few changes. The group were unsure about the relevance of some questions in it. Discussion took place and the group wondered about targeting a particular group of patients also noted that only doing it on-line could miss a significant number of patients. PW suggested we identified a relevant patient feedback week where we did a prescription bag drop, put on line and send to the virtual group as well as traditional methods to all attending surgeries and clinics. More work is needed on the survey and to go round the group to finalise and set dates.	ALL For next meeting
14	South Worcestershire PPG Forum meeting attendance - This is for patients across South Worcestershire to share best practice regarding their patient groups and to be a collective patient voice to assist with shaping local health services. CM will be attending with DP as Deputy. A copy of the terms of reference was given out along with a chart showing the SWCCG Governing Body. CM confirmed the next meeting was 15.1.13 and will keep all informed and circulate notes as and when available. CM mentioned about taking the “youth voice” to Hanley Castle High School to see if anyone would be interested in joining this part of the group. GP with ambulance service - CM informed the group of a pioneering GP scheme in	CM

	Bromsgrove to cut hospital treatment numbers. A cutting-edge GP scheme has been introduced in the area, this is where a GP works alongside the ambulance service to reduce the number of patients going into hospital. PW confirmed that there would be measuring and reporting outcomes for this and would keep the group informed and will ask Dr Jonathan Leach, Medical Director for NHS Worcestershire for some feedback or via Clinical Commissioning Group Colleagues for the next meeting.	PW
15	PPG Meeting Dates for 2013 – Dates confirmed as follows:- 15.4.13 15.7.13 14.10.13	
16	Practice Update – An update sheet was given out.	
17	<p>Complaints, Compliments and Suggestions – PW confirmed that we had received 10 letters/cards of thanks for good care. 144 Christmas cards were received and 11 had personal messages. Many boxes of chocolates and biscuits were received at Christmas. Also wine for distribution to staff. Two bunches of flowers received for good care. Three emails received, one for good care, one for training facilities and one for “best” training placement. Many verbal positive comments are received by members of staff. PW also confirmed that we had received some generous donations from bequests to UMST.</p> <p>Complaints – 5 in total had been received. One was from the same person as last year regarding too many posters in the surgery. The surgery try to keep the notice boards tidy and do have an allocated member of staff to monitor old notices and take down unauthorised notices. The group felt the notices boards should have displays and access to information. Most people appreciated the range of materials available. A telephone complaint regarding the attitude of GP was resolved.</p> <p>A telephone complaint regarding non-prescribing of antibiotics on first presentation to a child had resulted in a whole team discussion and review of the very strict guidelines GPs are encouraged to follow on prudent prescribing of antibiotics due to the very many concerns in over use particularly in the young. It was accepted that people have very different views on this but that the guidelines had been followed. There was one written complaint regarding clinical care and again the whole team reviewed the care and the pathway which had been followed and it was hoped the patients understood why the course of action had been taken. It was noted that GPs do not always have overall autonomy for the patient pathways in the NHS and local guidelines and pathways have to be followed and often change. Many patients are not always happy with this situation or indeed understand how the various NHS interfaces work.</p> <p>Following this a discussion took place regarding recording of telephone calls, the group on the whole felt this would be appropriate and suggested a 12 month trial. To be advertised with posters, newsletter and envisage.</p>	PW
18	<p>AOB</p> <p>Friends and Family Test – this could be introduced in GP surgeries and was suggested by the group incorporating this to the survey.</p> <p>Emis Web – PW confirmed that we would be changing our clinical system shortly but it was expected not to affect the patients, all the information from the old system</p>	

	would transfer to the new and consultations should in time be quicker from a data management point of view. Work is still progressing nationally to a single patient record though it was acknowledged that there were differing patients views on this.	
	Date and Time of Next Meeting – Monday 15 April 2013 at 6.30pm	