

Appletree Patient Participation Group (PPG) **Minutes of the 11th Meeting, 30th November 2011**

Attendees:

Appletree PPG: Dr Claire Stevens, Ann Martin, David Greatorex, Betty McKeggie, Marian Chesters, Dawn Payne, Suzannah Macken-Mitchell, John Raw, Jamie Fisher, Philip Mucklow, Wendy Palmer, Elena Whinfrey, Margaret Raw, John R Meggitt, John Beavis, Martin Thorne, Jenny Humphreys, Steve Leather; Apologies: Terence Kelly, John Rowlands, Stuart Holmes.

Arthur PPG, Horsley Woodhouse visitors: John Cloughton, David Bullock, John Brazier, Penelope Laurence, Hollie Clayton, Josephine Bradley.

1. Any other business

- i. E Whinfrey raised a query on behalf of someone else regarding an anomalous message associated with her repeat prescription regarding choices for dying at home or a hospice. There was no insight into this amongst the group including the practice manager and doctor present and the news was met with surprise.
- ii. P Mucklow raised the issue of a puddle outside the entrance area to the surgery. The practice manager confirmed that the staff are aware of it and working with the builders to resolve it.

2. Flu clinic feedback

The clinic on November 5th ran well but less smoothly than the previous one. There has been a 30% increase in vaccine uptake rate on last year, with ~1000 people presenting for inoculations on the day of the clinic leading to a very busy day particularly for nursing staff. The practice led a review of the flu clinics, attended by Dr Ward (partner) the practice manager, the lead nurse, the IT manager, the senior receptionist and two representatives from the PPG (Ann Martin and Terence Kelly), discussing what went well, less well and what can be improved upon next year.

The group enquired as to possible reasons for the increased uptake this year, perhaps greater media coverage, last year's bad weather, the early onset of colds this year and the impact of the new invitation cards.

Jamie Fisher asked how the invitation cards reached disabled people and whether there was any provision for visually impaired people or those who can not read. It was pointed out that carers as a group receive invitations (registered carers only), however it was accepted that not all disabled people have carers. It was clarified that not all disabled people need the flu jab, only those in the defined categories for increasing risk (such as the over 65's, the immunocompromised and those with certain co-existing medical conditions). This discussion highlighted scope for devoting some thought as to how the invitations are understood by this group of people next year.

3. Review of Carers Meeting at Appletree (held 12th November 2011)

M Raw and E Whinfrey attended this meeting which was set up by the surgery, to represent the PPG.

Only a small number of carers attended (7 or 8) but nonetheless the meeting was considered very worthwhile with the carers appreciating the friendly environment to talk in. Some presented with enormously difficult tasks to face every day and the feedback received was that regular meetings would be well received which would provide an opportunity for the carers to keep abreast of relevant information for carers and to meet other local carers as a means of support. The Derbyshire Carers Association was represented at this meeting who greatly impressed those present with what they could offer in the way of support and information. One attendee suggested that a regular phone call from the practice would be much appreciated just to ask if there was anything they needed help with or whether any supplies were required.

A regular slot at the surgery was suggested with the PPG running a support group, this may call additionally on contacts of PPG members who may not wish to attend PPG meetings but who are prepared to offer help specifically with this. This was suggested as an item to discuss at the next meeting.

4. Review of Focus Group with William Gilbert Primary School PTA

The age group at the focus group was 35-45 years, approximately 10 attendees, mainly women.

Most were very happy with the practice and the triage facility was considered positively useful, particularly when it came to young children with queries dealt with by telephone.

A mole clinic was suggested which led to discussion that a consortium of GP practices could possibly consider running one to serve the patients of several practices in the wider area.

The lack of a facility for children to attend for blood tests at Babington Hospital Clinic was raised; instead they have to attend the Accident and Emergency department at the Royal Derby Hospital. Dr Stevens explained that taking blood from children is a difficult area requiring specialist training so it is problematic to provide this facility at the most local level.

There was some questioning as to what questions the receptionists at the surgery should be eligible to ask and the manner in which they are asked.

A clinic for explaining and helping through the menopause/pre-menopause was suggested, as was help for where to go for support with depression and post-partum depression; a further suggestion was a well-man clinic with health promotion but for men in the age group 40-50 years as well as older.

Some attendees were not familiar with where to go for advice in an emergency when the surgery is closed.

The difficulty with telephoning the surgery from abroad was discussed, with high cost incurred, as were other general difficulties with dealing with medical queries from abroad.

5. Discussion of Action Plan

John Raw gave an outline of how far the action plan has come thus far and how it has evolved from the brainstorming session at the last meeting (26th October). Copies of the draft action plan were circulated with the open invitation for all PPG members to be involved in its development with ideas, input and attendance at interim meetings welcomed.

6. Summary of PPG progress to date

David Greatorex our chairperson presented a summary of the Appletree PPG progress to date as summarised in the document 'Situation Report – 10th October 2011 Appletree Medical Practice Patient Participation Group' compiled by John Raw.

7. Summary of Arthur Medical Practice PPG progress to date

Arthur Medical Practice Manager John Cloughton presented a summary of progress of the PPG, which started around 2005, now with 7 committee members and AGMs.

The first exercise was to 'deal with' the appointments system; they talked with the parish councils and the changes in clinical systems were communicated to patients via the PPG; the telephone system was manned and managed differently following a review. The PPG has engaged on practice based commissioning with annual practice surveys (GPAQs) sent out – the results are debated with the PPG. The practice brochure, website, notice board, staff notice board and repeat prescription system all form ways of communicating with patients. There are some charitable funds for which the PPG is a custodian, reviewing spending. Representatives of the PPG have attended the NAPP conference. The PPG has reviewed DNAs (Did Not Attend) – i.e. non-attendances) and the medical delivery service. For building works the PPG talked to the architects to help sculpt the plans, also importantly networks of PPG members communicated to the practice community the likely impact of the works. The PPG also established a Walking For Health Group. An online pilot was operated for a change in the appointments system and for prescriptions. The PPG has networked with

other PPG groups. Health forum evenings at the practice are influenced by the PPG in which topics are to be covered.

General discussion ensued about the difficulty of reaching the wider community of medical practices than those patients regularly attending. The Arthur PPG determined from questionnaires that approximately 39% of their patients use the website and about 82% of patients know the procedure for getting appointments in an emergency.

The meeting then broke off into several smaller groups with Arthur members represented in each to discuss (1) how best to work with/have greatest beneficial effect on the practice; (2) how to gear up to provide input and delegates into clinical commissioning groups operations post PCT Health Panels.

Some points that emerged were that non-attendees are hard to reach and that mailing is too expensive an exercise. The nature of the community affects the best means of reaching them, e.g. a large retired contingent may not appreciate mobile phone communication. A PPG photo board is up at Arthur Medical Practice which is thought to be useful to communicate the existence of the group to people, and a member of the PPG does sit at a desk in the reception area when an event is running or to publicise an event or meeting. The practice survey in the form of emails and handouts has proved very useful to get the views of patients.

The PPGs were felt to hold their own without a large input from the medical staff, and the use of the medical practice building out of hours for meetings and events is an excellent resource. For example, the enabling of a group culture could provide the opportunity for concerned persons to discuss e.g. Alzheimer's, dementia and depression, the need for a doctor in this scenario is envisaged. Furthermore the increased use of the practice building for health related meetings and events.

The importance of the practice manager in holding the Arthur PPG group together and helping it run was stressed and this was mirrored from the Appletree PPG members.

A discussion of the wider commissioning arena highlighted that PPGs are only representing a specific surgery, thus a greater power may be achieved in having PPG representatives at consortia level to represent groups of medical practices to the commissioning groups, and therefore it will be important for PPGs to talk to each other. Pam Purdue was praised as an excellent proponent of the voice of the public in this context. The influence on the local clinical commissioning group to provide convenient clinics to deal with issues including skin/mole screening and removal was suggested.

In general, the involvement of the PPG in practice procedural change (e.g. changes in computer systems) was a persistent aim of members, and looking forward, representation in commissioning processes with a hierarchical structure of PPGs potentially envisaged, to evolve during this process of NHS reorganisation. John Cloughton suggested a joint letter from the two PPGs convened herein to the chairperson of South Derbyshire commissioning group asking where the PPGs effectively stand. We can all add signatures to this. Whether hospitals may need to be more accountable on performance and cash flow in the new commissioning environment remains to be seen.

8. Close of Meeting

The meeting was closed with a reminder of the next Action Plan meeting open to all on Wednesday 7th December.