



West Street Surgery

Patient Participation Group

Minutes

Tuesday 17th May 2016 18:00hrs to 19:30hrs

	Item	Action																
	<p>Present:</p> <table> <tr> <td>Trevor Evans</td> <td>TE (Chair)</td> <td>Joong Chin</td> <td>JC</td> </tr> <tr> <td>Lizzy Smith</td> <td>LS (Secretary)</td> <td>Kenneth Johns</td> <td>KJ</td> </tr> <tr> <td>Lorraine Nuttall</td> <td>LN</td> <td>Carole Cook</td> <td>CC</td> </tr> <tr> <td>Peta Reynolds</td> <td>PR</td> <td></td> <td></td> </tr> </table>	Trevor Evans	TE (Chair)	Joong Chin	JC	Lizzy Smith	LS (Secretary)	Kenneth Johns	KJ	Lorraine Nuttall	LN	Carole Cook	CC	Peta Reynolds	PR			
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1.	<p>Apologies:</p> <table> <tr> <td>Bev Lewry</td> <td>BL</td> <td>Rosemary Jenkins</td> <td>RJ</td> </tr> <tr> <td>Sylvia Johns</td> <td>SJ</td> <td>Jacky Hockey</td> <td>JH</td> </tr> <tr> <td>Anne Cranstone</td> <td>AC</td> <td>Chris Jenkins</td> <td>CJ</td> </tr> <tr> <td>Diane Beaven</td> <td>DB</td> <td>Peter Leid</td> <td>PL</td> </tr> </table>	Bev Lewry	BL	Rosemary Jenkins	RJ	Sylvia Johns	SJ	Jacky Hockey	JH	Anne Cranstone	AC	Chris Jenkins	CJ	Diane Beaven	DB	Peter Leid	PL	
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	<p>Introductions:</p> <p>TE welcomed everyone to the meeting, and introduced our new member Peta Reynolds.</p>																	
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>																	
4.	<p>Core Updates:</p> <p><u>Resources – GP's and Nurses:</u></p> <p>LS informed the group that:</p> <ul style="list-style-type: none"> • Dr Zoe Houston is leaving the Practice on the 14th June to expand her Cognitive Behavioral Therapy career. • Dr Sabrina Scott is returning from maternity leave on the 15th June. • A new Nurse Practitioner / Minor Illness Nurse will be commencing the 23rd May. • Roxy Mead; Receptionist/Admin began her maternity leave 19th April 2016. <p>That will leave the following GP's:</p>																	

- 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 5 sessions – Mon, Tues, Fri (am)
- Dr Farah 6 sessions – Wed, Thur, Fri
- Dr Hussain 4 sessions – Mon, Tue

Reception Services: LS reported that The Practice had begun a recruitment process for two new receptionists; due to Roxy taking maternity leave and a further staff member increasing her admin duties (in doing so, reduced her reception hours).

JC asked “Is The Practice breaching ‘patient confidentiality’, when asking persons, to identify the reason for requesting an appointment?” LS replied: “The Practice needed to continue to ensure that given appointments with the most appropriate clinician, which may not necessarily be a doctor. Patients were not required to explain their requirements in detail, but merely give a brief overview of their problem.

Call Responses

TE stated that recently he had experienced a faster response from receptionists, when he called the 664401 number.

Did Not Attend (DNA) Policy: LS reported that the current DNA policy is continuing to prove effective. DNA rates continue to reduce.

Website: LS informed the group that the website had been totally re-vamped; each page updated and information enhanced. Additional pages and links were added.

This item can now be removed from Core Reporting Subjects of future Agenda's.

Patient List Size: 12,683

BCCG PPN Update:

As TE was unable to attend, CJ had kindly sent in an overview of the latest Chiltern Vale CCG Patient's Participation Network Meeting (CV PPN) on 27th April :

The meeting was **not** well attended. Only four of the ten surgeries in the CV Network had sent along representatives:

1. A Presentation about the Procurement of Out-of-Hours Services and the redevelopment of the 111 Service had been given. Bedfordshire is part of the 20% of the country undergoing a reform of the 111 Service, due for completion during 2017. Norfolk is the only area where the new system is 'Up-and-running' System weaknesses and deficiencies are being identified. The full extent of defects will become apparent, as time progresses. Corrective Action is

	<p>progressively being implemented.</p> <p>2. Another interesting presentation had been given by The Chair of Putnoe PPN – Cheryl Green. The significant point made was that by comparison, many more Surgeries in their network send representatives to attend and contribute to such meetings.</p> <p>3. A date is awaited for a further CCG PPN Awareness Seminar on the subject of ‘Hypertension’ interested patients will continue to be identified by the Surgeries in the Chiltern Vale Locality. The proceedings will again take place in the Catholic Church Hall in West Street, Dunstable.</p> <p>4. The post of a permanent Chairperson for the CV PPN had not so far been filled.</p> <p>5.</p>	
5.	<p>Programme for 2016/17: LS appreciated that CC and LN had previously worked on a new draft survey, however specific direction and scope had not been given by the Practice. However, she had recently been forwarded a copy of a Patient Experience Questionnaire; Summary of results 2014/15. Which she believed would guide and bring us closer to the desired results</p> <p>Action: LS to work with CC and LN on a questionnaire.</p> <p>Another suggestion was a Practice Newsletter, but there needed to be volunteers to provide and edit the content. PR stated that she would be willing to collate the newsletter, but we would still need the content to be provided from elsewhere. Further action needed at a subsequent meeting</p>	
6.	<p>Patient Education Communications / Keeping Healthy:</p> <p>TE suggested that in addition to our involvement the CCG sponsored Healthy Living Seminars, we perhaps should consider planning an education evening to encourage and reassure our own Patients of the services offered and to be generally proactive regarding their own health - PR asked whether older people know where to go for the services they need? Older age groups are often not feeling safe with new services. LS added ‘People’s expectations and perceptions of Primary Care are sometimes outdated and unrealistic’.</p>	
7.	<p>NAPP: CC led a discussion on the NAPP supplement entitled ‘Starting and Sustaining PPG’s’ and suggested that the said document should be circulated to all PPG members for their comments enabling us as a collective to decide on whether we want to adopt or adapt any of the models shown. This will enable discussion between staff and PPG</p>	LS

	<p>regarding the way forward favored by all concerned. LS kindly agreed to scan and send this document to all PPG members. Once circulated all comments should be sent back to TE, CC and LS. CC acknowledged that several projects undertaken by the PPG and LS had been addressed and completed within suggested timelines.</p> <p>Action: LS to circulate a copy of the ‘Starting and Sustaining Successful PPG’s’</p>	
<p>8.</p>	<p>Comments on Previously Circulated CCG Reports:</p> <p>MSK Presentation</p> <p>LS reported that with regard to ‘Orthopaedic Referrals’, the MSK Service (Via Circle Healthcare) is mandatory. For Bedfordshire & Luton GP Practices there is no alternative offered by the BCCG. All Surgeries had to adopt this process.</p> <p>TE advised the group that he had sought further advice from the Dept. of Health and believed that patients do have the choice of being referred to any NHS service providing these services, not only from sources recommended by local CCG’s. This is outlined in the DOH Choice Framework 2015/2016 (Circulated with these minutes).</p> <p>LN said “Statistically speaking the Presentation claimed the service seemed to be improving. She liked the idea of multidisciplinary teams and Imaging being available at the first visit, it would appear to have speeded everything up. She thought it would be interesting to hear our surgeries perspective of the service offered and the reported outcomes?”</p> <p>Healthwatch Report</p> <p>LS was asked if she had received the Healthwatch report following their ‘enter and view’ visit to the Practice. LS said: “Not so far!”</p> <p><u>Public Perception Survey</u></p> <p>LN had suggested that the numbers responding to this survey were so few, that they seemed to render the report somewhat valueless and unrepresentative! Therefore no accurate conclusions contained therein could realistically be considered creditworthy. It left her wondering how more people could be reached or included”</p> <p>TE felt that the report had been circulated to us from the BCCG nearly 12 months after it was first published and by all accounts WS Surgery had not been consulted during the initial gathering of views. LS confirmed this.</p>	

9.	<p>AOB: PR informed the group of the Fibromyalgia group she is associated with, and wanted to know if other group members would be interested?</p> <p>Action: LS to scan and circulate hand out.</p>	LS
10.	<p>Meeting Dates :</p> <p>Tuesday 12th July 2016 @ 18:00 hrs Tuesday 11th October 2016 @ 18:00 hrs Tuesday 10th January 2017 @ 18:00 hrs</p>	