

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Monday 13th January 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)
Surgery representatives: Dr S M A Everitt (SE), Philippa White (PW).
Observer and notes: Lucy Studd

		Action
1	Apologies – Jo Daniell (JD)	
2	Minutes of previous meeting 14.10.13:- These were accepted as a true record and will be available on the website.	PW
3	<p>Matters arising:-</p> <p>DWP Service – Letter has been sent by ChM expressing disappointment that the service had abruptly been withdrawn from the surgery but no reply has been received to date. ChM will chase.</p> <p>Hanley High School Art Work progress – email from JD confirms she has gained agreement with the school and the group will review art work towards the end of the summer term to arrange the exhibition on site when all exam marking has been completed.</p> <p>Patient survey and updating of the action plan – the meeting was held with PW, ChM, JM and GG and 2 sides of A4 flyer produced and is available to patients in the waiting room. JM stated that she had felt it to be a very productive meeting. The action plan has been reworked and was distributed, comments back to PW by 24th January. GG thought the distribution of the action plan or communication needed thought.</p> <p>PLACE idea for a surgery inspection had not progressed due to lack of time. Discussed and agreed not a priority or requirement at the moment. PW to look at what the current environmental inspections in Community Hospitals entailed and report back to the group The current problem of trying to keep the entrance carpets clean was discussed and high quality vinyl options are being explored.</p> <p>Health and Social Care Information Centre national communication exercise update national communication exercise house hold leaflet drop for Better Information Better Care is scheduled for this area in w/c 13th January there is a help line for people to call rather than speak to GP. Patients have 4 weeks to register opt out with GP. First extracts will be in the spring. ChM had received his and the wording in the leaflet implies it is all about research and does not mention Care.data and if it is in the best interests of the patient. General feeling was from the group they were happy to share information as long as it was all secure and shared with appropriate bodies and in the patients interest. There are problems identified with families who opt out for their children and whose responsibility it was to action again when they are 18 or should it be 16? The practice has the workload to add all the opt out codes for those who wish to and PW informed the group there was no national template for the opt out so the practice had had to make their own.</p>	<p>ChM</p> <p>JD</p> <p>All</p> <p>PW</p>
4	National GP survey ratings were distributed and reviewed. PW had analysed the latest results of the National GP survey and report	

	<p>benchmarked against the country and the CCG will be distributed. We continue to perform well against national and local benchmarks but have dropped in % rating for helpfulness of receptionists but it is hoped that will climb again as we have three new members of the reception team. A drop in % rating for telephone access was also noted and this will also be investigated. The welcome message was discussed as being too slow and also suggestion from the group that appointments should be second choice it is currently home visits. DP asked if a man's voice could be used but there may not be a suitable tone among the staff. PW did not think a GP voice should be used or their time.</p> <p>The direct link to our practice results is:</p> <p>http://practicetool.gp-patient.co.uk/Practice/Search?id2=M81038&index=0</p> <p>The new Public Health England 'fingertips' web site information was distributed. Attention was drawn to the charts showing the high number of over 65s registered at the practice and the rating for 'would you recommend this practice' is the highest in the Clinical Commissioning group area at 98.7%. The patient members congratulated the practice and felt this should be widely communicated with the patient population. Agreed it should be added as a strap line on envisage for all to celebrate.</p> <p>link to the web site http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2013,pat,19,par,05T,are,M81038,sid1,2000005,ind1,336-4,sid2,2000005,ind2,640-4</p> <p>The issue of out of area patients wanting to register at the surgery on the basis of excellent ratings was briefly discussed and the impact on access to GPs and services that might make our ratings then drop and dissatisfaction among the patient population.</p>	
5	<p>GG gave feedback from the SW Clinical Commissioning Group Governing Body meeting attended on 28th November 2013. The Urgent Care Strategy was a main agenda item, also packages of care to reduce hospital admissions and increased integration of community teams. PW informed the group that Jo Dodd now manages the integrated team of the complex care team and the DNs here at Upton and new posts to fill vacancies are being recruited..Agreed that back up person to attend from the group would be JM or ChM.</p>	
6	<p>GG reported that Upton Baptist Church has been involved in several Community Developments & Areas of Growth. The older Peoples Showcase event was deemed to be a great success and JB and GG had been in attendance on the day. Football training has commenced with 25 regular attendees and a young people's club. Also input to the primary school and Riverboats ,</p>	
7	<p>To note the agenda for the SW PPG network meeting on January 14th ChM was attending but the group felt that it would be improved if there was greater representation from other practice PPG groups and all who attend should raise this and try to encourage this.</p>	DP,ChM
8	<p>Complaints/Compliments/Suggestions</p> <p>Complaints:</p> <p>Four complaints had been received since the last meeting in October. Two related to dispensary services, one regarding expectations above what can be delivered in the NHS and one regarding communication of a change of</p>	

	<p>medication. This also links to the NHS requirements to provide cost effective prescribing and the scriptswitch function in that the practice has been required to load on the system to prompt clinicians at the point of prescribing the most cost effective choice for the NHS. The prescribing budget is very significantly overspent in the Clinical Commissioning Group and examples of reports that monitor every choice the GP makes when prescribing were shown. The PPG suggested this was in the next newsletter so patients begin to understand the requirements for GPs to save money for the NHS. BK said that around 10% may want to return to their previous prescription due to the new one not suiting them through side effects. SE felt that GPs must be honest and explain the situation and whenever possible to give the patient choice.</p> <p>One complaint related to expectations that the surgery could provide immediate walk-in care with less waiting time than the Minor Injury Unit in Malvern. This had been raised at the CCG Quality meeting by PW, as coincidentally the patient story that month was in relation to the Minor Injury service at the Local Community Hospital, where a similar wait was cited as 'extremely good', yet the surgery had dealt with a significant complaint of dissatisfaction. GG felt that much of her time was spent explaining to people how the surgery worked and that in fact many of the services are not offered at other local surgeries and are services you have to drive to Worcester for. SE again felt we should be honest and explain whenever needed that we can only do our best but we are not an A and E department. There is a need to raise awareness of standards in other NHS facilities and help patients to understand where the most appropriate NHS care should be sought. There was a complaint regarding lack of timely nurse appointments which is an issue as we try to tackle all the Long Term Condition monitoring clinics.</p> <p>Compliments</p> <p>8 were received prior to seasonal greetings and 98 Christmas cards had personal messages. Seasonal gifts are shared across the practice team and are very much appreciated and individual gifts are declared. Two bunches of flowers and many verbal comments of praise were noted. One specific comment about the phlebotomy service noted. A significant donation of £5000 was sent to UMST.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Request for coffee machine in the waiting room: this has been discussed before and the same health and safety issues remain. • Request for online booking for nurse appointments: this is already in place, but unable to reply as the request was anonymous. Specialist nurse clinics can only be made by phone as they are all designated sessions with the correctly training nurse and by call up system. • For better organisation of the travel clinic: this was found to be relating to an administrative error and was resolved in house. 	
9	Note contents of Practice Update (Circulated with agenda and appendix 1 with minutes)	
10	New web site format. As we have discussed previously, the web site has got very busy and ad hoc so we are launching in the new format that the PPG chose and hopefully it will be much easier to navigate round. It will become live in February and the communication to patients will be in the January newsletter.	
11	Show case event for Older People in Upton held on December 10th at the Baptist Hall has been reported on by GG under item 6. PW reported that Jo Dodd and her	

	<p>team had been very pleased with the attendance of around 75 people, it was good to be supported and working in partnership with the county councillor Melanie Whistance, who supported good awareness and communication across the town.</p>	
12	<p>Increasing pressure on local transport services was being felt by Upton Community Care. PW had an email from the Coordinator and JB endorsed the problems in relation to Saturday requests and Friday lunch time requests for Monday appointments. The advice is to use friends and family first and to give as much notice as possible for any other requests. The problem is likely to increase as the move to 24/7 NHS working adds strain to voluntary services. The group discussed the local bus proposed cuts that would cause great problems for access to health services for many rural people and the chair agreed to respond to the online consultation. GG reported that Tom Wells had been holding local meetings where many concerns about the proposed cut in public transport were raised.</p>	
13	<p>Election of Chair: ChM was proposed by JM and unanimously voted for by those members present.</p> <p>ChM was thanked for his ongoing commitment to chairing the group for another year.</p> <p>Dates for 2014 PPG meetings – 13.1.14, 14.4.14, 28.7.14 and 20.10.14 were all agreed</p>	
14	<p>AOB declared – GG was aware of some gaps in local pharmacy services which were discussed. The role of the group in relation to individual issues was discussed. The surgery has problems with part orders, when certain items are just not available from the wholesalers.</p> <p>JM reported that she had heard that the TV display screens were not readable recently. PW said no changes had been made unless a particular slide set had been added and the font was too small, JM thought it was the actual TV. One TV is a bit smaller than the other but it has always been the case. Any feedback welcome.</p> <p>Membership of the group and representation was discussed and the priority is to attract members in age groups who are not currently represented. Agreed to target those in the age groups who have joined the Virtual Patient Group that now stands at 106 members. One request received to put on hold until we know the outcome of the attempt to target the unrepresented groups.</p>	
	<p>Date and Time of Next Meeting – Monday 14 April 2014 at 6.30pm</p>	

Appendix 1 Practice Update January 2014

Flu Clinics – well attended and very busy. The new childrens influenza nasal vaccine and the new shingles vaccine were also communicated via the newsletter. .

Long Term Health Conditions – There is likely to be an increasing focus on LTCs in the new contract and we will adapt our approach accordingly the call up at in their birthday month is working well. For more organised care for long term conditions but the self care agenda will also be a big focus.

Doctors update – Dr Everitt has dropped to 6 sessions from January 2014, This is replaced with 4 sessions of Dr Loughridge thus increasing access to doctors. Dr Shoderu and Dr Nyenyenzi leave us in February. There is a gap until April when Dr Monca Gemza starts with us. February and March are being topped up with locum sessions. Dr K Wiltshire joined us on a 4 month FY2 placement in December.

Aneurysm screening – took place in December and we are awaiting the stats that will follow from the screening team.

EMIS WEB - EMIS Web seems to be stabilising but periodic system slowness continues though the call system is fully integrated again.

Surgery Website – Re launch scheduled for February as November was not achievable for the redesign.

Staff changes – We have 3 new receptionists and one new systems and administration support post. More changes will take place in early spring.

Older peoples showcase – support for the event in the town in December. Working in partnership with the NHS social services and Malvern District Council.

In House Patient Survey - Synopsis has been undertaken with members of the PPG and as agreed a two sided A4 report is available to patients in the waiting room.

Health promotion – we are promoting a new seated local tai chi class and there may be another in the pipeline. Also local weight watchers opportunities.

Daffodils – planting has taken place of a sack of white daffodils donated by a patient to support lung cancer awareness month.

Is A and E for me - Promotion of the leaflets and app to try to reduce unnecessary attendances. We also had a talk and presentation of statistics from the consultant from A and E and we are very low uses of A and E services. Probably due to geographical and transport issues.

Scriptswitch - has been installed on our system by the CCG to address the prescribing overspends across the county, it prompts GPs to change to cheaper brands to try to save the NHS as the current overspend is very significant. Full stats are reported on by practice and discussed at the CCG Quality and Resources meetings.