

Beauchamp House Surgery Patient Participation Group meeting minutes: 27th January 2015

1. Attendees & apologies

Attendees: Staff: Dr Ike Adiukwu, Partner (IA); Katie Francis, Practice Manager (KF)
 Patients: JB, BF (in the chair), GK, PO, CP, ES (minutes), RS, DW, FW
 New attendees: None
 Provide: Kerry Hooper, Assistant Director, Clinical Pathway Lead (KH): item 3
 Apologies: TB

2. Welcome to any new or prospective members

None.

3. Provide

<p>We welcomed KH from Provide, who had asked to talk to the Group on Provide's services, and who advised as follows:</p> <ul style="list-style-type: none"> • Provide exists to deliver healthcare in the community (ie to anyone in the population it covers, which includes parts of Essex and beyond). It was previously Central Essex Community Services – a part of the NHS. • Provide is a Social Enterprise. It is a non-profit making Community Interest Company. This means it is not part of the NHS, but nor is it a private company. It must maintain NHS values, and must re-invest any surplus funds in the business or the local community. • It delivers healthcare such as district nursing, school nurses, dentistry, physiotherapy and wheelchair services in clinics and people's homes,. These services are commissioned (purchased) by Essex County Council, NHS England, Mid Essex Clinical Commissioning Group – amongst others. ES asked about the Springfield Medical Centre but KH advised that Provide do not operate there. • Referrals come from GPs, the acute hospitals, social services, carers, and sometimes from patients themselves. • Provide supports local charities through grants, so as to enable home visits to people after a stroke; or transport to dancing and singing groups for those in need. • Charities can apply to Provide for funds through its website, as can GP practices for equipment such as blood pressure monitors: KH to send details to KF. • It was the first such enterprise in England to be inspected by the Care Quality Commission, and whilst the findings were mostly good, KH advised that they have improved their Risk Assurance Framework as a result of the findings. • Last year Provide's budget was ~£57m and it reported a surplus of ~£700,000. 90% of this was re-invested into the services delivered or given to voluntary services, and 10% was used for improvements to buildings, administration, etc. • Provide attend and arrange multi-disciplinary team meetings with other healthcare providers (eg hospitals, GPs) to ensure each patient's needs are met. The community patient record is kept in SystemOne, which Provide contribute to. • A dedicated Provide District Nursing team is based in Beauchamp House, whereas smaller practices share a team. <p>ES to write & thank KH for all the information and her time.</p>	<p>KH; KF</p> <p>ES</p>
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4. Minutes of the last meeting

The minutes from the meeting of November 25 th were agreed.	-
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5. Matters arising from the last minutes

<p>a) Mid Essex Clinical Commissioning Group campaign for 111 service ES had sent our feedback to the MECCG. Item closed.</p>	-
<p>b) Chairmanship / membership</p> <ul style="list-style-type: none"> FW advised that Southminster PPG has 100 members in its virtual Group, and they use software to ensure members are truly representative of the patients. Several of those present expressed concern that our Core Group is probably not representative of the Practice's patients, whereas a Consultative or wider, "virtual" Group could be. KF to resume putting us in touch with interested patients for this purpose, albeit KF cannot commit to timescales. Chairmanship to be considered again at the May meeting: c/f 	KF
<p>c) Health checks for carers IA has found that there is a Read code for carers, and will consider its use.</p>	IA
<p>d) Late-running appointments KF and IA have reviewed this, and feel it is better to advise patients of late-running appointments if asked, rather than by announcement or telling people upon arrival.</p>	-
<p>e) Self check-in screen</p> <ul style="list-style-type: none"> ES had submitted the newsletter article on this. KF has found that SystmOne supports confirming the patient's initials on the check-in screen: she will find out how to implement this. 	- KF
<p>f) Text messages for cancellations KF advised that a "how-to" guide has now been written and provided to all staff.</p>	-

6. Funding

<p>a) Mid Essex Clinical Commissioning Group FW had written to thank the MECCG for attending our last meeting, and requested further information. FW then to write to Simon Stevens, NHS England Chief Executive Officer. FW also to meet Simon Burns MP, on 6Feb15 on this.</p>	FW
<p>b) National Association for Patient Participation (NAPP) DW has written to her MP on "Put Patients First" using NAPP's template letter, and will report the response when received. DW had forwarded details of this to the Group but unfortunately people missed this and the deadline has passed.</p>	DW

7. Friends & Family Test

<ul style="list-style-type: none"> KF reported that the Practice launched this on 1Dec15, as contracted, and it is running smoothly, with comments used for staff feedback, and proving to be morale-boosting. 177 forms were submitted to date, of which only 9 respondents (5%) were unlikely or very unlikely to recommend the Practice - all for different reasons. The response rate is low (there were nearly 10,000 appointments since 1Dec) but KF advised that it is higher than most other Practices. Some staff are pro-actively reminding patients of the scheme when they have time. There has been no response yet via the website. KF to continue monitoring. 	KF
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8. Newsletter

<ul style="list-style-type: none"> ES had submitted articles: FW to write about fundraising after meeting her MP on 6Feb: KF to publish in the spring. 	FW; KF
<ul style="list-style-type: none"> Potential newsletter article on availability of 5 minute phone appointments: c/f 	IA

9. Communications to and from patients, including the website

<ul style="list-style-type: none"> BF provided preliminary feedback that acronyms and initials need to be explained, and phone numbers and links to other websites need to be kept up to date. 	BF
<ul style="list-style-type: none"> PO to send his findings to KF. 	PO
<ul style="list-style-type: none"> IA to find out how many people are visiting the site. 	IA

10. Morning / busy time calls to the surgery – and appointments

<ul style="list-style-type: none"> KF now has all the quotations and yesterday made a recommendation to the Practice. She will discuss questions arising with the supplier before a decision can be made, and will provide an update at the next meeting. 	KF
<ul style="list-style-type: none"> KF confirmed that she feels it would be an improvement, as it will route and count calls, and allow callers to know how many people are ahead of them in the queue. It will not reduce call volumes, but will bring the potential to increase call capacity. 	

11. Forthcoming NHS or Practice changes and announcements

<p>KF advised that:</p> <ul style="list-style-type: none"> There is a reception vacancy and interviews will be held next week. Sarah Gooday is going on maternity leave but the Practice has plans to cover her position without recruitment or temporary staff. The Practice is to introduce a Travel Clinic, offering not only the existing NHS-funded vaccinations but also others, that will be chargeable. The Practice now accepts payment for non-NHS services by credit and debit card. 	- - - -
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12. NAPP (National Association for Patient Participation) www.napp.org.uk/latestbulletins.html

<ul style="list-style-type: none"> Following a NAPP article, ES has included an item for the newsletter on savings if patients visited a pharmacist. 	-
<ul style="list-style-type: none"> DW reminded that the PPG will be asked to meet the Care Quality Commission (CQC) inspectors, who are expected very soon. There will be ten days' notice: ES asked KF to phone rather than emailing, to avoid any delay. 	KF

13. Any Other Business

<p>a) Specimen tests without appointment: BF asked why it is necessary for a patient with a recurring condition always to have an appointment when bringing in a specimen: IA to raise this at the Practice's next clinical meeting.</p>	IA
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<p>b) Flu vaccinations for those not at risk: KF advised that GP practices are not allowed to offer these to patients who do not meet the criteria, even as a chargeable service.</p>	-
<p>c) Food advice: BF asked how patients can keep up to date with dietary advice in the media. IA advised that a well-balanced diet is always the key.</p>	-
<p>d) Diabetes support: FW noted that some practices have peer support groups and patient education sessions, and suggested that the PPG could assist in this: KF & IA to consider.</p>	KF; IA
<p>e) Mid Essex Clinical Commissioning Group meetings: PO and FW attended the January meeting but felt it did not lead to actions beyond “engagement”; ES has written to the CCG to ask for more notice of future meetings; FW offered to attend the next meeting on 19th March.</p>	FW

14. Dates of next meetings - all at 7pm, at Beauchamp House Surgery

- Tue 24Mar15 (revised)
- Tue 19May15
- Tue 28Jul15
- Tue 29Sep15
- Tue 24Nov15
- Tue 26 Jan16