

**UPTON SURGERY
PATIENT PARTICIPATION GROUP**

23 June 2009 at 7.00pm

MINUTES

Present: Dr S Everitt (SME) Dr C Miller (CaM) Philippa White (PW)
Ruth Wain (RW) Glen Green (GG) Jenny McGowran (JM)
Chris Milne (CM) Jo Daniel (JD) Jo Dodd (Jo)
Julie Patrick (JP)

		Action
1	<p>Apologies</p> <p>No apologies were received</p>	
2	<p>Minutes from meeting 3 February 2009</p> <p>Minutes were agreed by those present</p>	
3	<p>Matters Arising</p> <p>Evaluation of Services for Practice Based Commissioning The group had a discussion around the draft proforma produced by PW. It was agreed that patients were given the option of choosing between 'worse, same and better' service to the questions. Questions would include view on transport, and preference of service being either at Upton or Worcester.</p> <p>PW stated that it would be difficult to audit specialist clinics as permission would have to be granted by each consultant.</p> <p>PW would alter the proforma to reflect changes discussed.</p>	PW
	<p>Next Newsletter Wording The group agreed on the proposed wording for the newsletter to encourage new members to join the group.</p>	PW
	<p>TCN PW advised the group that TCN were currently under review by the Health Care Commission. The PCT were performance managing the service. The practice had only received one complaint relating to TCN since the last meeting. SME suggested that the group could write to the PCT, asking them to provide data on performance and standards.</p> <p>CM commented that this area was an important remit for this group, perhaps they could get feedback from patients who had used the service. PW would put in the next patient newsletter. RW suggested that a different issue for each newsletter could be commenced, starting with the Out of Hours GP Service, the objective being to get patient views on various services. This was agreed. PW would provide information to patients on how</p>	PW

	to feedback comments, both positive and negative.	PW
	<p>Audiology Services PW reported that gaining data from the service provider had proved very problematical. Worcester Acute Hospital Trust provides this service.</p> <p>PW believed that it would not be easy to contract out for Upton Surgery alone, as it was not a financially viable option. It was probably best to wait and see how the local provision improved. There were forthcoming developments in both Droitwich and Pershore areas. GG stated that the service in Malvern was very good. RW suggested that Audiology feedback could be the topic for the following newsletter. CaM stated that the surgery were holding an Audiology Educational session at the practice in July. Perhaps more information might be forthcoming at that meeting.</p>	
	<p>Young Member Representative After discussion by the group, it was decided to take off Rachel Allwood from the distribution list, due to non attendance.</p>	PW
4	<p>Case Manager Project Update</p> <p>Jo Dodd, Case Manager, was introduced to the group. She provided an update of how the pilot scheme had progressed since it's inception in January 2008. The aim of the scheme had been to reduce the number of hospital bed days and generally improve services through:</p> <ul style="list-style-type: none"> • improved and shared resources • communication • multi-disciplinary working • development days • flexible and integrated working together before crisis situations <p>Jo provided the group with a handout covering the schemes progress.</p> <p>Gaps in service had been identified, in particular around falls and fractured hips. A pilot in Postural stability was being undertaken with 12 local people attending, which would be rolled out in Worcestershire. (This was recognised by the Falls Pathway) There were also pilots planned for Level 1 & 2 Falls Clinic in July and August of this year. Helen Cain had received training and would be doing patient assessments for this. The Acute Trust runs Level 3 Falls Clinic which are Consultant led.</p> <p>The scheme had been extended for another 2 years. Jo now had a deputy, Helen Cain, who was a qualified OT, who would be a valuable additional team member. Jo herself has a background in District Nursing.</p>	PW

	<p>On 23 June, a Staying Steady workshop was held in Upton and 60 people attended. The workshop had been advertised by adverts shown on the practice TV, through 'flyers' and by word of mouth. Thanks were given to GG for spreading the message for the workshop.</p> <p>A Pulmonary Rehab day was also planned in August.</p> <p>SME was very supportive and stated that the practice were now holding regular multi-disciplinary team meetings to discuss high risks patients. The COPD nurse and Heart Failure Nurse, amongst others, were to be invited to future meetings. RW asked if 'frequent flyers' were included. Jo confirmed they were and PW commented that the Case Management Reviews included all ages, not just older people.</p> <p>PW stated that the surgery were hoping get PCT support for a pilot on Predictive Risk, to help identify those at risk and how best they can be supported.</p> <p>There was a definite improvement in the quality of care for patients since the implementation of Jo's team and this had undoubtedly saved NHS monies.</p> <p>Jo was currently working with Professor Upton at Worcester University on evaluating the service.</p> <p>SME commented that she would like to develop the service further, to identify and interact with those patients who were hospitalised out of area, particularly those in ITU, to support them on their return home and with intermediate care. Jo's intervention would be very useful in this area.</p>	Jo
5	<p>Practice Update</p> <p>SME stated that the results of the official patient survey had been received but they were under embargo at the time of the meeting.</p> <p>CaM would be on maternity leave from October and Dr Harry Thorogood, who was currently working in the practice as a Registrar, would be providing locum cover while she was off. The group offered their congratulations to CaM on her news.</p> <p>The practice respiratory nurse had recently left and interviews for her post were to be held soon. It was hoped to expand and develop the nursing team. PW and the senior practice nurse were to attend a meeting in London on Thursday on improving access and managing demand for same day requests. It was proposed that a nurse education training programme would be developed and held at Upton.</p> <p>RW asked about GP cover for surgery clinics. SME stated that on the whole it was manageable and GPs were keen to maintain a good service. Nurse triage may be an interesting</p>	

	<p>development.</p> <p>PW reported that a Challenging Arthritis workshop was to begin in July. There had been 95 referrals so far to Exercise at The Splash in Malvern, but from July an exercise course would be offered on site.</p> <p>There were also plans for two EPP courses and two Diabetes courses planned. GG stated that participants were given an evaluation sheet after each of the courses. She reported that all of the participants on the last EPP course stayed for the whole course. They had provided very positive feedback.</p> <p>SME stated that she would like this extended for mums and babies. Carers were another group who could benefit from a course. Beechwood held courses for carers on how to let go and allow their loved one to die with dignity. It was acknowledged that carers themselves were getting older.</p> <p>PW reported that the conference rooms were getting more usage and beginning to pay for itself. It appeared that it was too far to travel for some but the only venue locally with larger conference facilities. The Mental Health Trust Board had recently used the facility for a board meeting.</p> <p>The old building at 25a School Road was being re-valued on Thursday as the sale had fallen through. Group members mentioned several organisations who might be interested in such a property: Festival Housing, Shaw Trust in Kempsey and The Royal British Legion – Help for Heroes.</p>	
6	<p>Garden Project Ideas</p> <p>Helen Westendorp presented at a meeting which Dr Havercroft attended. He met with PW following this to discuss landscaping projects. Quotes ranged from £3,400 to £68,853. PW asked if the group wanted to pursue this project. It was agreed on not pursuing at present due to cost but it was hoped a suitable bid might come along.</p>	
7	<p>Out of Area Patients</p> <p>PW reported that the practice had received several complaints from patients who lived out of area, who lived too far away for home visits. SME stated that she knew of several patients who had moved but continued to be registered with Upton, sometimes incurring great costs.</p> <p>It was agreed that the new patient leaflet would include a statement relating to patient safety and the surgery being unable to provide cover to patients living outside a certain area, and living nearer to another practice should be a bench mark.</p>	PW
8	<p>Worcester Cancer Aid (WCA)</p> <p>PW showed the Cancer Aid leaflet to the group. WCA were keen to raise their profile and provide funds for patients with</p>	

	<p>cancer. They could offer funds to support a range of things, help with transport costs to buying a new washing machine, or a holiday, etc.</p> <p>PW had heard that WAHT had notified Upton Community Cars of their intention to start charging for parking, this raised the concern that these additional costs would be passed on to patients. Perhaps WCA could contact Upton Community Cars direct to help support this cost.</p> <p>The general consensus of the group was that this was an unfair charge. PW agreed to contact PALs to ask them to support non payment of any parking charges by Upton Community Cars.</p> <p>PW would also approach WCA to offer help with their leaflet design.</p>	<p>PW</p> <p>PW</p>
9	<p>Practice Based Commissioning Development Ideas PW stated that there were 2 streams of funding and she had submitted bids for the following:</p> <ul style="list-style-type: none"> • An additional healthcare assistant – to provide help with health promotion and to free up nurse time. • Specialist clinics – rooms are provided and admin resources taken but no one pays for this. To enable the service to continue, a bid has been put in for £2,000 to cover this (recurring). • Nursing Education – a bid for £1,000 to cover admin/organisation costs. • Emergency beds – Jo Dodd has found this an extremely useful resource to support the project • Healthy Living, Strength & Balance course – a bid to cover admin costs £2,000 (mailing of letters etc) <p>A Commissioning meeting was to be held on 25 June to discuss/award bids.</p>	
10	<p>Complaints, Suggestions and Compliments PW reported that she had received:</p> <ul style="list-style-type: none"> • Three letters of compliment relating to doctors. • One letter complimenting Dispensary. • Two compliment letters relating to Jo Dodd and her team. • A note commending the good service received from the phlebotomist • Lots of verbal compliments had been received <p>Complaints received included:</p> <ul style="list-style-type: none"> • Patient complaining about a letter sent to her in error but she had replied to PW thanking her for her response to the complaint • Out of Hours service • Patient complaining about the care of his wife. This had been flagged as a significant event. The complainant 	

	<p>had been invited to the surgery to discuss but they had declined .</p> <ul style="list-style-type: none"> • Out of Area patients had complained when sent letters asking them to register with new GP. <p>PW raised concerns about the abuse that staff received from patients and relatives. It was agreed that this was unacceptable.</p>	
11	<p>Valuables left at the Surgery</p> <p>PW raised the issue of jewellery items in particular being left in the surgery and not being reclaimed and the prospect of selling any unclaimed items and any monies to go to the UMST fund. She asked the group for suggestions regarding legally disposing of these items. JM stated that any valuables should be reported to the Police and for the surgery to register an interest. After a length of time, any unclaimed items would be returned to the surgery which could then be sold. PW would put a disclaimer notice in the surgery to cover this eventuality.</p>	PW
12	<p>Any Other Business</p> <p>Swine Flu</p> <p>CaM reported there had been lots of enquiries. The practice has a full contingency plan in the event of any outbreak locally. PW had implemented a cleaning schedule for lunchtime throughout the waiting areas and consulting rooms. There was also an allocated 'flu' room should patients with suspected flu arrive at the surgery.</p> <p>A home working plan had also been set up.</p> <p>EMIS Access</p> <p>The new version was causing some confusion as EMIS was running the two versions currently.</p>	
13	<p>Date and Time of Next Meeting</p> <p>Tuesday, 22 September 2009 at 7.00pm</p>	