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# West Street Surgery

Patient Participation Group

## Minutes

Tuesday 5<sup>th</sup> January 2016 start time of: 18:00hrs to 19:30hrs

	Item	Action																												
	<p><b>Present:</b></p> <table border="0"> <tr> <td>Trevor Evans</td> <td>TE (Chair)</td> <td>Jacky Hockey</td> <td>JH</td> </tr> <tr> <td>Lizzy Smith</td> <td>LS (Secretary)</td> <td>Sylvia Johns</td> <td>SJ</td> </tr> <tr> <td>Kenneth Johns</td> <td>KJ</td> <td>Lorraine Nuttall</td> <td>LN</td> </tr> <tr> <td>Bev Lewry</td> <td>BL</td> <td>Rosemary Jenkins</td> <td>RJ</td> </tr> <tr> <td>Chris Jenkins</td> <td>CJ</td> <td>Carole Cook</td> <td>CC</td> </tr> <tr> <td>Diane Beaven</td> <td>DB</td> <td>Ann Cranstone</td> <td>AC</td> </tr> <tr> <td>Linda Grant</td> <td>LG</td> <td>Robin Smith</td> <td>RS</td> </tr> </table>	Trevor Evans	TE (Chair)	Jacky Hockey	JH	Lizzy Smith	LS (Secretary)	Sylvia Johns	SJ	Kenneth Johns	KJ	Lorraine Nuttall	LN	Bev Lewry	BL	Rosemary Jenkins	RJ	Chris Jenkins	CJ	Carole Cook	CC	Diane Beaven	DB	Ann Cranstone	AC	Linda Grant	LG	Robin Smith	RS	
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1.	<p><b>Apologies:</b>            At the time of the meeting no apologies had been received. However, LS has received an email from:            Joong Chin           JC            T.E reminded all present that should they be unable to attend a PPG meeting, apologies should be sent where possible.</p>																													
	<p><b>Introductions:</b>            TE welcomed everyone to the meeting, including our guests from Health Watch; Robin and Linda.</p>																													
2.	<p><b>Conflict of Interest:</b>            No member present declared any potential conflict of interest that undermined their impartiality.</p>																													
3.	<p><b>Previous Meeting Minutes:</b>            All members had previously forwarded comments or amendments prior to the meeting. Minutes have been amended and circulated.</p> <p>Actions, not reviewed.</p>																													
4.	<p><b>Health Watch:</b>            TE asked RS to explain what Health Watch is. RS explained that Health Watch look out for and listen to all patients concerns. Their organisation is always seeking volunteers. They have a very influential status regarding Parliament and senior people that get the job done.</p>																													

	<p>Linda Grant (LG) explained that they also have the statutory right to 'Enter and View' any establishment that receives any Government funding. All surgeries will be visited this year, a report will be collated and sent to the Practice Manager for comment before publishing and displayed on the web site.</p> <p>LS explained that the only comments posted on NHS Choices are negative, so can't imagine them being any different to this web site. LG disagreed and stated that there are already positive comments on the site regarding West Street Surgery.</p> <p><b>Action: RS to forward the web link for 'Enter and View'</b></p>	RS/LS/TE
5.	<p><b>Core Updates:</b>  <u>Resources – GP's and Nurses:</u>          LS informed the group that Dr Ella had emigrated that day. Over the last twelve months the Partners had unsuccessfully been trying to recruit another GP, either of 'Salaried' or 'Partner' status. That leaves the Practice short of GP appointments, consequently alternative uses of all clinical staff is being tried.</p> <p>LS explained that they trialed one alternative in December when they were short of GP's. Nurse Practitioner Tracey Stewart; (Also a Prescriber in her own right) saw all minor illness cases, which subsequently took the pressure off the GPs. So we as a Practice have decided that throughout January, Tracey will continue these 'minor illness' responsibilities, the Practice has decided to recruit another Nurse Practitioner (Prescriber), to enable Tracey to continue with Minor Illness and Family Planning sessions. The additional NP will continue with seeing general patients and some minor illness. This decision has been made as the Practice has been unable to recruit another Doctor.</p> <p>As the NP advert does not expire until the 29<sup>th</sup> January, we have employed another long-term locum until Dr Sabrina Scott returns in June. Dr Dilly Hussain will be working two full days through January and two and half days thereafter</p> <p>That will leave the following GP's:</p> <ul style="list-style-type: none"> <li>• Dr Quartly 9 sessions – Mon, Tues, Wed (am), Thur, Fri</li> <li>• Dr Berry 4 sessions – Mon (am), Thur, Fri (am)</li> <li>• Dr Price 9 sessions – Mon, Tues, Wed, Thur (am), Fri</li> <li>• Dr Houston 4 sessions – Mon, Tues (am), Thur (am)</li> <li>• Dr Farah 6 sessions – Wed, Thur, Fri</li> <li>• Dr Thomas 5 sessions – Mon, Tues, Fri (am)</li> <li>• Dr Hussain 4/5 sessions – Tue (pm Feb onwards), Wed, Thur</li> <li>• Dr Scott 4 sessions – currently on maternity leave</li> </ul> <p>LS also informed the group that she has accepted a Partnership which commences January 2016.</p>	

Reception Services & Call Responses: LS reported that we are somewhat short staffed regarding Receptionists due to illness. However, an additional Receptionist commences employment on 1<sup>st</sup> February 2016.

Did Not Attend (DNA) Policy: LS reported that the DNA policy is continuing to prove effective, as DNA rates are still reducing. December's DNA's were 155, compared to November's 174.

Website: Nothing had been updated or amended to date. TE expressed his concern; as this is the most widespread form of communication between the Practice and its Patients. However, LS explained that the current website will be updated; PPG minutes would be added and Dr Ella's picture removed shortly. LS maintained that unfortunately, the website really needed to be entirely revamped, but the Practice does not currently have sufficient **funds**. It is not considered to be a priority at the moment. Nevertheless LS said that it will be completely updated eventually.

BCCG Update: TE informed the group that Circle Healthcare attended the PPN meeting in December and gave an explanation and update of the services they are currently offering.

**Action: TE to forward presentation.**

**TE**

The question was raised regarding the regular measurement of outcomes and results. i.e. what services they say they are providing and those that are actually experienced.

TE explained that there are a number of Circle Healthcare Hubs around the County, to which all GP referrals relating to skeletal problems/issues have to be referred. Shown on website link

<http://www.circlehealth.co.uk/locations/bedfordshire/our-locations>

LN queried this principle?

TE had previously stated that all GP referrals relating to any skeletal problems have to be referred to the MSK Service (In the first instance) on the instructions of Bedfordshire CCG.

LS gave an explanation of the process that commenced April 2014. Despite a GP making a referral a high priority or even a 2 week wait; Circle MSK service will triage that Patient and may allocate their own priority level to the problem? Once the referral has been accepted, it's then out of the Surgery's control and all we can do is continually follow it up. This can prove to be labor-intensive and doesn't always have the desired effect.

TE conveyed instances where patients residing close to a Circle

	<p>Healthcare Hub but had been given appointments at a different location some miles away, giving them transportation problems.</p> <p>TE gave his own personal experience: A West Street GP had provided clinical justification and indicated that hip surgery at a specialist hospital was required (Tertiary Choice) Subsequently TE had received a call from RNOH Stanmore Hospital for his first Consultant Surgeon appointment. This was only due to the GP concerned including all the relevant information and clinical / historical explanations, in the submission</p> <p>LN asked the question as to what has happened to 'Personal Choice'?</p> <p>TE stated this still stands to a certain extent. These rights are shown in 'The Department of Health Choice Framework 2015-2016' see link <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417057/Choice_Framework_2015-16.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417057/Choice_Framework_2015-16.pdf</a></p> <p>CC asked if we still use Private Hospitals? LS explained; Yes, if the patient has Private Medical Insurance or if there is no other NHS alternative available.</p> <p>TE had received two documents from the CCG for sharing with PPG Members</p> <ol style="list-style-type: none"> <li>1. Public Perception Survey- Final Report by Sarah Frisby – Patient and Public Engagement Manager*</li> <li>2. Healthwatch Investigation of Complaints Report – General Practice:</li> </ol> <p>* Above- It was noted that in this report, West Street Surgery had not been consulted</p> <p><u>Patient Education</u>: Not discussed.</p>	
6.	<p><b>Patient List Size:</b> LS informed the group the West Street currently has 12,867 patients. That has increased over the last twelve months due to an increase in Eastern Europeans moving to the area.</p> <p>LN raised the question as to whether there is a limit to how many patients a Practice can have?</p> <p>LS explained that there is no set rule; there are very vague guidelines for the size of the building and number of registrations allocated to each GP but Nothing 'set in stone'. We can close the books i.e. not accept any more patients. However, this would have other consequences of not being allowed to carry out or offer additional services for which we are currently remunerated; thus reducing the surgery's income.</p> <p>A number of group members enquired about plans for Practices to</p>	

	<p>potentially accommodate additional patients from new-build housing estates in the area that will require GP Services in future?</p> <p>LS explained that there is a new integrated Health and Social Care Hub being built in the centre of town, this will encompass four maybe five of the surgeries from the locality, plus additional services such as Phlebotomy, Radiography, etc.</p>	
7.	<p><b>NAPP:</b> LS explained that she had not heard anything from them even after numerous attempts at contacting them. LS has requested now that our accounts are back from the accountant that the Finance Person (Susan Bardell) establish as to whether the £60 has been cashed.</p> <p><b>Action: TE offered to chase them up.</b></p>	TE
8.	<p><b>Programme for 2016/17:</b> TE would like to establish a programme to improve communication and patient perception of local health services, how the BCCG operates and West Street Surgery's role therein.</p> <p>TE explained: Arrangements continue to be rapidly changing in the NHS and its services, not least in our local area. It's essential as Surgery Patient Representatives, we understand these adjustments better, so that we can effectively help and support our practices, and the wider locality.</p> <p><b>Action: TE to circulate documents</b></p> <p>DB asked if the Bedfordshire CCG had a new Management Structure?</p> <p>TE: Yes there are a number of new people in place at the top. and others have left or changed roles.- Namely Mr Matthew Tate* who has been appointed Accountable Officer in place of Dr. Paul Hassan, see link <a href="https://www.bedfordshireccg.nhs.uk/page/?id=3582">https://www.bedfordshireccg.nhs.uk/page/?id=3582</a> Andrew Moore is now Chief Operating Officer (Interim) and Ben Jay is Chief Finance Officer.</p> <p>TE thanked CC and LS for their hard work in completing the PPG Induction Pack.</p> <p>TE suggested members of the group would benefit from gaining a better understanding and knowledge of medical acronyms used in the NHS and locality. There are a number of sites and resources that provide this knowledge. Ann Cranston volunteered to assist TE formulating this list and other helpful Internet Links for access by members.</p>	TE

	<p>LS explained that she asked the Partners and leads for each area of the Practice, what they would like the PPG to do/carry out. Their response was a 'Patient Survey'. She appreciated that CC and LN had compiled a short survey relating to the PPG, however considering the constant flow of surveys that patients are asked to complete, she felt we would gain a better uptake if we limit the surveys and roll them into one.</p> <p>CJ believes that we need to understand what the Practice wants from the survey before we are able to compile the questions.</p>	
9.	<p><b>AOB:</b> TE requested all members present to positively acknowledge / comment on articles or projects circulated, particularly as person(s) circulating the information, spend considerable time to formulate such documents. If members have no comment or amendments to make, then a courteous reply stating 'no comment' would be appreciated.</p> <p>DB asked the question as whether someone from the BCCG would come and give the Group a presentation explain what their role actually is? <b>Action: TE will raise the question.</b></p> <p>RS asked the group why members had joined the PPG? The majority of the group's response was 'that they felt they had a lot of knowledge and skills that they would like to put to good use and felt that they could do this by becoming a member.</p> <p>LG asked the group as to why there was no West Street PPG member attending the L&amp;D Patient Group? LS stated that she was not aware of the group or had never been asked to request a representative from the Practice PPG.</p>	TE
10.	<p><b>Meeting Dates :</b></p> <p>Tuesday 12<sup>th</sup> April 2016 @ 18:00 hrs  Tuesday 12<sup>th</sup> July 2016 @ 18:00 hrs  Tuesday 11<sup>th</sup> October 2016 @ 18:00 hrs  Tuesday 10<sup>th</sup> January 2017 @ 18:00 hrs</p>	