

UPTON SURGERY
PATIENT PARTICIPATION GROUP
Monday 14 April 2014
MINUTES

Present: **Patient Representative Members:** Chair: Chris Milne (ChM), Dawn Patterson (DP), Glen Green (GG), Jenny McGowran (JM), Jan Bastick (JB), Roy Tyler (RT), Rebecca Maund (RM)
Surgery representatives: Dr Havercroft (AH) , Philippa White (PW).

		Action
1	<p>Apologies: None received but after meeting from Jo Daniell</p> <p>The result of the letter sent to the under represented age groups on the virtual PPG had found one new member for this group, Jo Cousins, but she was not able to attend today. Rebecca Maund also came forward and was welcomed to the group.</p>	
2	<p>Presentation from Jenny Lee and Amman Johal from West Midlands South Primary Care Research Team now called the Clinical Research Network. The organisation is based at Warwick University and Upton Surgery is a registered research active GP Practice. The role of Patient Advisors and various initiatives were presented and a discussion followed as the university team are hoping to get greater involvement from patients and are supporting with some training. One member of the group had participated in a research project and PW informed that 50 patients were currently taking part in an exercise and falls prevention project called PREFIT and the group suggested it should be a topic for updates in the patient newsletter. Jenny Lee reported that a new study looking at exercise and dementia had had a particularly good response from the Upton Patients eligible after the searches. Every study has different eligibility and there is always some randomisation on who gets invites depending on the nature and size of the study. All have robust ethics approval and Upton surgery has put itself forward as a potential host practice which would mean that a research nurse would be based at the practice. Other practices that have been selected for this have found it very beneficial and educational.</p> <p>ChM led the discussions and Q and A and thanked Jenny and Amman for coming.</p>	PW
3	<p>Minutes of previous meeting 13.01.14:- These were accepted as a true record and will be available on the website.</p>	
4	<p>Matters arising:-</p> <p>DWP Service – ChM had written and phoned and got no access to the person he had written to or any useful progress from the contacts with DWP. There seems to be a central call centre but no onward access to anyone on a named basis. To try again as a reply should be expected.</p> <p>Hanley High School Art Work progress – JM reported this was agreed with the school and the Friends would pay for the hanging costs. A small team would need to go to the school to choose some for display on site.</p> <p>PLACE: The member of staff allocated to lead on this is currently off sick. PW has completed all the paperwork ready but the actual walk round will have to be rescheduled to a quieter time of year or when the staff member is back. It is a 'good practice' initiative, not a requirement. Update on the carpets - it has been decided that new carpeting will be put down in many in the worn areas with a new more robust foot cleaner path of carpeting in the entrance and down to dispensary and the dentist. The group were pleased that lino was not selected.</p>	ChM JM

	<p>Health and Social Care Information Centre: noted there is a national halt in the progress for at least 6 months but it is still on the NHS Plan. Surgery has had to process many opt out requests following significant press coverage nationally.</p> <p>New web site format: not much feedback either good or bad. Group are getting used to the new format and any suggestions to PW.</p> <p>South Worcestershire Clinical Commissioning Group Patient Involvement Group: ChM reported that the attendance from other practices was much improved at the last meeting.</p>	
5	<p>Flood Services Feedback:</p> <p>PW described the service provided with additional GPs being called in to increase visit capacity on the East side of the river. The Mythe bridge staying open was critically important for staff getting to work and for driving round to access the eastern side of our boundary. A GP was stationed at Beechwood Nursing home so patients were redirected from telephone calls to the surgery to there. During one patient attendance there, the doctor was able to consult over the telephone from Beechwood and access the patient record from the Upton site. There are now mobile options for record access becoming more stable but in rural areas there is always the problem of dropped lines due to poor mobile telephony signal. We will be investigating this further and hope that it will increase our resilience for the future.</p> <p>Various thanks and patient stories were described by members of the group and it was thought there are plans to raise the road level in the area that floods in the exceptional flood circumstances.</p>	
6	<p>Patient Participation Leaflet:</p> <p>This will be distributed by email for development and comment.</p>	PW
7	<p>NHS Funding in Worcestershire:</p> <p>Information and graphs were reviewed and discussion ensued relating to the poor allocation that South Worcestershire Clinical Commissioning Group had received from the latest formula and allocation in relation to close surrounding areas. Hidden rural poverty was a pressing issue and all were becoming more aware of it as an issue that impacted on health especially for the elderly. The role of the PPG and what they could do to raise this as an issue with MPs and wider groups they are involved with. PW to seek some guidance from the CCG and report by email to the group to action.</p> <p>The CCG and Acute Trust arbitration process was described by AH that had not gone in the CCGs favour and exposed a £5m gap in funding. The thinking is that services will now have to be prioritised.</p>	PW
8	<p>South Worcestershire Federation of GP Practices:</p> <p>AH described the background to the formation of a federation of 31 practices called Stay Well Healthcare that Upton Surgery was a member of and he a Director. This was a joining together of practices aligned to the CCG that was now a private company and came from concern for primary care provision in the future. A single practice model, even the size of Upton, would be vulnerable to private take over by large multinational firms and would no longer be an affordable model for delivery of primary care services for the NHS. All practices had paid £1 per patient to join the federation. There are 5 directors and ARH is one of them. The federation wants to work closely with other local health providers, A bid for the Prime Minister's Challenge funding had been put forward that would have increased access to primary care out of hours and helped with the services funding gap, but the bid was not awarded to Worcestershire. It was awarded to Herefordshire where funding per head is already higher than Worcestershire. Cover for Malvern Community Hospital is going to change and better more</p>	

	<p>consistent doctor cover is required. Upton Surgery will not be part of that provision any longer.</p> <p>Moving care from hospitals to primary care and the community needs to be carried out on a scale that can be effective in delivery and the aim is to keep what is currently really good for local models but also to have capacity to deliver efficient models of service sharing of staff, space and expertise between the 31 practices . It is very early days but there is a web site http://swhealthcare.org.uk/ and things will move on quickly during this year as all our contracts change under the NHS.</p>	
9	<p>Feedback from the SW Clinical Commissioning Group Governing Body meeting: GG attended and gave feedback on the meeting on 27th March. Full minutes will be on the CCG website. There were presentations from the SWCCG officers and the funding issues were presented to the public. The focus on patient flow in hospital to the community and patient stories and audits associated show the scale of the problem to get patients out of hospital once admitted. Pathways for the frail elderly will be the focus going forward including quality incentive schemes called CQUINs.</p> <p>PW and ARH are attending a meeting this week where the bidding for funding attached to one of the new contract Enhanced Services will be discussed in relation to the frail elderly and other high risk patients.</p> <p>ARH gave his experience of working in A and E and the problems in relation to coordinating discharge for patients back into the community with support. The other approach was to have a GP in A and E to try to stop admission in the first place.</p>	
11	<p>Note contents of Practice Update (Circulated with agenda and appendix 1 with minutes)</p>	
12	<p>Clinical Governance Meeting: Attended by GG to note the Expert Patient Programme were moving offices. The practice has the details.</p>	
13	<p>Complaints/Compliments/Suggestions</p> <p>Complaints: There have been 4 since the last meeting. The annual report showed an increase overall from 13 in 2012 to 17 in 2013, however there was one fewer written complaint which is the measurement the NHS requires. Some relate to access to specific GPs. The group agreed that there needs to be a focus in the next newsletter in relation to patients who do not attend and the demand the surgery is faced within the current climate of access and demand. One complaint regarding being allowed to smoke electronic devices in the waiting room was discussed. The majority of the group felt it was not a reasonable request and there are many other social habits that one would not expect in the waiting room of the surgery and therefore a sign is not required. A suggestion was made that when the site notice is replaced that if the law has not been clarified then <i>'including electronic devices'</i> should be added to the site smoking ban notification.</p> <p>Compliments: the new home loan BP machines provided by UMST funds had received favourable feedback and there were many written compliments regarding care or services since the last meeting that all get logged and feedback to staff in the surgery Clinical Governance and Quality meetings every 6 weeks.</p> <p>.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Request for a cycle group to compliment the walking group • Request for more hours for a specific doctor has been taken as a 	

	<p>compliment. Doctors hours are always under review and the one in question does do extra sessions for us when we have a medical student placed with us.</p> <ul style="list-style-type: none"> • Request for a receptacle to collect urine specimens when undertaken in the surgery is being looked into • Observation of the 24 hour home BP functionality and 10 new home use regular BP machines are now available for monitoring and diagnosis as part of the new BP pathway. 	
13	Dates for 2014 PPG meetings –28.7.14 and 20.10.14 It was agreed in future no meeting should be in half terms or school holidays to try to be more family friendly for younger members.	
14	AOB declared – GG feedback on the progress on the Men in Sheds initiative that is still hoped to progress.	
	Date and Time of Next Meeting – Monday 28th July 2014 at 6.30pm	

Appendix 1

Practice Update April 2014

New contract:

Changes include:

- 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
- provide timely telephone access, via ex-directory or bypass number, to relevant clinicians and providers to support decisions relating to hospital transfers or admissions, in order to reduce avoidable hospital admissions or A&E attendances
- improve access to telephone or, where required, consultation appointments for patients identified in this service
- work with hospitals to review and improve discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions.
- undertake internal reviews of unplanned admissions/readmissions.
- Named GP for patients aged 75 and over – as part of the commitment to more personalised care for more patients with long term conditions all patients aged 75 and over will have a named accountable GP.
- Quality of out of hours services – practices who have opted out of Out of Hours services will have to monitor the quality of those services and report any concerns they may have.
- Publication of GP earnings – All practices will publish GP NHS net earnings in 2015/2016.
- Friends and Family Test – it will be a contractual requirement for practices to undertake the Friends and Family Test from December 2014.
- Choice of GP practice – from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.
- Patients needing access to a practice clinician after assessment – where a patient has been assessed as needing contact with a practice clinician, the practice will ensure that when the patient contacts the practice, a practice clinician will agree appropriate next steps having regard to the patient's condition and circumstances.
- CQC inspections – when the CQC's new inspection arrangements are introduced, practices will be required to display the inspection outcome in their waiting room(s) and on the practice website.

- The Patient Participation scheme will continue for another year with the requirement to carry out a local survey removed due to the introduction of the Friends and Family Test.
- The Extended Hours Access scheme is extended for another year with a number of flexibilities included to allow practices to work together to provide the most appropriate service for their patients.
- The Dementia, Alcohol and Learning Disabilities will be extended for a further year with some changes made.

Doctors update – Dr Everitt will be away between May and July but Dr Loughridge will continue her sessions. Dr Monika Gemza has started with us for a 14 month placement and Dr Daniela Hall for a 4 month placement. Unfortunately Dr Ellen Parks who was to join us in August has moved to another area.

Reception update: NHS fraud team newsletter recommends that we should be undertaking identification tests prior to processing full registration so this will be implemented soon. The role of a surgery receptionist is very broad and with 4 new members of staff patients may notice slower responses or need to ask other members to complete requests.

Malvern Theatres Outreach Project

Malvern Theatres arts team contacted us regarding a project is to create a Treasure-trove of Memories or a Reminiscence Box. The theme for the project, borne out of the work that has been done in their `Mark Your Mark` creative art workshops is hoped to be undertaken in one of the rest homes we look after and the aim is to create an artefact which is personally hand-made by the participant and contain items which relate to their personal life story. The project workers want to work as a team with creative therapists care workers family members as a team. The Nursing Home practitioner Carole Styles identified a rest home and it is hoped the project can proceed.

Child Health Suite Rename

The Integrated team have chosen the new name for the child health suite which is used more as a community resource now to be renamed the Upton Room

Pilates

A new pay for class will start in June, one held on a Wednesday morning 0915 – 1015 and one on Tuesday evenings 6-7. 5 weeks attendance for £40.

Stay Well Healthcare

Upton Surgery is now part of a group and Dr Havercroft is one of the board Directors of this new arrangement.

From the web site <http://swhealthcare.org.uk/>

Stay Well Healthcare is a private federation offering exceptional clinical healthcare and an excellent patient experience across South Worcestershire.

Formed in 2013 in response to changes to the regulatory landscape of primary care in the UK, SW Healthcare currently comprises 31 general practices serving over 300,000 patients in the region.

Whilst our member practices remain independent organisations, through the federation we facilitate collaborative working to improve current healthcare models. SW Healthcare supports and develops in-house primary care expertise, enabling us to expand our services within the NHS and private arena.

SW Healthcare will bring clinical excellence in a professional, efficient and dynamic manner to the new world of primary care.

Flooding arrangements

We managed to cover both sides of the river whilst it was flooded and impassable for over a week by increasing our visiting doctors using the Mythe bridge on the east of our locality and stationing a GP partner based at Beechwood home. It was a challenge but we managed and have received compliments regarding the service.

Well Leg Clinic

The clinic celebrated its one year birthday in April with a large attendance on that day. An evaluation has been written and circulated to all the practices in the Malvern, stationing additional Pershore, Tenbury and Upton group for consideration as a community model to replicate across the patch.

Training/Conference Use

- Consultant updates for clinicians in ENT and radiology
- Peer updates in Dermatology, Minor operations, heart failure and paediatrics.
- Prefit falls prevention study update
- Travel health for Practice Nurses - 26 attendees
- SWCCG Practice Nurse development day
- Events mobility quarterly trustee meeting
- Thornbury clinical staff CPR and anaphylaxis and phlebotomy training
- Rooted training Patient Facing Skills for general practice staff
- Xpert diabetes course commenced in March