Notes of Meeting held 3.6.14
Time: 7-8.30 pm
Venue: Deddington Surgery

Attendees:

Name	Attended 3.6.14		Attended 3.6.14
Ted Sutton	Y	Ted Short	Y
Anita Higham	Apologies received	Ken Norman	Y
Dave Lloyd Harris	Y	Paul O'Sullivan	Y
Barbara Harris	Y	James Simmons	Apologies Received
Peter Richardson	Y	Veronica Lough-Scott	Apologies received
		Julie-Anne Howe	Y
John C Webb	Y	Ken D Wilkinson	Y
Sue Johnson – Practice Manager	Y	Dr James McLaughlin	Y

1. **Welcome and Introductions** – Dr McLaughlin thanked people for attending. Apologies from Anita Higham who was attending a Forum meeting on behalf of the group.

2. **Notes of last meeting** – minutes from the meeting on 18.3.14 were reviewed with the group and accepted as a correct record.

3. **National Patient Participation Awareness Week – 2-7.6.14**
   SJ advised the group that this was Patient awareness week and the usefulness of the group was discussed as it provided an opportunity to clarify the Group's aims and representation. It was agreed that some Term of Reference and objectives would be helpful. See item 5 below.

4. **Update on the dispensary Robot project**

Plans for the robot installation are well underway and it should be in place by the end October 2014. This will support many aspects of improvement for the surgery:

- Parking – patients can order medication on line and the collect at any time from the 'PharmaSelf' machine, accessible from the car park just using a pin number much like with the banks
- Working patients – who will be able to collect medication out of surgery hours
- Storage and retrieval – all bags of medication would be bar coded so the robot can quickly track down medication for collection, which will speed up in-surgery waiting time.
- stock ordering – which will all be online and support use by dates for stock rotation
- Staff – who will be able to spend more time with patients who have queries, rather than searching for items.

The group agreed the article previously written by John Web could be used in the surgery newsletter nearer the time to advice patients that this system was coming, and again when it was in place. **Action John Web / SJ**

5. **Role of PPG in 2014/15 – 3 priority areas / Mission Statement / Objective**

Terms of Reference (TOR) - the group agreed to look at other PPG terms of reference. SJ agreed to contact her practice manager colleagues and seek TOR for the group to review. **Action SJ**

Mission Statement - The group agreed it's mission should be to support the practice by strengthening the patient voice and therefore having a clearer direction on where it could help. A discussion took place on how this was difficult as there were no clear outstanding issues with the services on offer as the practice actually ran

extremely well for patients, and there was generally very good patient satisfaction. However there was always room for improvements and this led to the objective being set.

Objectives - The objective is to increase PPG representation, and to broaden this to reflect the community more. It was agreed this required increased communication to surgery patients, and John Web offered a PPG notice board for use for specific campaign areas, with information changed at regular intervals to focus on key areas. Articles would be written by the group for the surgery newsletter, so that a patient perspective was given encouraging others to focus on the key areas. The 3 key areas for 2014/15 will be:

House-bound patients - Raising awareness with posters asking "Do you know anyone who is house-bound?" and ensuring the practice is aware of them so they can have the support they need. The whole PPG group could be asked to respond; there are lots of people who are house-bound who do have computer networks in place and information could be given to them via this, or via visits.
The surgery will be able to ensure the person:

- has a care plan in place and recorded on the surgery IT system as being house-bound,
- has crisis information provided,
- and perhaps the 'message-in-a-bottle' information for emergency crews.

These small things can ensure the care needed can be put in place quickly when needed.

Action ALL to speak with colleagues / family / friends / neighbours as appropriate.

Carers – raising awareness in the community that the carers role is important, and some support is available. This will involve speaking with friends and neighbours so they advise the surgery that they are Carers so this can be taken into account when:

- Asking patients to come into the surgery
- Making appointments where possible which don't conflict with the carer role
- Checking if carers need breaks
- Ensuring that carers know what to do if an emergency occurs for themselves or their cared for one – this could be a notice on the fridge but ensures others know how to help
- Ensuring care plans are in place to support the cared for person so the Carers doesn't have to keep repeating information.

Action ALL to speak with colleagues. JAH to seek Carer's information for the noticeboard.

Prevention checks – encouraging patients and friend and colleagues to come to the surgery for check ups. For young people this could be sexual health checks, or things like addictions. Services for disabled people, or ethnic minorities could be raised in profile with local Banbury services high-lighted. Older people could have a dementia focus with information available to raise the importance of diagnosis and therefore help and support. JAH agreed to find a public health calendar which shows the national campaigns across the year, and see what information could be useful to promote as part of the PPG aims. **Action JAH.**

NOTE – JAH is seeking a patient rep to attend (with her) the office where the Health Promotion material is kept – please do email her on Julie-anne.howe@oxfordshireccg.nhs.uk if you would like to do this. **Action - ALL**

6. New Oxfordshire Clinical Commissioning Group structure

JAH advised the group that now OCCG had achieved all the requirements to become a new body, it was making some further changes to support delivery of the OCCG objectives. The current interim Chief Executive would be leaving before end of June, and the new CEO, David Smith would be in place. JAH will advise further changes once the staff consultation ends and the final structure is known. **Action JAH**

- ❑ New Chief Executive , David Smith, starting in June
  - Previously held a joint post in Kingston in South West London, as Chief Officer of the Kingston Clinical Commissioning Group and Director of Adult Social Services for the Royal Borough of Kingston upon Thames.
  - Was Chief Executive of Kingston Primary Care Trust
  - Qualified accountant

- Co-chairs the national mental health network for the Association of Directors of Social Services.

7. New pooled Incentive Scheme for GP practices

The new 2014/15 scheme includes an element where practices agree to work with OCCG staff to support PPG development. Not all practices have PPGs in place at present, and the CCG sees PPGs as important ways in which patient voices can come forward to the Patient Forums and to helping with future decisions.

- The scheme requires the practice to evidence one quality improvement for patients that is made as a result of feedback from its PPG. As the dispensary robot has been purchased as a direct result of patient survey feedback, the practice will use this as their 2014/15 example.

There is also a national requirement for 3 improvements under a different scheme. This gives a strong voice to PPGs and links to item 5 above.

8. **Patient views were canvassed on the following:**

The closure of the Fiennes' in-patient wards – see attached briefing note which was tabled. The outcomes of the Fiennes' discussion was that the group felt**:**

a. **The beds were necessary for the population of Oxfordshire and should not be closed.**
b. There were already too few beds available for serious mental health patients in Oxfordshire and patients had been known to have to be transported long distances to secure a bed, or spend time in police cells awaiting a bed to become available. This was not satisfactory for patients and the beds should be retained.
c. The strongly felt patient experience was that they cared for their loved ones as much as they could at home, but when it came time when coping at home was no longer possible, there was a real need to have bed based provision in place.
d. The changes muted in the paper may well be necessary, but should not be at the expense of bed availability.
e. Generally mental health provision across Oxfordshire was not believed to be well funded as relatives had found, although once placements were made the service was good.

The Horton's Rowan Day Hospital changes –

The group discussed the Emergency Medical Unit (EMU) model used very well in Abingdon and Witney and how this could work from the Horton.

It was agreed this model could work well at the Horton and that the growing elderly population did necessitate such a unit. However there was concern about why this service needed to replace the Rowan Day hospital, which was highly regarded and would mean the patients who attended there would find themselves becoming socially isolated and unable to access things like Falls clinic, OT, Physio etc.

- It was agreed the Horton did require an EMU, but other space should be found – not replacing the Day Hospital.

Patient Transport from the north of Oxfordshire to and from Oxford Hospitals – Are Ambulance services adequate? – Not always. Discussion details as follows:

<u>Emergency calls</u> - National ORCON standards were used for ensuring that ambulances attended emergencies in under 8 minutes, or under 19 minutes depending on the urgency required. It was known that there were often blockages at the hospital A&E sites and patients needing to be dropped off for care did not have beds to go into. This in turn took transport resources out of commission as crews were left waiting.

<u>Patient services</u>- currently there is only patient transport to hospital sites.

- It was agreed that the old system where there was transport from a person's home to the practice via the 'surgery bus' was a very good system for patients living in rural areas as a lot more could be done for patients at the surgery, such as:
  - accessing the practice equipment for tests
  - GPs would not have so much travel time between patients and could see more people

- Knowing they could get to the practice may mean patients attend before they get too sick to travel and require emergency ambulance care.

Unfortunately the surgery bus system stopped several years ago when part of the funding for the bus was withdrawn. It was agreed patients who were house-bound, or who had to rely on public transport often got a poor deal in rural areas.

However, examples were known of patients who did get NHS patient transport provided, who were perfectly able to attend themselves. It was felt the criteria for access to patient transport did need to be strengthened. Patient payment could be an option explored more – although this would mean the GP was the gatekeeper which could be difficult.

Volunteer drivers were discussed and it was agreed they had an important role to place and were of great value to those who could not get to surgeries themselves, but in some areas this resource was dwindling which was of concern.

9. AOB

There has been another application to open a Pharmacy in the village from a pharmacy company called Day Lewis . They have applied to open a Pharmacy before here, but had their application rejected because another company had already applied. That other company then dropped out because they did not think it was financially viable, and Day Lewis have now re-applied.

10. **Date of Next Meeting – Tuesday, Wednesday September at 7pm**. Dr D'Souza will Chair the next meeting.