



**PATIENT PARTICIPATION GROUP
ACTION POINTS OF MEETING HELD ON 10th JULY 2008
at Upton Surgery**

PRESENT

Chair: Ruth Wain (RW)
Jo Daniell (JD)
Glen Green (GG)
Chris Milne (CM)

Representing Upton Surgery:

Dr S Everitt (SE)
Philippa White (PW)

1 Apologies :

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

2 Minutes from meeting 15 April 2008 were deemed to be an accurate record of the meeting and signed off.

3 Matters arising

Royal opening: All present had really enjoyed the Royal opening. Everyone had given positive feedback to the chair and the whole event had run very smoothly for which the group congratulated the practice.

Parish Magazines : CM had not had time to finalise the proposals sent by PW but a meeting was arranged the following week to progress this.

Action PW/CM

Patient involvement in Practice Based Commissioning: Group are happy to work with the surgery but less happy to represent patient groups for other practices The model proposed presented some problems to the group and issues of lack of time and being willing to represent other patient populations were discussed. RW could not see how a view to a super PPG could work. Every practice will have different priorities and the Humana/ NHS alliance model would not meet this groups needs. Group were comfortable with the views of our PPG to be taken forward by surgery staff to meetings and wished to continue with this arrangement. Also it was felt that practices should not be made to have a patient group as it would start off on the wrong footing. One service change proposal had been circulated to the group regarding the Epley manoeuvre, PW had a paper for GG with more information on it and RW had a made a point about patient feedback in evaluation being important for all service changes to ask patient did it suit having it locally or would they prefer

to attend another sector - this had been fed back to Rosemary Williams the cluster Practice Based Commissioning Manager. PW to check evaluation plans with Rosemary Williams.

Action PW

4 Membership and Terms of Reference for the group.

Membership: RW had received a letter from David Judson regarding membership, the group needs a formal process for membership and a priority was identified to seek to be more inclusive of groups currently not represented. e.g. mothers families, young men and women. The current patients on this group had been approached to help the practice establish a constructive group with an understanding of how the NHS works as a user or in the course of their work or representing UMST.

RW proposed questions that need answering – how can we be more representative of the patient population? What rules should apply to entrance to the group? What rules should apply to exit the group?

CM suggested the key thing was to be willing to give some time, to be prepared to review information and be objective in responses to issues that the group considered and having representatives that had a single issue agenda would not be acceptable.

GG felt the current membership all brought relevant skills and have a practical approach, but agreed that over a period of time the group should aim to become more inclusive.

CM suggested the exit route should be formalised and a time period set

PW had asked for volunteers in the newsletter, possibly the new applicants had seen and acted on that. The group agreed it would be better to have the terms of reference and membership agreed prior to new members being accepted but as time had passed since the applicant who had his interest had been expressed it was decided to invite the new applicant.

Action RW

Membership agreements

- Maximum of 9 in the group.
- Younger applicants would be welcomed, PW to investigate if a representative from Hanley Castle High School 6th form could second to the group for 1 year. PW to speak to head master. RW to do an advert
- Minimum age 16

Action RW

Hold 2 vacancies for now new applicants, applicants would be interviewed by the current group. Application form needed to be developed to include what relevant skills and experience new members would bring to the group.

Action RW

Agreed that full Terms of Reference needed drawing up.

To help develop these PW to review Napp (National Association of Patients Participation) Guidance. Group agreed that Napp membership should be applied for.

Draft Terms of Reference were discussed and to be attached with these minutes to be reviewed and agreed at the next meeting.

4 Extended hours update

The programme was reviewed and PW confirmed attendance DNA's etc were reported on in depth to the PCT as part of the evaluation.

SE reported that some whole family attendance at consultations was beneficial, however the group i.e. working people, particularly men, that it had been aimed

to increase accessibility to were not making appointments. We would be looking closely at the summer Saturday schedules as the previous Saturday had had nine appointments not filled.

The group felt it would have made sense to be emergency appointments on a Saturday but that was not what the local contract stipulated and the government agenda was to increase access for routine appointments only.

RW reported on a recent poor experience of OOH cover, she had to wait for a 4 hours response time, group agreed the lack of emergency response was a great concern to patients.

PW reported on a recent presentation she had heard from TCN the new OOH provider. Group requested that they should come and present to our patient group.

Action PW

5 Expert Patients Programme

GG reported that two 6 week programmes were running at Upton Surgery. This was the first GP supported programme to run in the county.

Programme is taught from a scripted manual so patients can join the Monday group if they normally come on a Thursday. 1 person only has dropped out due to family caring responsibilities to date, though ongoing monitoring of attendance would be part of the overall evaluation. Three 6 week courses were booked in September and October in response to high demand.

Potential tutors can be identified from course participants, the PCT used to pay for this but the programme was now developing into a social enterprise group and the funding streams were yet to be clarified. Worcestershire PCT currently have a manager and full administrative support for the program.

The chairman of the PCT is attending week 6 of GG's session to see how it is going and there would be scope to reemphasize the value of the courses and any ongoing finding concerns then. GG reported some very positive outcomes already from some of the course participants as their confidence was seen to rise.

RW asked how can we get recognition for the service. Group suggested to take to cluster meetings, PW reported communications from the EPP programme had been requested as there had been one person who seemed opposed to this type of initiative. GG confirmed the programme would be dealing with issues arising from this.

RW thanked GG and the practice on the great success the initiative had been and acknowledged the amount of work involved.

6 Healthy Living Centre Concept

Various projects are being considered by the practice which link to the concept of Upton Surgery as a Healthy Living Centre. The gardening project, cardiac rehabilitation, other activity based schemes were discussed. The group thought that setting up the initiative separate to the practice or in partnership with other agencies such as the Walking for Health initiative might be a way forward, as there were inevitably health and safety and risk factors involved.

For the moment the practice would take the idea to the UMST group for assessment and support on a Project by project basis. It was agreed that further discussion was needed on the impact on the surgery of such initiatives and that it was important to get relationships with partner organisations right before taking this forward.

PW updated the group on the many services that had started or were progressing since the last meeting. The group acknowledged the additional time it took to organise these and thanked the surgery for their efforts. The latest newsletter was available with these listed.

7 Winn bid for extend class

There was scope to bid now for a WINN project for an Extend programme to start. The group agreed to support this initiative.

8 Dispensary service

SE explained the reasons for the campaign to maintain the dispensary service for the surgery. The white paper Pharmacy in England proposed a change of rule in distance from an existing pharmacy that would mean that Upton Surgery would no longer be able to dispense. This will affect over 7000 patients and had serious implications for the surgery and the town. Group endorsed the campaign and agreed the implications would be extremely serious.

9 Awards

The BMA caring for the NHS @ 60 publication had an illustration of part of the stained glass window from the surgery and a write up about the surgery. The surgery was in the final 3 for design and facilities category of the Management in Practice Awards and would hear in October if they had won. The group congratulated the surgery.

10 Review of suggestions/complaints since last meeting

One complaint had been received about the telephone system, group agreed that it would not suit all but one complaint was an individuals views.

A suggestion had been received for a seat outside the main waiting room for people waiting for lifts and this had been acted on and was installed. A patient had kindly offered to pay but wished to remain anonymous.

Another patient preferred if their name was not put up on the call screen, however they had not left their name so no individual exceptional case could be considered. The group had already endorsed at a previous meeting that the benefits far outweighed the negatives of the system.

There were two clinical complaints being subject to the significant event review process. PW reported that all complaints written and verbal were logged and reviewed in a structured process by the practice team.

CM asked if any compliments had been received, SE said they received feedback from patients informally in the process of consultations though only written thank you cards were formally logged. Generally the surgery was working extremely smoothly with the other users of the building.

11 Any other business

PW had an article on Top Tips in Learning to Speak the PBC Lingo which might be useful as a jargon buster.

The date of the next meeting on August 12th agreed to be deferred to September.

New date to be Tuesday 23rd September at 1900

Following date to be Tuesday 9 December 2008