



**Notes of Meeting held 18/3/14**

**Time: 7-8.30 pm**

**Venue: Deddington Surgery**

**Invitees:**

Name	Attended 18.3.14		Attended 18.3.14
Ted Sutton	A	Ted Short	Y
Anita Higham	Y	Ken Norman	y
Dave Lloyd Harris	Y	Paul O'Sullivan	
Barbara Harris	Y	Brenda Cooper	
Peter Richardson	A	Veronica Lough-Scott	
Albert Humphries		Julie-Anne Howe	A
Frank Steiner		Joyce Cox – visitor from West Bar Surgery	Y
James Simmons		Dr Chambers	Y
		Sue Johnson – Practice Manager	Y

- Welcome and Introductions** - took place, especially to our visitor from West Bar Surgery , Mrs Joyce Cox who had come to see how another PPG functioned.
- Notes of last meeting** – minutes from the meeting on 17.12.13 were reviewed with the group and accepted as a correct record.

**3. Review of our Patient Survey 2014**

We spent some time reviewing our Patient survey which took place in early 2014, using predominantly the same questions as last year for comparison.

Comments were as follows:

The pictorial pie charts took up a lot of paper, without providing a lot of information and (possibly) could be got rid of next year.

Since such a large part of the population is now over 60 years old, this older age group needs to be broken down further for analysis.

Suggested it was divided into 65 – 80 years; 81-110 years; and that the 60-65's joined a younger group as most people now are still working in their early 60's.

It was felt to be a bit depressing that in the chart comparing last year's survey with this year's survey, there was a downward trajectory of the mean marks awarded to the surgery, but nevertheless they were still up in the 75 - 86% approval rating for all but 2 areas. The group wondered if this could in part be due to a smaller sampling group this time.

It was noted that from the comments section, those people who had been registered at the surgery a long time were more critical than those who had only recently joined and had recent experience of other surgeries.

Over the last year, and reflected in this survey, there have been comments about the Dispensary and the length of time it sometimes takes for Dispensers to find the medication to give to patients.

Also, comments show that people feel our current waiting room is very busy, with both patients waiting for GP appointments & to collect medication. This is because the amount of work done by Dispensary has outgrown the area in which they work. Our group agreed that this is a problem that needs addressing and approved the following plans: -

- moving the Dispensary from its' current location to the bottom end of the building with its' own entrance and waiting room. This will allow more space for shelving and storage of medication in a more efficient manner. It will also allow more space in the main patient waiting area.

- install a 'hole in the wall' machine from which people can collect their medication, with a PIN code, which should also cut down on waiting time for medication, and mean collections can be done out of hours as well as during our opening times significantly cutting waits.  
The PPG felt these would be popular developments.

#### **4. Getting young people onto the PPG – prospective nursing and medical students**

There has been a suggestion that we could encourage young people to join our Patient Group if they are interested in a career in the Health Service as it would give them insight into how the Health service is run. We discussed this and agreed that Sue J will contact 3 local secondary schools :  
Marlborough – Woodstock

Warriner – Bloxham

Chipping Norton school

And suggest that those sixth formers registered with us and interested in a working in Health Care (eg medicine or nursing) could contact the surgery about joining our PPG in the run up to going off to university. We agreed that 2 young members would be great (first come first served) and would help to add a different perspective to our group.

#### **5. Road Closure of Earls Lane next week**

There are going to be Road Works next week (24/3/14) in Earls Lane for a week which will affect parking at the surgery, because there will be no on street parking which is used a lot by our patients. We have agreed that all staff, except the oncall GP, will park in and around Deddington (in the village square) and there will be a sign in the car park advising that all (bar one space) spaces can be used by patients who are elderly, disabled, infirm or with young children.

At the meeting we discussed having volunteers to man the car park and get people who don't fall into the groups above to park centrally in the village. No volunteers came forward, and the PPG members did not think it would be necessary.

#### **6. Federations and Deddington Health Centre**

Currently there is a NOXMED federation in Oxfordshire, made up of 12 surgeries in the north of the county. We opted not to join initially, and have now agreed that we are interested in joining a large county wide federation with all the economies of scale, and which would be better at competing for contracts for (current) NHS services against the likes of large companies such as Virgin Healthcare and Assura. We think that a county wide federation is likely to be in place over the next year.

#### **7. NHS Care.data programme – Deddington Reactions**

We had discussed this programme before, and yet again the start of the programme has been delayed. This time because it was not felt that the National Campaign where a leaflet had been delivered to every household had been very successful. We did a straw poll of those present to see who had seen the government leaflet. Out of 8 people present only 3 had seen the leaflet.

At the surgery we have a neutral view as to whether our patients should do nothing (ie opt in) or actively opt out of this scheme, and there is more information about the scheme both at the surgery and on our website.

#### **8. How do District Nurses, Health Visitors, Occupational Therapists (OT's), Physiotherapists interact with the surgery**

At this surgery we have a close relationship with our District Nurses and Health Visitor because they are based at the surgery. However, they are not employed by the surgery (as our Practice Nurses are) they are employed by Oxford Health Trust (who currently manage community services and Mental Health services), so the DNs and HVs work separately from us, and we have no say in what they will and will not do for us. The contract for District Nursing and Health Visiting is up for renewal in 2015, and it may be that the organisation holding the DN & HV contract will change when the contract is put out to tender. There is a strong possibility that a federation of GP surgeries will apply for this contract, and if they did win it, then that would change the way DNs and HVs worked.

Occupational Therapists are rarely seen by GP surgeries. A patient is referred for OT assessment, the OT goes to see the patient, and then writes to the GP.

Physiotherapy for the north of the county is provided by the Horton Hospital, and our patients get a good service as the waiting list is not too long. Physio's are not based at surgeries, except for private ones. Mental Health team – GPs at the surgery meet up with them once or twice a year

#### **9. Carers – how are they identified at the surgery**

All new patients are asked if they are a carer or 'cared for' person when they first join the surgery. If they are then we put a code on their clinical record to indicate this and give them information about the Oxfordshire Carers organisation. All this information is also on our website

[www.deddingtonsurgery.co.uk](http://www.deddingtonsurgery.co.uk) . For those people already registered at the surgery who become carers, we rely on them to let us know that they are a carer and who they care for, so that we can code their records. We do regularly put information for carers in our newsletter and encourage people to let us know if they are a carer.

#### **10. AOB**

- Mrs Anita Higham, who is on our PPG, has been voted in as Chair of the North Oxon Locality forum – Congratulations!
- There has been another application to open a Pharmacy in the village from Day Lewis. They have applied to open a Pharmacy once before here, but had their application rejected because another company had already applied.
- Horton Hospital – all emergency abdominal surgical operations will now be done in Oxford not Banbury, but the hope is, that more Out Patient clinics will be available at the Horton, meaning less travelling for patients. The role of the District General Hospital is bound to change because of all the developments in Healthcare which are becoming increasingly specialised.

11. **Date of Next Meeting – Tuesday, June 3<sup>rd</sup> at 7pm.** Dr McLaughlin will Chair the next meeting.