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West Street Surgery

Patient Participation Group

Minutes

Tuesday 16th August 2016 start time of: 18:00hrs to 19:30hrs

	Item	Action																
	<p>Present:</p> <table border="0"> <tr> <td>Trevor Evans</td> <td>TE (Chair)</td> <td>Carole Cook</td> <td>CC</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>Diane Beaven</td> <td>DB</td> <td>Peta Reynolds</td> <td>PR</td> </tr> </table>	Trevor Evans	TE (Chair)	Carole Cook	CC	Lizzy Smith	LS (Secretary)	Sylvia Johns	SJ	Kenneth Johns	KJ	Lorraine Nuttall	LN	Diane Beaven	DB	Peta Reynolds	PR	
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1.	<p>Apologies:</p> <table border="0"> <tr> <td>Rosemary Jenkins</td> <td>RJ</td> <td>Jacky Hockey</td> <td>JH</td> </tr> <tr> <td>Chris Jenkins</td> <td>CJ</td> <td>Joong Chin</td> <td>JC</td> </tr> </table>	Rosemary Jenkins	RJ	Jacky Hockey	JH	Chris Jenkins	CJ	Joong Chin	JC									
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2.	<p>Conflict of Interest:</p> <p>No member present declared any potential conflict of interest that undermined their impartiality.</p>																	
3.	<p>Previous Meeting Minutes:</p> <p>All members agreed the minutes were an accurate record of the meeting.</p> <p>Actions:</p> <p><u>Item 5:</u> LS asked if she could raise this when we get onto Item 6 of today's meeting.</p> <p><u>Item 7:</u> LS circulated the 'Starting and Sustaining Successful PPG's information to all members.</p> <p><u>Item 9:</u> LS circulated the 'Fibromyalgia' flyer to all PPG members.</p>																	
4.	<p>Core Updates:</p> <p><u>Resources – GP's and Nurses:</u></p> <p>LS informed the group that Dr Laura Lewis will be starting with us for two sessions per week working a full day on Tuesdays, which will commence the 6th September.</p> <p>Dr Leena Thomas is cutting one session per week (Tuesday afternoon).</p> <p>GP's working week:</p> <ul style="list-style-type: none"> • Dr Quartly 9 sessions – Mon, Tues, Wed (am), Thur, Fri • Dr Berry 4 sessions – Mon (am), Thur, Fri (am) 																	

- Dr Price 9 sessions – Mon, Tues, Wed, Thur (am), Fri
- Dr Scott 3 sessions – Wed, Thur (am)
- Dr Thomas 4 sessions – Mon, Tues (am), Fri (am)
- Dr Farah 6 sessions – Wed, Thur, Fri
- Dr Hussain 4 sessions – Mon, Tue
- Dr Lewis 2 sessions – Tue

Reception Services & Call Responses: LS reported that 3 new reception staff members we have recruited; Annette Playforth (29hrs), Abbi Smith (12hrs) and Jackie Gross (12hrs). When all have started, this will bring us back up to a full Reception team.

Did Not Attend (DNA) Policy: LS reported that the DNA rates

- June total = 180 appointments not attended
- July = 113 Nurses and 130 Doctors appointments not attended.

This equates to 35 clinical hours wasted.

Patient List Size: LS informed the group that this stands at 12411, we are currently completing a ‘**data cleanse**’ of those patients that do not live within the Surgery’s geographical boundary. These are given 30 days written notice to find an alternative Practice. At this time the Professional Support Unit are informed and after the 30 days those patients are removed from our patient list.

BCCG Update:

TE informed the group that he attended the last meeting where Dr Sanjay Sharma was introduced to the group as the new Clinical Lead.

The PPN Chair was discussed, TE had resigned from this post in December 2015 and was disappointed that the BCCG had only just finalized a draft job description and were appealing for a volunteer to fill the position

The PPN Terms of Reference for its Chairperson was discussed but nothing conclusive came from the examination of the document and nobody at the meeting showed interest in taking up the position.

Future Healthier Living Seminars were discussed and the members requested suggestions for new topics. However, the Chiltern Vale Locality Office had decided to re-run the same three subjects already delivered. BCCG staff felt it took too much resource time to organize any new ones. So COPD, Diabetes and Hypertension will be re-run. No new dates had been envisaged.

5.	<p>Communication: LS requested that on occasions when documents are circulated to PPG members and feedback is requested, they should acknowledge receipt of the document concerned and provide a positive feedback by either :</p> <ul style="list-style-type: none"> • providing comments • or a statement indicating no comments would be forthcoming <p>PR requested that as she does not know anyone from the group or their background, would we all kindly complete a mini profile, including: knowledge, experience, skills and availability, etc.</p> <p>Action: All to send LS a mini profile for collation, and circulation.</p>	ALL
6.	<p>CQC Feedback: LS explained that West Street Surgery had experienced their first CQC Inspection on the 6th July; she believes all went very well. The ‘Good Practice’ feedback received at the end of the day/evening was:</p> <ul style="list-style-type: none"> • National Institute of Clinical Excellence(NICE) recognition and implementation • A Well supported Team • Quality Output Framework (QOF) and Long Term Condition management • Recognition and identification of operational improvement areas • Exception reporting <p>The Lead Inspector requested supporting objective evidence for a number of operational areas. This paperwork was identified and sent off within ten days of the six weeks period given.</p> <p>A Draft report was expected within six to ten weeks of inspection date.</p> <p>TE gave his experience of the CQC telephone interview; he received from the Lead Assessor. He sensed it too went very well particularly as we were complimented on the extent of the up-front planning organizational structures and setting up of the PPG.</p> <p>The group to express their thanks to LS and other West Street Surgery Staff for all their good work.</p>	
7.	<p>Patient Survey: LS informed the group that one area that CQC had identified and raised verbally was the National Patient Survey results. There were three areas in which the results identified could be improved, which were:</p> <ul style="list-style-type: none"> • 49% of respondents wait 15 minutes or less after their appointment time to be seen <ul style="list-style-type: none"> ○ Local (CCG) average: 63% National average: 65% • 72% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments 	

	<ul style="list-style-type: none"> ○ Local (CCG) average: 84% National average: 86% ● 72% of respondents say the last GP they saw or spoke to was good at treating them with care and concern <ul style="list-style-type: none"> ○ Local (CCG) average: 83% National average: 85% <p>So would like to suggest that we use this as a starting point to base our future survey.</p> <p>LN raised the point that results could get personal regarding staff members. LS responded then so be it.</p> <p>Action: LS to email CC and LN dates in which to meet and start the process.</p> <p>TE stated that NAPP suggests that complaints should be discussed at the PPG meetings;</p> <ul style="list-style-type: none"> ● Not complaints from named individuals ● Alternatively, the identification of any specific operational weaknesses and ways in which to resolve the issues. 	LS
8.	<p>Newsletter: CC felt that the creation of a periodic 'Newsletter' was an extremely good idea for the Practice to publish. She enquired</p> <ol style="list-style-type: none"> 1. Who would actually contribute to it? 2. What subject matter should be included? 3. The frequency of publication <p>suggestions were as follows:</p> <ol style="list-style-type: none"> a. PPG Members profiles b. DNA results and consequences c. CQC Inspection Outcomes d. A summary of the Surgery's Telephone System e. Appointments available <p>Action: All to send ideas and availability to help by the next meeting in October.</p>	ALL
9.	<p>Patient Education: (Self help) TE considered that owing to the increasing demands on Health Services, patients would benefit from reeducation on proactive self-help methods and possibilities to enable them to manage their own daily healthcare better. Particularly in view of nation-wide shortage of doctors, rationalization of local NHS services, by Clinical Commissioning Groups and The Department of Health. Shortage of care in the Community, and longer waits for appointments treatments etc. Formerly-expected services are often now in different places these days and often shared between surgeries or hospitals. He felt that as part of our yearly programme our PPG could plan such an education evening, involving the input of administrative and clinical staff to make practical suggestions outlining changes in service delivery and signposting.</p>	

10.	<p>NAPP Document : Starting and Sustaining successful PPG's CC and LN had circulated their thoughts on this document as requested at the last meeting, no other members commented. So everyone was directed to express their thoughts and perception of these suggestions. No one responded except LS who stated that she thought we as a group met most of the NAPP recommendations.</p> <p>PR advised the group that she does not recall seeing the documents or feedback that was circulated from CC or LN.</p> <p>Action: LS to re-circulate original document and feedback.</p>	LS
11.	<p>AOB: <u>Radio Station:</u> CC circulated by e-mail (11.07.2016) details of a Radio Programme she had listened to, the suggestion being that maybe members would like to download and comment. The programme was titled Price of Prescription Drugs, 2 Pharmaceutical companies and the British Generic Association took part. The programme was very informative and went some way in dispelling the mystery and mistrust many of us have regarding generic medication. No-one had downloaded the programme so C.C gave a brief feedback which also included the cost of research and how it is funded.</p> <p>Flu Season: LS pointed out that the Flu Season is rapidly approaching and we have started our flu campaign. The only problem is that so have many pharmacies. LS explained that wasted flu vaccinations (as happened last year) cost the practice a lot of money. She encouraged the group to recommend friends and family members (that are registered at the Practice) to arrange to visit the surgery and have their vaccinations.</p> <p>Flu vaccinations commence the 13th September and we are already for patients to book in.</p>	
10.	<p>Meeting Dates :</p> <p>Tuesday 11th October 2016 @ 18:00 hrs Tuesday 10th January 2017 @ 18:00 hrs</p>	