



**PATIENT PARTICIPATION GROUP
ACTION POINTS OF MEETING HELD ON 15 APRIL 2008
at Upton Surgery**

PRESENT

Dr S Everitt	Upton Surgery (SE)
Philippa White	Upton Surgery (PW)
Jo Daniell	(JD)
Ruth Wain	(RW)
Glen Green	(GG)
Chris Milne	(CM)

In Attendance

Rosemary Williams (RoW)

1 Apologies :

Dr A Havercroft (AH)
Dr C Evans (CE) - maternity leave
Jenny McGowran (JM)

Proposed new member David Judson (DJ) - did not attend.

2 Minutes from meeting 5 February were deemed to be an accurate record of the meeting and signed off.

Chair proposed as being RW, seconded by JD. RW to chair for 6 months.

3 Matters arising

Parish Magazines : Local parishes sourced and list produced – all happy mostly no charge except Guarlford. CM keen to proceed with placing information monthly. Group agreed to try it out. Plan to devise an all age groups programme with low key topics acceptable to this type of magazine, copy could be sent by email. There are very few patients registered in Guarlford so this would be omitted to avoid costs. Agreed a write up about the group and to promote the online service and how to contact group - discussed use of addresses but decided letters to come to the surgery marked for the attention of Chair of Patient Participation Group. Aim for start first week in May.

Action PW/CM

Upton Directory JD discovered it is published once every 2 years, new issue due 2010 – no action required at this point.

Review of patient complaints/suggestions request in, not yet approved by the trust. The request for the additional clocks had been turned down by UMST but two clocks were purchased by the GP partners and are now hung in the reception area and notices that water is are displayed.

Expert Patient Group, main meeting with Sian Finn to be held at surgery on 16 April.

4 Extended hours and Communication to Patients.

Government changed GP contract as of 1 April but the Directly Enhanced Service (DES) for extended hours had not been published. The PCT has therefore introduced a Locally Enhanced Service (LES). Upton is one of the three practices across Worcestershire taking up the LES which has more flexibility at the moment to allow the practice to double-up on doctors for Extended Hours; if the DES does not allow concurrent sessions we would consider it unsafe to open in case a patient collapses and also for the safety of lone GPs. The LES has been specific as to how many hours to do. So far an additional 16 surgeries comprising of 6 earlies, 5 lates and 5 Saturdays all covered by 2 doctors and reception staff. All appointments for the first week were taken but it was disappointing to note there were 3 DNAs on Saturday morning especially as these appointments had been booked 3/5 days prior. Group feels this needs to be followed up as it is unknown if the DNAs tried to ring to cancel their appointment as the telephones would not be managed outside working hours. PW to check with Out of Hours to see if there had been any cancellation calls. **Action PW**

CM suggested follow-up by telephone or letter to ask if they tried to cancel or were unable to contact us. PW to write to individual DNA patients explaining how Extended Hours operates and advise that they have until closing time on Friday evening to cancel or they can do on line on Saturday and to include a leaflet in about registering for online appointments. **Action PW**

PW advised group there are about 52 hours DNA a month of nurse or doctor time. RW suggested using a support nurse for Saturdays, PW advised PCT will not pay for nurse or dispensary staff and would cost surgery more to include these services. SE emphasised how these were actual extra hours and doctors not allowed to cut-out of their normal working day.

SE advised the Government's agenda for Extended Hours is to appeal to working adults although in practise it was open to all and gave an example where it had benefited an elderly patient who wanted the opportunity for her working daughter to bring her to the surgery. Discussed issues surrounding patients who knowing we were open walked in, on this occasion we were able to accommodate as there had been one DNA during that morning., agreed of the GP felt there would be time they should wait until the end of the session and not take a booked patients allocated time.

The Group feels emis online should be promoted, PW reported a month roll out via leaflet in prescription bags, it was advertised on the envisage screen and newsletter, group suggested local chemist and Tourist Information office.

Action CH

SM advised the Group of the success following the recent introduction of telephone consultations.

Action PW

5 Mens Health Initiatives

Benign Prostrate Assessment equipment currently on order. UMST fund agreed purchase although there are training implications, AH to co-ordinate with consultant urologist. **Action AH**

Dr Barrell undertaking Vasectomy training to bring the service in house. The recent press coverage of the government plans for a general screening programme had elicited some requests. The Practice Nurses were putting together a protocol of what gets checked now under CHD Assessment (urine, blood, BP test and indication if ECG required) and this would be offered until

the guidance was provided PW had heard it was not planned until next year. Once DES guidelines are set, to hold Mens Health month on a Saturday morning.

Action GPs

RW suggested to get ahead of the game and set agenda for next year's QOF, focus on smoking obesity, osteoporosis. Invite men who haven't been into surgery for last 3 years and aged between 40-65 years old – also capture smoking status, searched to be undertaken. Also suggested search for younger men aged between 18-24 years old, potentially at risk of Chlamydia.

Action PW

PW considering holding a Surgery Health Fayre one day in Sept/Oct.

Action PW

6 Practice Based Commissioning

Group welcomed RoW, PBC Cluster Manager from PCT.

RoW provided the Group with overview of PBC advising that 62/67 practices are engaged with PBC throughout Worcestershire.

RoW's role as Cluster Manager is to help efficient commissioning under the South Worcestershire cluster, 17 priorities had been identified following an awayday of all the leads from the practices participating to be addressed over the next 12 months. Stressed it is a slow process and the programme is over 3 years. Practices are allocated a budget which is in excess of £100 million across the cluster and this is measured and must not be overspent at the end of the 3 years. One key aim is to bring services closer to home. Larger clusters make the process more manageable with more buying power.

PBC require patient involvement, RoW looking for suggestions as to the most feasible way to do so. Only 3/18 practices have a patient group.

It was agreed the best practice would be for the PBC lead clinician (AH) to attend PPG to bring proposals and discuss views and proposals before they goes to the cluster, to give the group the opportunity to reason and understand the rational for changes, AH could then feedback the groups response. The group did not feel comfortable being a token attendee at cluster meetings and felt they relied on clinicians to guide the process, the time required was also a factor.

Action AH

At the beginning of each year AH to discuss what are considered priorities before they reach PBC / SWCC.

Action AH

RoW to encourage other practices to set-up PPG and get lead clinician to talk to the groups.

Action RoW

PW to share priorities and newsletters with the group by email.

Action PW

Group were interested in the Upton Case manager Project – agenda item next meeting.

Action PW

7 Review of suggestions/complaints since last meeting

One patient requested for a sign to be placed on Tunnel Hill for patients heading downhill, has cost implication of several thousand £s – Group decision to wait and assess if any further requests are made.

Two patients had complained the front curb by main entrance doors was too high – this had been discussed before but the requirement was to keep the water out of the building from run off from the car park slope and recent deluges had brought how important that was home. The kerb had been painted

with yellow paint but water had got under it and it had flaked away so would be treated again shortly.

One patient said names were not displayed on envisage long enough – this has now been lengthened.

Parking spaces – one complaint that some people park very badly. Group suggested no action possible. It is not appropriate to tell someone how to park their car.

A request had been received for a coffee machine in reception area – not felt to be a good idea due to the presence of children.

One request for doctors to wear name badges – this has been actioned.

8 Garden Plans

PW to enquire about costs for developing a green gym in the lower garden area with raised beds possibly with support from local schools – group felt this was a good idea. PW to liaise with Malvern Hills Outdoor Education Centre – GG to send PW leaflet. Also to look at willow sculptures. **Action PW**

PW to liaise with Upton in Bloom regarding the tubs. **Action PW**

Group suggested sponsorship and PW would also put forward as a project to UMST for support. **Action PW**

10 Official Opening

PW advised that surgery timings would be interrupted but times would be made up over lunchtime and the afternoon in the same way that when emergency IT work was scheduled. Emergency services would be maintained.

PW advised group about the 2 new stained glass windows which are to be unveiled to mark the official opening – windows bought by SMAE & Dr Wilson. PPG offered to come and provide help on the day. **Action ALL**

11 Any other business

GG requested that during the meeting with Sian Finn PW raised the X Pert diabetes programme. There was also a training course in June free for all Practice Nurses to attend.

PW advised that the BMA had requested information regarding the art in the surgery for their 60 years of the NHS celebrations.

There was a display portfolio of new Malvern Community Hospital in the waiting room.

Date of next meeting: In light of PBC the Group felt the need to meet before the next scheduled meeting on 12 August; therefore the group will now meet on **Thursday 10 July @ 7:00pm.**

Dates proposed for next quarterly meetings remain as :

Tuesday 12 August 2008

Tuesday 9 December 2008