

Appletree Patient Participation Group (PPG) **Minutes of the 9th Meeting, 28th September 2011**

Attendees: W Stuart Holmes, Betty McKeggie, Jenny Humphreys, Wendy Palmer, Ann J Martin, Maxine Cheesbrough, John R Meggitt, John Raw, Margaret Raw, Terry Kelly, Mavis Boardman, Marjorie Whitby, Marian Chesters, Theo Portlock, Stephen Leather.

Apologies: Di Hancock, John Beavis, John Rowlands, Philip Mucklow, Lynne Lee, Suzannah Macken, Elena Whinfrey, Martin Thorne, David Greatorex.

1. Matters Arising from the Minutes of the 8th meeting, 31st August 2011

i) Clarification on item 12 that John Rowlands and John Beavis will aid Margaret Raw in establishing a number of focus groups in general, not specifically targeting the male group.

2. Matters arising and not on the agenda

i) There was discussion around the turnaround time for processing letters from hospital discharge to the point where they are available to the doctors at a patient's appointment. Stephen Leather (practice manager) explained that the practice works to a 24 hour turnaround time and if it reaches 48 hours then all available staff members are employed to get on top of the workload and get back to the 24 hour target time. Delays longer than this are therefore quite likely to be due to administration events at the hospital rather than at Appletree.

ii) This led on to a repeat of previous discussions over which doctor the discharge letters are addressed to at the surgery, since the hospital have a system where the letters necessarily go to a partner at the practice when in fact a salaried GP or a different partner may be the patient's registered doctor which may in turn differ from their regular doctor. However since the letters are scanned and added to the electronic records for the patient, any doctor seeing the patient will have access to the letter very promptly. For letters requiring action from the GP, if the recipient of the letter knows that the patient it concerns regularly receives treatment from a different doctor, then every effort is made to ensure that the appropriate doctor receives the letter as soon as possible. It was suggested that the PPG is in a position to call to account the practice if they do not think this target is regularly achieved and indeed were reassured that delays were likely to be outside the control of the Appletree staff, i.e. originating at the hospital.

iii) Margaret Raw reminded the group of the original question that arose in one of the earliest focus groups that many patients would simply like to know who their registered doctor is. This issue has been acted on by feeding back to that group that they can either look at their prescription which will have the registered doctor's

name on it or telephone the surgery to be informed. A message to this effect is also now on the rolling digital display board at the Duffield surgery.

iv) Steve Leather explained some steps Appletree has taken to try and improve the 'targeting' of letters from the hospital to the appropriate doctor for the patients and the continuity of care for patients. This includes a note on letters to the hospital requesting that letters are directed to the appropriate doctor and the receptionists trying to book patients onto appointments with the doctor they usually see. However it is not considered very likely that the hospital will change this administration procedure in the short term, especially given the relatively small representation that the Appletree practice has as one mid-sized practice in the context of hundreds of practices feeding into the Royal Derby hospital; it was suggested that the new GP consortia arrangement will reap more influence over hospital practices based on increased purchasing power. There was a suggestion from the group that the hospital might address letters to the partners of the surgery since they would be anticipated to have the longest residence time at the practice. However it would frequently be more appropriate to address a discharge letter to the referring doctor.

v) Brian Milward of Duffield club has reportedly agreed to accommodate a PPG presentation/focus group.

vi) Information has been passed to Mrs Sue Whyld of William Gilbert Primary School with contact details for Margaret Raw with a view to passing on information about the PPG. No response has been proffered yet.

vii) There was a query over whether Dr Helen Fenwick is a partner of the surgery. She is not, rather a salaried GP. It was explained that the number of partners in the surgery is not inflexible. There are currently four (Drs Ward, Stevens, Hewitt, and Browne). Since only the partners can be denoted 'registered' doctors it is evident that many patients will not see their registered doctor as there are three salaried GPs, plus two GP registrars who may regularly see patients. It was disputed that the partners carry ultimate responsibility for the care of all patients seen at the surgery and that in fact each doctor takes full responsibility for the clinical decisions and actions taken by them, as evidenced by the large indemnity insurances they are obliged to take out.

3) Flu clinics

i) Flu clinics are to be held on Saturday 8th October 2011 8.00am – 11.00am – Duffield Surgery; Wednesday 19th October 2011 8.00am – 12 noon – Little Eaton Surgery; Saturday 5th November 2011 8.00am – 11.00am – Duffield Surgery.

ii) The two specific areas of help planned by the PPG are (1) car parking and (2) hospitality during the 5 minute sit down the recipients of the flu jab are advised to take following their immunisation.

iii) Margaret Raw has offered to discuss the PPG with clinic attendees on 8th October and volunteers to join her in this are Terry Kelly and Wendy Palmer. For the clinic on 5th November, Ann Martin, Betty McKeggie and Marjorie Whitby volunteered to be present to represent and introduce the PPG to people. Little Eaton surgery being smaller lends itself to this kind of event less readily, however John Meggitt joined by John Raw offered to be present there on 19th October for the flu clinic to discuss the PPG with interested parties. Based on the experience at the carnivals it was requested that the volunteers be given a badge to identify them as a PPG participant, however it then becomes more important to explain the open-access nature of the PPG so there is not the perception of officialdom.

iv) Steve Leather gave feedback to group about comments he has received regarding the 'glossy' nature of the flu clinic invitations which has led some people to suggest their production was a waste of NHS money. This would be incorrect on two counts, firstly the invitations were out-sourced at less cost than previous years and secondly the money is not that of the NHS but of the practice. The group commented that the invitations were considered eye catching to achieve maximal attendance at the flu clinics and not be accidentally ignored as unwanted post by recipients.

4) PPG column in Appletree practice newsletter

i) Wendy Palmer has now completed a piece for the Autumn Appletree newsletter which should be published in time to draw attention to at the November 5th flu clinic. Thanks are offered to Wendy for her efforts on this.

5) Design of the questionnaire for the patient reference group

i) Betty McKeggie and Suzannah Macken met with Steve Leather in the week preceding this meeting and put together the basic tenets of a questionnaire. It aims to gather background information on the patient – age, sex, residence in Duffield or not, whether the respondent is a carer or a patient and how frequently they visit the practice. This information will then provide the context for subsequent answers. The main areas to be covered by the questionnaire cover: (1) access and means of travel to the surgery; (2) communication, how they receive information on the practice and their healthcare; (3) environment, the suitability of facilities, cleanliness, parking; (4) care and quality of treatment received.

ii) Since this is an extensive amount of information to gather it has been suggested to split the questionnaires into four phases addressing each area in turn. There was some concern that using a different set of patients for each area of questioning might hamper the interpretation of data. However this approach was convincingly

defended since if the task is to be done well with the maximum information extracted from the responses, there is limited manpower to read the responses in the individual comments section of the returned questionnaires, which, as Betty McKeggie knowledgeably pointed out, are the most valuable part of the survey. Five hundred sets are to be posted in the first instance and up to 100 responses are anticipated. The questionnaire will also be posted online. It is hoped that initial responders can be re-contacted for subsequent phases of the survey and an additional 500 patients invited to respond. Maxine Cheesbrough volunteered additional help with the analysis of the responses.

6) Appletree update

i) The webmaster was praised for keeping the content of the practice website up to date.

ii) There were no staff changes to report, hopefully indicative of a more stable phase in the staffing. It was discussed whether Dr Regan and Dr Fenwick might become partners of the surgery – this is a possibility if they are well received by patients and colleagues and if they are interested in becoming partners.

iii) Discussions over developments in the Health and Social Care Bill followed. The bill is effectively being enacted despite it still being passed through parliament. Primary Care Trusts will be replaced by Clinical Commissioning Groups (CCG) run by GPs, with the South Derbyshire group beginning to take form. It will incorporate the following areas: Swadlincote, Derby City, Amber Valley and Derbyshire Dales, clustered around the Royal Derby hospital. There will be over 500,000 patients represented, making it probably the 2nd largest CCG in the country. There will be a direct relationship between the hospital and GP consortia, cutting out the PCT 'layer'. This is hoped to contribute to fulfilling the objectives to put patients at the heart of treatment decisions and of achieving the efficiency drive to cut £20 billion of NHS spending. Ann Martin suggested that the ability to 'choose and book' where a particular procedure is carried out for a patient will be advantageous compared to previously. However Marian Chester pointed out that patients need to be well informed to benefit from this change; GPs will be able to support patients who are not able or prepared to research this kind of information for themselves.

iv) It was suggested that Dr Mark Browne's column in the Duffield Scene newsletter could include developments from the PPG, for example the notice that patients can book a double length appointment to discuss complex or multiple issues.

7) PPG action plan

i) It is recognised that the PPG group needs to develop a mutually satisfactory action plan in time for the AGM, which is scheduled for 25th January 2012, in order for it to become mandate.

ii) Hard copies of the PPG Terms of Reference were circulated, which originated in the early 'setting up' meetings of the PPG which also established its constitution, illustrating early victories for progress of the PPG. This was followed by the opportunity to broadcast information about the PPG at the Duffield and Little Eaton carnivals. Issues raised by patients in focussed discussions with members of the PPG led to the visible display of pertinent messages at the Duffield surgery, acting on the key role of the PPG, to feed back to the community. Now an action plan is needed to go forward with.

iii) The management structure of a PPG is hard to define, a theoretical thin T-shape has been suggested to depict it, with a small number of managers and secretaries supporting the working PPG. Whatever the activities of the PPG, all media forms need to be employed to communicate those actions back to the wider Appletree community. The patient reference group is a further way of acquiring the views of this wider community and confers on those participants the ability to influence practice without having to attend PPG meetings.

iv) Wendy Palmer reminded the group that objectives can be achieved through informal discussions with contacts, not just through focus groups involving a 'leader' and large groups of people attending, which might be intimidating for some PPG members. Many endorsed the comment.

v) It was suggested that the PPG column/Dr Browne's column from the Duffield Scene newsletter could be included in the Holbrook Village Magazine

vi) PPG involvement in helping less mobile patients with transport to the surgery has been raised on a few occasions with many PPG members considering this to be an important area where the PPG could help, volunteers will be needed to try and establish what arrangements need to be put in place to get started on this. This discussion led to the realisation that the services that are available to help with transport at reduced cost compared to commercial taxi companies, are not widely known about amongst patients. These include for example the Amber Valley Community Car Service, there is also a similar scheme based in Chesterfield. It was suggested that community transport initiatives need to be publicised by the Appletree Medical Practice, for example in the newsletter and PPG column, on the website, on a notice/leaflet in the display area and possibly as a rolling message on the digital display board. Some work in gathering of information relating to such schemes is envisaged.

vii) The decision was taken that the next PPG meeting (Wednesday 26th October, 7 PM) would be largely given over to a session of brainstorming ideas for the action plan and recording them on the whiteboard to subsequently be translated into an action plan. Thereafter volunteers will be needed to work through the plan. Adopting this approach should enable PPG members to volunteer suggestions

without being responsible for carrying forward that suggestion – there may be other members particularly interested in that suggestion, or with relevant previous experience or with more time available who can take action on it.

8) Closing discussions about the relationship between the PPG and Practice staff

i) Terry Kelly raised the question on whether the Practice staff are positive about the PPG, having heard of other PPGs who do not enjoy a good working relationship with the staff of the medical practice they are involved with. The PPG was reassured that the GP partners and other staff of the practice support the PPG. The early meetings may have partly responsible for fostering these good relationships, with members, partners and staff having had to work through some tricky issues to achieve a mutually satisfactory outcome.

ii) Arthur Medical Centre PPG, Horsley Woodhouse, having heard good reports of the Appletree Medical Practice PPG has suggested a meeting to exchange ideas and hopefully help them gain momentum. A liaison meeting has been suggested to form the November meeting, since the October one is going to be devoted to the establishment of the action plan.