**WHTECLIFF GROUP PRACTICE PARTICIPATION GROUP (PPG)**

**MINUTES HELD AT THE BLANDFORD SURGERY**

**WEDNESDAY 3RD FEBRUARY 2016**

**Part 1: Practice Matters**

1. **Welcome and Apologies**

**Present:** Kim Bateman, Liz Lee, Fiona MacEwen, John Carter, Ted Moss, Freddie Bannock, Jane Bristow, Karin Norris (Health Care Assistant), Gwyn Bates (Chair), Suzanne MacLeod, Keith Harrison (CCG), Carol Tompsett, Hazel Haigh, Graham Downer, Dr Jonathan Evans, Sara Stringer (Reception team Leader)

**Apologies:** Joyce Lee, Peter Newall, Charlie David-Lloyd

1. **Actions from last meeting**

Minutes from last meeting were reads and agreed as accurate.

1. Gwyn had spoken to Eagle House who had met with the new Manager of Boots, Sam Garrod (Dispensary team Leader) also met with her and things seem to be improving (although not everyone agreed 100% with this). Kim Bateman asked if the 48 hour policy was from the beginning to the end of the process, when collecting from Boots, as this doesn’t always seem to be the case. We as a surgery tend to meet the 48 hours unless medication is not available from our supplier. Boots tell patients scripts will be ready in 3 days. This may be the case for some patients as Boots collect the scripts daily.
2. Jane Bristow will still continue to run with the Carers information sessions, but still looking for volunteers to help with this.
3. Gwyn will be attending a meeting next week with other Patient Groups where they will be discussing the Medication waste and decide on how to deal with this and also to focus on educating patients on returning medications. We will have to be careful with this as Child Okeford are unable to take back any controlled drugs as they have to be stored correctly by law. Controlled drugs returned to Blandford also have to be stored in a locked safe (capacity issues regarding the safe) and recorded in a controlled drug register, which is a lot of work.
4. **Practice Report**
5. Missed appointments have crept back up again for no real reason. For those patients that we have mobile numbers for will always receive a text message the day before but a large % of these are still not attending. Not all of these are able to let us know they will not attend as they may have been admitted to hospital or family bereavement; a lot of people also have mental health issues, dementia or chaotic lifestyles which accounts for non-attendance.
6. Graham Downer asked a question regarding the transferring of GP commissioning from NHS England to the CCG and regarding the PMS money being taken from the Practice in April. This is likely to be used to commission some existing services (currently provided by the Practice for no reimbursement and therefore at a loss to the Practice who incurs all the costs) but has not been finalised. Services are constantly being shifted from the acute hospital and moved into primary care, but the funding is not given to the Practices and remains in the hospitals. There is a set of services that we do such as non-urgent ECG’s (which are not funded by NHS England). Consequently this is funded by the Practice’s / Partners working capital (entirely due to the goodwill of the Partners). Consequently if the Practice was reimbursed fairly in relation to the work it does, then it would be able to use this money to invest in more clinicians / more training, etc. The will £88,000 in the next 4 years (£20,000 this year). Carol Tilley has to look at the maths as a lot of the NHS services we offer are funded by our dispensary. If we lost the income from the dispensary the position for the Practice would be very different. Practices are not meant to the use the income from dispensary for funding NHS services, but there is little choice. There has been no response from NHS England for our appeal, at present they have not even acknowledged it.
7. Carol Tilley met with Simon Hoare MP in January and said that it was a very positive meeting. The MP was interested and sympathetic to the challenges faced by the Practice and understood the issues. He was also not entirely in agreement with all of his parties policies. He took away some actions e.g. why the government is happy to fund over the counter medications on prescription.
8. **Practice Projects**

**Dorset Vanguard Project:**

The scoping project is looking at primary care in the future and planning for moving more care out of hospital. At present the Project is looking at such topics as managing Diabetes in the community, developing a hub for 7 day working and sharing care information. We provide a lot of care at the surgery and we are looking at how we can manage this with specialist nurses in the community and get them seen quicker by working as a seamless team. Also we should encourage health prevention.

**Dementia Accreditation Project**

Karina Norris (HCA) talked about the Dementia Accreditation Project. Things are going well at present and the Practice is due launch this in March. Karina is looking for volunteers to do a walk through the surgeries to see where we can improve on signs already in place, and the environment, making sure our patients and carers are being looked after as best we can. There is now a dementia information board in Reception. We are also working with the town (Dementia Friendly Blandford Project) to see how we can help in the wider community. A dementia friendly sing along with film show is taking place on 12th February. The Practice continues to help fund / support community events. Karina will be meeting with Katherine Barber (the trained accreditation expert) in March and will make sure we have all required information for the accreditation. Kim, Jane and Suzannah have offered to help with this. Suzannah works with adults with learning difficulties and thought it would also be good to get them involved. We also have posters for patients requiring help with Sign Language, Large Print, Braille and Easy read. Suzannah also has information on some of these services.

**Sub Group Terms of Reference**

The overall aim of the group is to work with the practice to find ways to maintain and improve patient satisfaction and efficient use of resources both financial and human through education and communication with patients.

Specific aims:

* Cut down wasted/unnecessary appointments
* Efficient medication reviews and dispensing
* Help to ensure patients see the right person (Nurse, Nurse Practitioner, Doctor)
* Financial savings
* Help patients understand how the surgery services are funded
* Reduce complaints

Hazel Haigh, Carol Tompsett, John Carter and Gwyn are happy to volunteer for this group.

**Part 2: The wider Health Community**

1. **Dorset PPG Chairs Forum Update:**

Lead GP’s in each of the 13 localities have been tasked with disseminating the emerging issues from clinical working groups. They will decide in March and proposals will be ready to go out to public consultation in July.

1. **Clinical Service Review**

Graham discussed that the last meeting he attended where the Director of transformation was useful to talk to and he understood a lot more and the back ground of clinical services review. The CCG commissioned Royal College with all aspects of specialist care and advice. More work needs to be done for local hospitals.

Stronger voices are still looking for people to join them in workshops/Groups working with the CCG to develop care pathways and services for:

● Maternity and Paediatrics

● Urgent and emergency Care

● Frail and elderly Conditions

● Planned and Specialist Care

● Mental Health and Learning Difficulties

Suzanne will be attending a Dorset CCG / CSR Project Meeting regarding long term conditions and will feed back to the PPG at the next meeting.

1. **Health Network meeting update**

Keith Harrison acts as secretary, with a variety of people attending meetings 4 times a year to discuss matters of interest they had 2 presentations at the last meeting:

1. Better Together – Things are beginning to happen now, each of the 13 localities have now integrated leadership teams and now care co-ordinators. Summary record shared between professionals.
2. Learning Disabilities: Excellent work is being done to bring this together.
3. **Acorn Health Ltd**

Acorn Health Ltd is now able to bid for services that are being tendered. The federation comprises of 9 surgeries and it has already been awarded Smoking Cessation and Emergency Contraception contracts. Acorn Health Ltd members will be meeting next week to put this all in place. The next services coming in for bid is for general contraceptive services. Ideally the Practice would bid for this through the federation, but if it does this the income becomes non-pensionable, however the Government are trying to change their policy. Therefore the Practice will have to bid in its own right.

**Part 3: Developing a Community Active Group**

1. **Dementia Friendly Blandford *(see Dementia Accreditation above)***
2. **Carers Group**

Ourcarers group are still working very hard to recruit more volunteers. (Thanks to Jane Bristow).

1. **Well and Connected event 2016**

The Well and Connected events have been very successful over the past couple of years and they intend to another this year which will be 1st and 2nd July in the Corn Exchange. Again the PPG are looking for volunteers for this. The CCG will be funding up to £500 to get this off the ground.

1. **Sub Group**

There were a few specific things we were asking people to volunteer for:

• Help with the Carer's visits to Whitecliff and CO)

• Helping Karina with the Dementia Friendly practice work)

• Someone to work on the DT11 Well and Connected Event instead of me

If anyone can help out with any of the above please email Sara Stringer with your names so she can pass to the relevant person.

1. **AOB**
2. Bus Services are being stopped which could affect some patients especially the elderly and those unable to drive. It could also become an issue for the surgeries with more demand for visits and deliveries of medications. There is a meeting in Blandford outside Clarkes on Thursday 4th Feb between 2.00pm – 5.00pm.
3. We received a letter from a patient requesting how to contact the PPG as there are no contact details on the Website. We will look into setting up an email address for this. Also another concern raised by the patient was the number of patients that DNA their appointments and the suggestion of charging £10 for missed appointments. This unfortunately would not work for many reasons such as legally The Practice cannot charge, £10 would not cover costs, people are unlikely to pay and it would be difficult to ascertain which DNA’s were for genuine reasons.
4. The Practices web page advises that we are taking on new NHS patients, which is correct. We would be in breach of contract if closed the Practice list (as suggested by a patient). A Practice list can only be closed in very unusual circumstances i.e. the building caught fire or if there were not enough GPs in the Practice to operate safely (due to national recruitment issue).
5. Dr Evans joined the meeting and talked about the national GP Conference held in London on Saturday 31st January where they discussed the GP crisis in the country. This was organised by the BMA and GPs attend these meetings to represent others. It is very interesting how this is all perceived in the press. The conference held a debate calling for resignation of General Practitioners on mass if the government fail to address the crisis. This action will be taken as GP’s are unable to strike as they are self -employed. Dr Evans said the conference discussed the high number of patients that are now looked after in nursing homes. These people are so complex that in the past they would have remained in hospital. This additional work is not reflected in the NHS funding received by GPs as it can take an hour to visit a patient in a nursing home, whereas this time could previously be available as 6 appointments in surgery.
6. **Date of next meeting**

Wednesday 6th April