

UPTON SURGERY, PATIENT PARTICIPATION GROUP

23rd September 2008. COMMENCING AT 19.00

AGENDA Chair: Ruth Wain

Welcome to new member David Judson, introductions were made.

Present: Ruth Wain (RW), Glen Green (GG), Chris Milne (CM), Jo Daniell (JD), Jenny McGowran (JM), David Judson (DJ), Dr Andrew Havercroft (AH), Dr Caroline Miller (DCM), Philippa White (PW)

1 Apologies – Dr S Everitt, Dr C Evans

2 Minutes from meeting July 10th - These were accepted as correct

3 **Matters arising:**

Parish magazines

CM/PW had sent the information regarding the group to the list of contacts that had been established to date.

Members present had not seen a write up in this months publication as expected apart from Upton News. The group discussed this problem. JM reported she had a contact at the Longdon, Queenhill and Hanley Link. PW had sent the flu info recently and had had some acknowledgement back by email from some. Group agreed to look out for it on their patches and identify the contact named on the publication to check the list.

ALL

Evaluation of services for Practice Based Commissioning

PW had discussed at the PBC meetings, formal individual feedback was not possible. However, the practice were planning to evaluate one of the services recently bought in-house and would feedback the findings. RW asked whether patients would still have choices as to where they accessed their services, DCM agreed but all to date had preferred the local service.

PW

Terms of reference

These were reviewed. To be re-typed and distributed with the minutes.

PW

Young members representation

Group agreed that the two work experience placements from Hanley Castle School who had expressed an interest in supporting the surgery should be approached and asked to send their CV to RW and include a brief statement of why wanted to join the group.

RW/PW

Take Care Now paper

The organisation who were taking over the out of hours contract for Worcestershire had been approached by PW to attend this meeting as requested but go live day was now October 1st and they were extremely busy working towards that date. However, they had provided a paper which was discussed. It was noted that the notification of the telephone number change had been communicated very late. The group felt there should be a wide advertisement of the new number, and this was felt to be the responsibility of TCN/PCT not the practice. However, PW had contacted them proactively to get the correct number for patient's newsletter. PW reported the practice telephone system would automatically divert to the new number – not all practices provide this facility and patient's have to re-dial themselves. Group felt that this was a good service to provide for the patients. RW suggested TCN be invited to the next meeting.

PW

4 Case Manager Project – Jo Dodd

JD gave a presentation on the project and some case studies to date. DJ asked why the project only covered Worcestershire County boundaries. JD identified that time was a critical factor and it was important to get the system working well on one patch before trying to replicate on another. In addition, our computer systems are linked to the Worcestershire Secondary Care Sector and not the Cheltenham and Gloucester systems. The current case load was 40 to 65. JMc confirmed there were very high numbers of extremely elderly people living in Hanley and JD described how the very vulnerable are identified currently. GG had seen in practice how a local Church group supports very vulnerable people in her community, it was a pastoral group offering social opportunities and the involvement helped to prevent crisis situations by identifying when someone did not attend or seemed to be struggling.

GG was very complimentary about the case manager project having seen it in action.

RW asked how the case manager post was similar to a Community Matron Post. JD reported Community Matrons have a smaller case load and have a specific focus on managing long term conditions. The presentation had identified other aspects of the work particularly the integrated team approach working closely with social care colleagues that was felt to be particularly beneficial for patients. AH described how the project was funded through a PBC business case that PW had submitted and the service has to make savings in order to continue. The hospital in-reach service was discussed RW suggested Monday a better day but JD's experience had found it to be far too busy and she was unable to gain the focus of staff which was essential to make things happen for the patients waiting for discharge. The links with the discharge liaison teams in the hospital were discussed but JD said due to the high bed occupancy of WRH they were working to over capacity which might be part of the problem of delayed discharge.

5 Activity referral scheme/ Walks programme

Information was given to the group on a scheme we are piloting to refer patients on to a structured exercise scheme at the Splash in Malvern. The project is funded by the PCT for three years and we have a small number of patients participating at present but it is early days and hopefully there will be many more. There had been a free transport scheme as part of the project but the main barrier had proved to be the cost of the sessions and an early decision was made to drop the free transport in favour of reducing the cost of the sessions as £75.00 a week had to be paid to the transport firm whether it was being used or not. It was hoped that in place of this if it was required a buddy scheme or car share could replace it.

6 Expert patients programme/X-Pert diabetes programme

GG reported to the group that the current three programmes were running very positively, attendance was good, there was a low drop out rate and various conditions were

represented. The attendees had feedback that it was an excellent venue. PW had received a complimentary letter from an attendee of the June group.

PW reported that the first X-Pert diabetes programme would be starting the following week run by Janet Hogarth, Practice Nurse supported by the Diabetes Specialist Nurse. Twenty people were recruited for this six week programme.

7 Patient and Public Involvement strategy paper/ PBC Update

The group discussed the revised PPI strategy, on the whole they were happier with the citizens panel proposal at practice level. AH reported the idea was to increase to a panel of around 200 people.

AH updated the group on PBC issues. The Case Manager is the main project for the practice. The Practice managed to make some savings last year so to strengthen the case manager project PW had submitted a business plan for a deputy CM post as the weakness of the project currently was the lack of continuity and cover for annual leave.

Various in-house clinics had been successfully implemented eg rheumatology and others were possible eg cardiology, prostate assessment clinic. However the bureaucracy of re-imburement for room overheads is problematical as our overheads go up but the Acute Trusts go down. However, it is a learning curve and we continue to work towards an equitable solution.

A business case has also been submitted for the spot purchase of nursing home beds to support the case manager project for admission prevention.

8 Dispensary service

AH reported the latest from Department of Health on the further consultation about the rules for dispensing doctors. It looks more hopeful than the initial proposals but there are various options though some would leave the practice vulnerable so the campaign continues. Some of the proposals if implemented would allow us to dispense to all our patients and allow sale of OTC medications. DJ had

received a letter in reply to his letter to Dept of Health that he was not happy with and had replied again to them and had received another letter that he was still not happy with.

AH reported that we continue to develop the dispensary and have just recruited a new member of staff to do dossette boxes and we are planning to implement a delivery system.

9 WINN bid for extend class/ health improvement fund bid

PW reported that the bid had been submitted but had not been successful but was being considered in the November round of bids, she would report back at the next meeting.

10 Primary Care Trust annual report

The report had a write up on Upton surgery with photos of one of the windows which the group reviewed.

11 Patient complaints suggestions and compliments

Several cards had been received with thanks for various services. A letter had been received regarding the external sign from the Welland approach and the sender had been written to and signed posted to the minutes of the last meeting where this matter had been discussed and felt not to be a financial priority now we have relocated here for many months. A request had been received for an umbrella stand PW felt they could be left in the lobby anyway with no damage to the flooring, the old surgery used a similar approach however many people left umbrella's behind which after a certain period of time had to be taken to the local charity shop. So far in this building no umbrellas have been left. So the group decided to continue with current practice. A suggestion had been received from a patient that the gym should be available for community use, RW identified that there would be huge insurance and health and safety implications in agreeing to this, in addition the practices activity projects, short walks and the scheme with the Splash were giving opportunities to patients that many other practices do not currently offer. A contact us form from the

web site had been received complaining about printer made notices being displayed however group endorsed that some times this had to happen as signs were temporary relating to issues of the moment eg flu or patients surveys.

12 **Any other business**

DJ raised the issue of his inability to access the practice's fax machine and queried whether we knew how all our new systems functioned correctly. PW confirmed that the fax machine was the same machine on the same number as had been used in School Lane. CM/GG endorsed the use of emis access as being the most efficient way of ordering repeat prescriptions and making appointments and urged DJ to sign up. PW agreed to check the fax machine print outs for failed access.

PW

The latest patient newsletter was distributed.

GG reported that some of the toilet seats were loose and this was a problem to some embers of the EPP attendees. RW asked if they were a hazard, PW reported that they were continually being tightened but felt that they were not up to a satisfactory standard for the amount of use they get so was in the process of getting quotes to have them changed. Normally this would be done under the guarantees from the installing firm but due to the financial problems of the building firm the practice was having to pick up all these issues. A warning notice would be displayed.

PW

Date of next meeting

Tuesday 9th December 2008 commencing at 1900