

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Tuesday 21 June 2011
MINUTES**

Present: Ruth Wain (RW), Philippa White (PW), Dr C Miller (CM), Dr A R Havercroft (ARH), Dawn Patterson (DP), Glen Green (GG), Chris Milne (ChM), Jo Daniell (JD), Janet Bastick (JB), Edgar Tinkler (ET) and Lysa Ball (LB note taker)

		Action
1	Apologies: Jenny McGowran	
2	Minutes from Last Meeting 5.4.11 – These were accepted as a true record and will be available on the website.	PW/LB
3	<p>Matters Arising from last meeting:</p> <p>Terms of reference – To be discussed in item 7</p> <p>WAC – (Worcestershire Association of Carers) apologies from Jane Thomas who was unable to attend this meeting but would like to attend the next.</p> <p>Medicines Wastage Project – Details have been forwarded to Worcestershire NHS Community Pharmacist for their opinion. PW will report back.</p>	LB PW
4	<p>GP Commissioning Consortia – update by ARH</p> <ul style="list-style-type: none"> • The consortia business plan was distributed • Emphasis on cost effective care named the QIPP program. (Quality, Innovation, productivity and Performance). All NHS organisations have a QIPP programme • Focus on clinical pathway re-design eg cardiology (Dr Barrell supporting), neurology (DR Havercroft supporting) and many others. • Suggestion of educational sessions for all practices on larger projects and pathways where education is key to success • Problems with recruitment for the consortia management team, at present there is no permanent admin support for the management team and more project managers are required to progress work • No development money available this year directly to practices 	
5	<p>Countrywide Patient Participation Network Support Group (PPNSG)</p> <p>DP attended the last meeting and feels that things are beginning to happen and found the meeting interesting. Main topics discussed are covered in Item 7. DP would like PW to attend the meetings with her if possible. No minutes available as yet. PW to circulate when they arrive.</p>	PW
6	<p>Care Quality Commission (CQC) registration and Primary Care</p> <p>There will be a mandatory process for registering with the CQC but as a result of recent media attention things have been put on hold for primary care while the process is reviewed. There are 16 outcomes that we will have to comply with and demonstrate that we are complaint. The CQC have the power to do unannounced visits and inspections. PW confirmed that the practice was looking at improvement areas now e.g. infection control polices and management of waste as these are the areas the inspection team have great experience in and so may well be the focus of any inspections. The recent press coverage in relation to the acute trust had been as a result of a CQC inspection into privacy and dignity. Some training e.g Manual handling is always a struggle for a small business to cover and child protection training and manual handling are being done over the summer for our staff. The NHS has an online learning tool for all the required topics and PW is trying very hard to gain access to for all practices but so far it has not been agreed.</p>	
7	<p>Directed Enhanced Service (DES) for patient participation – review of draft plan, review of patient questionnaires, review of process and timescales - Each member had a copy of the Patient Participation DES. Discussion took place regarding the steps required to implement the DES particularly in relation to representation. It was confirmed that all members were registered patients of Upton Surgery. It was confirmed that the group had in the past tried to target the younger generation via representatives from the High School following work placements but had not had any success. The demography data of the patient population was reviewed for age and</p>	

	<p>ethnicity. The idea of a virtual group possibly by email was discussed and agreed would be valuable but when patients give their email they need to know it is to be used for this purpose. PW to progress.</p> <p>Terms of reference - PW has requested that each member make any alterations and return to her so that she can prepare this document again for discussion at the next meeting in August in line with the DES directions.</p> <p>Each group member is very keen to recruit new members but the group were not sure that the patients of Upton knew exactly what their role was and that they needed to build confidence with patients. Various suggestions were made:-</p> <ul style="list-style-type: none"> • The patient newsletter – re-do and use bullet points and reduce the content slightly. Arrange for this to be published in the Upton News, Parish Magazines etc. To send out to the Riverboats Centre and Hanley Castle High School on a regular basis. Also to do a prescription bag insert for one month. Suggestion made to include on newsletter “thank you for having read this. What would you like to share with us?” • Group visits – it was suggested that a member of the PPG may like to go out to certain groups and give a talk etc. Suggested groups to target were The Children’s Centre, Assembly at Hanley Castle High school, Sexual health Nurse who is based at Moor Street. ARH has an appointment with the Deputy Head of Hanley High School this week and will be happy to mention the PPG and to encourage them on board. Other suggestions were possibly the Rugby Club, the Rowing club and possibly the Gym at the Marina. PW confirmed she had a meeting next week at Croome Court and there could be scope in that partnership working as it develops. • Practice Surveys – there are a number of sources of patient feedback we currently undertake or benchmark ourselves. The access data in relation to QOF had been received and the results of the latest MORI GP patient survey are available. Some responses are odd for example last year we were 90.65% rate for 48 hour access to a GP and this year it is 80.70%. We know we meet this target 100% for urgent care, GG felt that patients do not always understand the question and maybe we should focus on educating our patients regarding these survey’s and suggested promoting in the Newsletter. PW had numerous examples of other patient surveys from FR3DOM HEALTH. First Practice Management, GPAQ and the Picker Institute. PW also discussed the patient satisfaction questionnaire that each doctor does every year on qualitative measures. PW proposed that we pull all the surveys and questionnaires together for the whole building and produce our own report for year one and then in the next year identify any gaps and develop feedback systems to focus on these areas. The PPG could then use the findings and discuss any changes they felt were necessary. This was agreed. • Extended Hours - it was suggested that these be printed in BOLD on the newsletter and maybe an advert put on envisage. • Confidential Hatch – again put in newsletter to make patients aware this facility was available. • Draft PPG Action Plan – This was discussed item by item and comments and notes were made by PW. A new copy of this will be available at the next meeting. 	ALL
8	<p>Patient leaflet idea around self care – medical illustrator work – PW showed the group a leaflet on “Communicating the experience of Rheumatoid Arthritis”. PW thought this might be an interesting local project GG suggested maybe Arthritis Care or Age Concern would be interested.</p>	PW
9	<p>Practice Update – Dr Miller gave a general update and each member was given a written update sheet.</p>	
10	<p>Compliments, Complaints and patient issues including NHS Choices –</p> <ul style="list-style-type: none"> • 4 complaints received between March 31st and June 21st (PPG Meeting intervals) • 4 compliments – evening news write up, letter of thanks, verbal/telephone 	

	<p>comments and one received via the website 'contact us' facility.</p> <ul style="list-style-type: none"> • 1 positive patient feedback on NHS choices since last meeting. • RW had received two letters via the PPG compliments/complaints box. One had many positive comments but also stated that they had problems with getting the telephone engaged tone. Discussion took place as feedback on the telephone system is currently 86% satisfaction against a national average of only 69% and the engaged tone would be very unlikely with 10 lines in to the surgery and a choice menu. RW to reply and ensure the correct number is being used and not the dispensary number which is only manned between 8.30am and 10.30am. It was agreed that RW would also send a thank you reply letter for the compliment letter she had received. 	
11	<p>Osteopath Service – ET reported on the local service and suggested Mr Peter Jones would like to do an educational presentation to the clinical team, LB to arrange.</p>	LB/CM
12	<p>AOB Surgery Garden Party Pig Roast – Just a reminder this is taking place on Friday 1 July 2011 at 6pm Parkinson Disease Nurses – GG confirmed that there were now 3 new nurses and it was agreed that CM would invite them to a PMS Tuesday Meeting to introduce themselves and give an update on the service. Upton Community Care – It was confirmed that this service was available to Upton patients for community Transport and LB will get a leaflet for the group to see.</p>	CM/LB LB
	<p>Date and Time of Next Meeting Tuesday 23 August 2011 at 6.30pm</p>	