

Minutes

PPG Meeting

Monday 8th May 2017

6:00pm

Present:	Steve Shaw (Chair) - SS Peter Robinson (Secretary)– PR Beryl Perrin - BP Ken Sharpe - KS Stephanie Chapman (Asst. Practice Manager) – SC Dr Carter Singh (CS-left at 6.30)
Chair:	Steve Shaw
Minute taker:	Peter Robinson
1. Introductions	The Group welcomed Dave Howarth and introductions were made.
2. Apologies:	Mohammed Islam (MI-Practice Mgr)
	The meeting noted with regret the death of Jim Barnard in March 2017 and the contribution he had made to the PPG over the last 2 years. The PPG was represented at Jim's funeral by Beryl Perrin
3. Minutes from last meeting:	The minutes of the meeting held on 9 th January 2017 were agreed.
4. Matters Arising not covered elsewhere	Matters arising from the minutes not on agenda: CQC – Practice has now received an uprating in March 2017 to Good across all aspects. 5.i (a) Legionella –pipework will be completed by 17 th May. 5.iii Funding now received for Doctor First IT system and work in progress to explore
	Action / Update

	<p>system potential and decide on aims of specification for next stage development. Meeting requested for PPG to be involved in development of specification for the system once system feasibility process complete Progress will be reported at next meeting on 10th July.</p>	<p>SC to place the new telephone system on July meeting agenda.</p>
<p>5. Practice Update</p>	<p>No changes in staff or clinicians- CQC updates in Matters arising</p>	
<p>6. AGM Review</p>	<p>SS felt that promotion of AGM needs to be started earlier and the Practice Report needs to be more informative. [Post meeting – although not reported at the meeting, PR's note of the AGM elections did show that SS had said he would stand again for Chair of the PPG but this would be his last term as Chair. PR had also agreed to be Secretary]</p> <p>PR had made notes of the questions asked by practice members but his notes did not include answers from 'top table'. The questions are below and SC will add answers from the 'top table' to these Minutes from her AGM minute notes.</p> <p>Q about telephone triage A SSTH gave an example: long-term sickness certification most are done over a telephone consultation. We have 10-15 everyday working successfully. We are looking at extending making a more effective, efficient and convenient to both patient and GP. Aware of other practices process with success. 1,5000 appointments offered per week. Looking at rolling out but no final decision made yet.</p> <p>Q about CQC inspection report – MI gave an update A All action points have been actioned. We hold regular Clinical Governance meetings to discuss complaints, significant events, medical alerts & clinical cases. Midwifery Services unresolved due to CQC IT issue. National patient survey was discussed at November's PPG meeting.</p>	<p>SC to include answers to AGM questions in these minutes</p>

Q about potential 7 day working at practice and how this would work –

A SSTH explained currently we are working extended hours till 8:30 Monday evenings. If the Government will provide support and finance for the recruitment of staff and GPs, providing 7 day working would not be a problem. The Government need to support and pay, we need to look at fully before adopting.

SSTH told the meeting he was a member of the LMC and joined to voice concerns for GPs and Practices.

Q about Appointment system and its problems

A only GP appointments are available to book on line. Due to specific timing of Nurse appointments it is not possible to release slots to book on line.

Q about PPG promotion in reception and waiting room

A There was discussion in this meeting about the positioning of the PPG notice Board in waiting area and it was agreed SC to move it out of the corner to other side of TV or elsewhere??

Q about whether PPG meeting times could be different to allow better access earlier.

A SC gave an update on this. It had been discussed at the practice meeting and the feeling was that the PPG meeting time was the most practical for the practice.

Q about community support for Long Term Conditions, particularly Diabetes and Multiple Sclerosis

A We have a Long Term Conditions Nurse, a Diabetic Nurse Specialist and Palliative Care Nurse our clinicians refer to and hold regular multidisciplinary team meetings at the practice.

SSTH acknowledged presentations from Everyone Health and Self Care Hub in partnership with MacMillan and supports the service.

SS wished the minutes to record the thanks of the PPG for the staff provision of

	<p>refreshments at the end of the AGM.</p> <p>Terms of Reference – the AGM had approved the terms of reference subject to an alteration of a sentence under the 'Remit' paragraph to show that the words 'Ashwood Federated Commissioning Group' should be changed to 'Ashfield North Locality'.</p> <p>SC provided a copy of the Terms of Reference to SS in which the changes had been made. The meeting today confirmed the change had been made. SS signed off the Terms of Reference which will be kept at the practice</p>	
<p>7. 10 point PPG assessment</p>	<p>SC provided a summary report of the 9 responses received from practice members. Responders had been asked to rate the practice and PPG on a scale of 1 to 10 where 1 was Poor and 10 was Very Good. The meeting went through it, noting that none of the 10 questions had any more than 2 people scoring below 5 (every question has at least 1 person rating below 5 and only 4 questions rated below 5 by 2 people). With such a low response (around 200 people were sent the survey by email) the meeting could only conclude that a positive view was taken of the PPG and practice support by those responding. One question had a very strong rating with 7 of the responders scoring 9 or 10, which showed the PPG had an experienced Chair and Secretary ensuring the PPG was patient led. (Well done Steve and Stephanie. – All responses came back before the AGM).</p> <p>SC gave more detail at this point about the upgrade of the telephone system.</p>	
<p>8. Primary Care Dashboard & Action Planning</p>	<p>There was a review of and discussion around the Primary Care Dashboard (PC Dash) with SC pointing out features such as Inappropriate attendances at A&E and information about frequent attenders at A&E. Time was pressing and no firm conclusions came out of discussion so SS</p>	<p>All members</p>

	asked for comments to be passed to SC before the next meeting and for discussion on conclusions at next meeting.	SC to place on July meeting agenda.
9. Future events	SS asked for ideas for an event in the future. It was suggested that we could focus on care of the elderly since there was mounting pressure on the practice to meet rising demand. SC described her involvement in the PRISM team and SS pointed out that we need a view about a wider range of patients (PRISM mainly dealing with most vulnerable patients i.e 2% level). SC was asked to pull of any statistics the practice has about the health conditions of those at age 60 and over, and for a summary of the services provided in the Ashfield North locality that the practice has an involvement in. The next meeting to include discussion on the aims and target audience (including contributors) for an event in the Autumn 2017 (date to be decided). SC will ask GPs and staff for their views on this topic or any other they felt was worth looking at.	SC to produce a summary view of patient needs in 60 and over age range, and services in the community where the practice is involved, for discussion at July meeting. Also, to ask GPs and staff for views
10. DNTU's	A paper was provided for the meeting but not discussed due to time pressures.	
11. Abusive Patient Policy	A paper was provided for the meeting but not discussed due to time pressures. The meeting was asked to provide any comments to SC. (Earlier in the meeting CS had explained the position of patients at Willowbrook removed from practice list because of behaviour, what would happen if they needed treatment and how would their behaviour affect an application to join another practice.)	
12. Any Other Business	KS asked a general question about Pharmacy actions about repeat prescriptions. It was confirmed by SC that Pharmacies do not have the power to restrict prescriptions to a 28 day supply which some Pharmacies were trying to do. Only GPs have that power. BP indicated she	

	wanted a private discussion with SC about prescribing, which she had after the meeting.	
13. Items for next meeting agenda	<ul style="list-style-type: none"> • New telephone system progress and PPG involvement. • What we learn from Primary Care Dashboard • Event planning on theme of Care of the Elderly 	
13. Date of next meeting	Monday 10th July 2017 – 6.00pm	
	The meeting closed at 7.35pm	

DRAFT