

WATERHOUSES MEDICAL PRACTICE
PATIENT PARTICIPATION GROUP

Minutes of the PPG Meeting held on Wednesday, 14th November 2012

1) Welcome and Introductions:

Present: Dr Sunil Angris, Mrs JB, Mr RC, Mrs MH, Mrs BJ, Mrs SN, Mr IW, Michelle Wilton (PPG Secretary), Kate Robotham (Practice Manager).

Apologies: Mrs AH, Mrs KL, Mr WR and Mr MR. Kate Robotham sent her apologies for not being with us from the start but would join us later if she could.

2) Minutes of the last Meeting:

It was confirmed that everyone present had received a copy of the minutes and Michelle said that nothing had been raised by absent members. It was therefore agreed to save time, for the minutes not to be read but taken as a true record of the last meeting.

3) Matters Arising:

- a) Draft Constitution Michelle handed out a revised version as agreed at the last meeting, including the following amendments:
Date – needs to be inserted as 14th November 2012.
Nominated Officers – Chairperson – Kate Robotham (Practice Manager)
Secretary – Michelle Wilton (PPG Co-ordinator)
- b) Membership – Open to any patient of the Practice and a Quorum being required at meetings which would need to include at least two PPG members and one staff member.
- c) Confidentiality Clause & Code of Conduct – Michelle handed a Confidentiality Clause agreement which had been suggested by Nikki Critchlow from the Clinical Commissioning Group (CCG) to be signed by all PPG members and also details of a Code of Conduct. It was unanimously agreed that we didn't need to adopt an official Code of Conduct but Michelle would keep this with the Constitution for future reference.

4) Dr Sunil Angris: A brief update on local/national NHS issues

Sunil introduced himself to those who may not already know him. In response to a request at the last meeting, he thought it would be useful to give members a very brief update on what's happening within the NHS nationally but more importantly, how any changes may impact on us locally. He outlined his position as the Clinical Director of Planned Care at Staffordshire Moorlands Primary Care Trust. He went on to say that the set-up of PPG's was extremely important in today's NHS and feedback from all patients is now so important; there is accountability and patients are obviously a huge part of this and now 'have a voice'. He stressed that any issues, problems or concerns raised by our PPG will be taken to the CCG by him personally and that he considers the patient experience is now essential to the success of the CCG. The financial impact of the NHS spending round was affecting the Practice and Community Services locally. Leek Moorlands Hospital (LMH) is a good example of what's happening locally which needs patient and user feedback. The hospital has recently undergone refurbishment but has lost a number of beds as directed by Infection Control as a precaution to stop the risk of infection. This reduced number of beds in the community has a knock-on effect with more admissions to UHNS, Derby and Macclesfield hospitals. It was felt by the group that these local beds were so important. Mrs BJ asked why the number of day patients was decreasing? Sunil answered because of infection control and lack of beds but questioned the logic behind this as the actual effectiveness achieved by spacing the beds out more was questionable.

District/Community Nursing locally has been hit in our area with a 'shake up' of the care and coverage our District Nursing team do – 'what is provided and how much'. There has been great opposition to any change culminating in our local CCG and Stoke CCG pressing for an independent enquiry.

IW asked who was responsible for Out of Hours care. Sunil explained how this has recently gone through a tendering process and we will be informed shortly as to what the future provision will be ... hopefully with more access-friendly provision than having to travel to Basford. Sunil will keep the group informed of news on this. All agreed that we would prefer to be seen more locally. It was suggested that we should have a better promotion of what the protocol is for OOH care ... If patients would like to be seen at LMH, then you should ring Basford (OOH number) and they can give you an appointment to be seen by a Doctor at Leek – you can't automatically turn up at Leek and always be seen by a GP. We are awaiting further information from the new contract provider.

Sunil mentioned about the addition the new '111' service rather than '999' and when it is supposed to be used. 999, as we all should know, isn't supposed to be there for a strained ankle or for an asthma sufferer who's slightly more wheezy than normal but for **life-threatening** problems – eg. Heart attacks, Strokes, major Trauma etc. More details soon.

Sunil went through some key points on the minutes from the last meeting and stated how pleased he was in general that we seem to be offering a very good service with some very positive comments from the PPG Questionnaire.

5) 'Action Plan' following the PPG Patient Questionnaire

Kate Robotham joined us at this point and went through the 'Action Plan' which had been put together following points raised from the PPG Patient Questionnaire. This will be on the website, Foyer notice-board and in the Practice Winter Newsletter.

6) Any other Business

- a. Telephone system – the group pointed out that it is not always ideal for 'caller withheld' to be displayed when the Surgery rings the patient. Michelle explained that this was for confidentiality purposes.
- b. Prescription requests by e-mail – It was pointed out by members of the group that better clarification needs to be given about collection when replying to prescription e-mails requests i.e. dependent on when an e-mail is answered, it would be preferable to know if it will be ready in the *morning* or *afternoon* on a given day. Once an e-mail has been sent – it should be picked up that morning or afternoon and treated like either a telephone request or in person. Michelle/KR to query. KR mentioned that now the new clinical computer system is up-and-running, there is the option for those registered with EMISaccess to order their repeat prescription via this method, using their registration details in the usual way – just opt for the newer version of the site.
- c. The Notice Board in the Surgery foyer has now been allocated it's own space for PPG news, minutes of meetings, next Agenda etc. Michelle confirmed to keep up-to-date.
- d. IW had raised the issue of being able to book double appointments for multiple problems. Kate had said that we do already have alerts on the system for those with complex medical problems who automatically require a double appointment. However, we have now done a notice which says that patients can book a double appointment if they feel they need one for multiple problems/issues.
- e. Michelle had received an e-mail from Maria Anderson, Public & Patient Engagement Officer regarding the Staffordshire Moorlands Access Group asking us to circulate information about the group in the Moorlands area. Michelle handed out copies of this e-mail with a brief explanation on the reverse about the work of the Staffordshire Moorlands Access Group. She will also type this up for display on the Waiting Room Screen and pass a copy to Cathy Tidswell, Receptionist who is also the Practice 'Carer Co-ordinator'.

7) Date and time of next Meeting

It was decided to hold the next meeting in January 2013 (provisional date of Wednesday, 23rd January 2013) to be confirmed.

Wishing all of our PPG members and patients a happy and Healthy New Year!