

Deddington

Patient Participation Group

Notes of Meeting held 16.1.13

Time: 7-8 pm

Venue: Deddington Surgery

Invitees:

Name	Attended 16.1.13		Attended 16.1.13
Ted Sutton	Y	Ted Short	Y
Anita Higham	Y	Ken Dodgson Wilkinson	Y
Bruce Eggeling	Y	Rebecca Falloon	A
E Shirley	Y	John Webb	A
E Jupp	Y	Paul O'Sullivan	A
D L Harris	Y	Julie-Anne Howe - notes	Y
Barbara Harris	Y	Dr Sue Ruddock – GP chair	Y
Peter Richardson	Y	Dr Olly Cooper – GP registrar	Y
Maureen Richardson	Y	Sue Johnson – Practice Manager	Y

Welcome and Introductions - took place.

Notes of last meeting - to be approved at next meeting.

1. Patient Survey –

Some questions arose:

- Is the old survey better to use so year on year comparisons can be made?
- If a new survey is used, developed by the practice, would Survey Monkey with the analysis package be suitable to save analysis time?

Suggestions to consider:

- Housing increase (83) expected within Deddington - will the surgery be able to cope with the increase in patient numbers? What changes could be made to help with the increase?
- Consider the DH document “Everyone Counts” which has a section on patient involvement – are there any questions within this which would be helpful to include in the survey to support this change later?

Some members asked to email suggestions in to the PMgr when they had had time to consider what was already in the existing survey, as SJ agreed to circulate both versions. **Action SJ / ALL**

2. New GPs –

- Dr Ruddock advised Dr Olly Cooper was working within the practice as a GP registrar, he is a qualified doctor, who has 6 months left of his 3 year GP training before he is a qualified GP.
- A further GP, Dr Helen Winpenny, had also joined the practice working 3 days per week in all areas, but particularly interested in women’s health and dermatology. She has previously been working for several years as a GP at one of the surgeries in Kidlington. She works on Tuesdays, Thursdays and Fridays.

3. MJOG -

This is a mobile communication software package used to text messages to patient's mobiles – if they give their permission to do so. Forms are available on the reception desk to provide the information required. This is useful for flu reminders etc, and helps the practice save money on postage which is always increasing. The surgery has also developed a database of patient emails. This database is used for distribution of each new newsletter. And will also be used when the next patient survey is undertaken (in a few weeks). It will allow us to target groups of people in certain agegroups so that we can hopefully get responses from a good cross section of patients. Patients do need to let us know if they change their email address or mobile number. The Group felt this was a sensible approach and supported it. SJ to continue promoting. **Action SJ**

4. Care Quality Commission (CQC) –

Deddington Surgery is now registered with the CQC and from 1.4.13 they can visit for inspections and check-ups with only 48 hours notice, or no notice if problems with the surgery have been brought to the attention of the CQC. The CQC have to visit 8500 practices nationally and are required to inspect once every 2 years to talk to staff and patients.

The Practice sought volunteers who may be able to attend to provide information to the CQC if they visited. All members agreed to do what they could if called, although this may be via telephone for those who are at work, or not if teaching (ES) **Action ALL if contacted**

5. PPG Development –

The practice has approx 9,300 patients, some of whom form the face to face PPG group (F2F), and some who are contacted via email for the virtual group (PRG) and who may provide broader demographic representation. The group discussed PPG models at other practices and the themes which they discussed, e.g. parking, appointments, telephone access, newsletters, and agreed: Our group is informal with no set Terms of Reference, all patients are welcome to attend.

Following voting it was agreed to work to the following principles:

GP Chair would be for 1 year fixed term for a) a single GP (5 votes), b) rotational GP (6 votes) c) abstained (0 votes) **Agreed rotational GP**

Frequency of meetings – discussed and unanimously agreed on **2 monthly** (currently 3 monthly)

Time of the meeting - a) same 7pm - 8 votes, changed time - 0 votes, c) don't mind 5 votes – **Agreed time remains the same**

Agenda setting and distribution – discussed and agreed this was **best done by the PMgr** who would continue to seek items from patients, and include items which the practice felt patients may like to know about.

Notes – PPG agreed this could be done by a member. JAH agreed to take notes today, and PR agreed to take on when he was more familiar with the workings of the group. **Action JAH**

6. Surgery Newsletter –

4 to 5 are produced a year, usually explaining how the surgery works. DH & BH agreed to produce an item on what the PPG is and how it works. **Action DH / BH**

AH agreed to write a paragraph on what it's purpose is. **Action AH**

JAH agreed to do something on flu in the autumn as there is a need to increase the uptake in the under 65 yr group. **Action JAH**

Others to please put forward ideas – all welcome and considered. **Action All**

7. Communication with the North Oxfordshire Locality Group (NOLG) –

Items within the practice are communicated to Dr Chambers who attends the NOLG meetings on behalf of the practice. NOLG currently has a lay representative attending in Chris Ringwood. Our PPG can feed issues to him or to MC.

Action All if wish

NOLG are seeking to review their patient representation coverage and how they communicate with PPGs, more on this at next meeting (Agenda item)

Action SJ

8. Hospital at Home –

This is a group of experienced nurses who provide cover from 8am to 10pm to patients who are unable to cope at home as they need medical input to avoid having to go to hospital; for example to patients with urinary tract infections who are confused and may forget to take medication or appropriate steps to get better. After 10pm the evening service provides cover. Nurses attend to ensure medication is taken, or care given, but pop in as an appointment rather than staying all day. Care continues until the patient can manage again. The service is useful but would be more so if they were able to provide intravenous antibiotics.

9. Electronic access to patient records at Deddington Surgery –

The Secretary of State for Health, Jeremy Hunt, has advised by 2015 the NHS could/ should be paperless and patients who wish to, can have access to their electronic records. These are stored on a clinical IT system called EMIS at Deddington. There is a system called Patient Access, which allows a patient to view their own medical record on their home computer via a unique personal code (similar to online banking). Patients will be able to:

- a) check their own record for accuracy,
- b) only be able to see electronic records back to 1993,
- c) although all notes have been summarised, information levels will vary over the years.

JAH agreed to seek the Patient information sheet from Cropreddy practice, who do use this system, so the PPG can see what is involved, and circulate with these notes.

Action JAH

- The group agreed they would like to volunteer to review their own notes as a pilot for the practice, and will be asked to do this at the appropriate time.

Action ALL

10. Any Other Business –

AH asked what the practice was doing to ensure that requests in discharge letters from a hospital to a surgery to follow up patients in the surgery were followed. A discussion took place on this which included:

- Patients are given copies of discharge letters and it is very useful if patients (or their relatives) let the surgery know if bloods or medications are required, by phoning the surgery and booking an appointment or a home visit (if patient is bedbound) as GPs may not always proactively follow up these requests due to sheer volume of work.
- Many GPs have raised the issue of important information being buried by the hospital in the discharge letters which may be several pages long. GPs are worried about missing vital requests for support. Many were raising this as an issue on the Datix system at the Primary Care Trust so that they could talk to the providers about it, and find a way to a) make discharge letters clearer, and b) flag up to the surgery when immediate follow-up actions were required.

DH raised the issue of the length of time it can take the Dispensary to find prescriptions in the 'boats' which hang from the wall. This had been looked at on a number of occasions as it is still a problem, and the practice was currently looking into a robotic system which could use supermarket type coding to track items. This had a huge cost associated with it but should save considerable time. (It may be an area which the PPG could raise funds for? – item for next agenda?)

Action SJ

Date of Next Meeting – 2 months time Tuesday 26/3/13 with Dr Chambers ☺