

## **Appletree Patient Participation Group (PPG)** **Minutes of the 12<sup>th</sup> meeting, 25<sup>th</sup> January 2012**

Attendees: Terry Kelly, John Beavis, Wendy Palmer, Margaret Raw, John R Meggitt, Maxine Cheesbrough, Ken Donovan, W Stuart Holmes, John Rowlands, Ann Martin, E Whinfrey, Marian Chesters, Martin Thorne, Jenny Humphreys, Suzannah Macken, Dr Richard Ward, John Raw, David J Greatorex, Steve Leather.

Apologies: Dawn Payne, Betty McKeggie

### **1. Matters Arising from the Minutes of the 11<sup>th</sup> Meeting, 30<sup>th</sup> November 2011**

i) Regarding the anomalous message associated with a repeat prescription concerning choices for dying at home or a hospice raised at the last meeting, there have been no developments, no further reports of this nor anyone coming forward with an understanding of its possible origin. Dr Ward explained the issue of emergency ambulances arriving for patients when in some cases they would rather be left alone at home without emergency treatment, means that the doctor has to find ways and time to discuss this delicate matter with patients before the situation arises. A repeat prescription form would certainly not be the place to broach such a sensitive area. Elena Whinfrey will enquire further to try and understand what the message was and exactly where it was. This general matter of patients choice about dying and where and when they are asked about it, if at all, may be an issue that falls under 'care and quality' for the PPG to consider in the future.

ii) Steve Leather reported that the puddle outside the entrance area to the surgery that people had been concerned about has now gone after some ground levelling work.

iii) The feedback from the Arthur Medical Practice PPG was that they were very impressed at our meeting at how the group had come a long way in a short time.

### **2. Action Plan for 2012**

It was explained to the group that the action plan working party had met 3 times since the last PPG meeting. People were asked whether they have signed up to the working groups in the break since the preceding AGM.

Working groups are forming in each of the four key areas of the Action Plan as shown in Table 1 below.

**Table 1: Working Groups for the Four Key Areas of the Action Plan**

Area	Working Group Members so far
Communications	Marian Chesters, Wendy Palmer, Jenny Humphreys
Access	John R Meggitt, Martin Thorne, Maxine Cheesbrough
Care and Quality	John Beavis, John Rowlands, Margaret Raw, Elena Whinfrey, W Stuart Holmes, Suzannah Macken
Environment	Terry Kelly, Jenny Humphreys

Please could additional PPG members who were not able to attend the AGM and are interested in helping with any of the 4 areas of the action plan, please let Jenny Humphreys know by phone (01332 840379) or email (humphreys\_jenny@yahoo.com) so they are included in the efforts.

The chair and vice chair are to be ex-officio members of any groups and can attend any of the working group meetings. The action plan working group should remain to be the body to be reported back to, in order to encourage continuity and avoid duplication of effort and contact.

Martin Thorne suggested in view of limited numbers attending the AGM that we try and use our existing networks to advertise for more volunteers – this plea will go on the PPG page of the Appletree website as special feature. Wendy Palmer has also included this prominently in the PPG column in the newsletter. Margaret Raw suggested that personal invitation e.g. by telephone is likely to be the most fruitful way of recruiting volunteers. Please can members ask their contacts that they think may be interested in helping. Wendy Palmer suggested that the broader patient reference group may be a means of reaching a wider group of people.

3. At a meeting of the Duffield Community Association it emerged that Ecclesbourne School is keen to get involved with the community; the Medical Practice could be one possible means of this. John Minton at the School was mentioned as the contact point. The use of the school exercise facilities by patients of Appletree Medical Practice was put forward as a possible connection with the school that would serve the benefits of Appletree patients. On this note David Greatorex enquired whether there was a walking group based out of Appletree and was told the group is organised by Emmanuel Church – their walk being advertised at the surgery.

### **3. Format of Future Meetings**

There will be a meeting at the end of February, to be a full meeting of the PPG; the PPG will then meet bimonthly. The Action Plan groups will agree their own timetables within this period so as to report back to each PPG meeting. The action

plan working party will act as reference point for whether any new ideas are consistent with the terms of reference and broader action plan. John Raw suggests that this be an informal connection. We want to avoid an individual or group being approached twice by two different working groups of the PPG unaware that they are both making the approach. Hence the importance of contact between groups and the action plan working party.

#### **4. Consideration of Hosting a Medical Fair**

There is the need for the PPG to decide whether, from a logistics point of view, it is feasible to plan for a Medical fair during the 2012 Duffield Carnival Week. Since this comes under the 'Access' area of the action plan it will be discussed at next meeting when after an initial plenary session we will break into working party groups.

#### **5. Appletree Report**

i) Nurse Rebecca Cormes has had to resign for personal reasons, after just a couple of months of service. The practice is sorry to see her leave but has recruited Jayne Morris, who has a background in District Nursing and Care Homes. She is skilled in treatment room and practice nursing and should be an excellent addition to the staff.

ii) In addition to Dr Samantha Thomson, GP Registrar in the final year of GP training, who is with the Practice for 12 months there are also Registrars who spend 4 months here as part of their GP training, all are already qualified doctors. Currently Dr Kathryn Burnett is with us until the end of March 2012 and will be followed by Dr Katherine Ash.

iii) The practice is working towards a change in the computer system, from EMIS to a windows based system (SystemOne) with more web based functionality which will allow on line appointments and text messaging reminders of appointments as examples. Patients will need to offer mobile phone numbers and email addresses to take advantage of these services. The Winter 2012 Appletree Newsletter contains a form for completion with these details to be dropped back at the surgery.

iv) The issue of Summary Care Records was raised for the group. This is a computerised national database of selected patient medical details, intended for continuity of care in emergency situations – for example details of medications, allergies and adverse reactions to medicines. It will be accessible by healthcare staff in the NHS throughout England and the patient will be asked for prior permission to access it. The intention is to achieve continuity in care and safety (e.g. with allergies) particularly with emergency care and when the GP practice is closed. Patients can choose to put more details on the summary care record or to opt out altogether, and will receive a letter around the end of February about it. Derbyshire is one of the last areas to adopt the Summary Care Record. So far nationally, only 1.5% of patients

have opted out. One PPG attendee has had experience of his Summary Care Record and was happy with it. An admission letter from a doctor to a hospital is another way of transferring information but is not applicable in emergencies. Personal Summary Care Records will be available to view securely at [www.healthspace.nhs.uk](http://www.healthspace.nhs.uk)

v) The Electoral Reform Services Research is to carry out a generic survey on behalf of Appletree Medical Practice, funded by the partners, customised in as far as possible before it goes out. It will provide analysed information from 500 paper copies sent out to currently attending patients and also from surveys completed online from the website where they will be advertised. The practice hopes for 300 responses; after analysis, the results will be reported back to the PPG. There will be some attempt to represent age and geography proportionally to capture a representative sample of the true patient population of Appletree.