

PRIORY GARDENS SURGERY

PATIENT PARTICIPATION GROUP MEETING 12th January 2015

MINUTES

Staff in attendance: Dr Hassan, Nigel Meadows

PPG Members in attendance: Roger Sharp (Chair), Liz Thomas (Secretary), Peter Deffee, Malcolm Miles and Ken Step.

Apologies: Dorothy McNamara, Bill Sheahan, David Hicks, Ann Hicks

		Action
1.	Roger opened the meeting and welcomed Malcolm and Ken to their first PPG meeting. Apologies were noted.	
2.	Feedback From Chiltern Vale PPG Roger reported that a declaration of interest has to be completed by those attending the Chiltern Vale PPG meetings. The Chiltern Vale PPG had produced a patient leaflet relating to referrals for NHS treatment that could be used by the surgery. It was confirmed that usually there is a general discussion with the clinical team prior to a referral being made to check that all options have been considered.	
3.	Practice News Change of medication letter: Roger explained that a letter had been sent out to notify of change in prescription rather an e mail. Nigel confirmed that a review of which letters are being sent out is being undertaken. He also confirmed that in order to comply with data protection e mail communications can only be sent out for the purposes for which the surgery already holds consent. In addition, in order to maintain patient confidentiality e mail communications can only be sent to safe and secure addresses to safeguard against hacking (most patient e mail addresses are not secure unlike the nhs.net address and so clinical information is usually sent in letter form). Surveys: IPSOS Mori have released the latest survey information and Nigel agreed to forward the link to Liz so that it can be relayed to the group. Dr Hassan explained that whilst the results were good there is still room for improvement.	
4.	Newsletter: This will be placed on the noticeboard.	
5.	Patient Choice: This is usually raised with the patient when discussing a referral for NHS treatment.	
6.	Review of Locality Health Services The report on the review has been circulated and in view of the financial deficit of approximately £28m at the end of 2014/15 it is evident that the way in which services are to be delivered has to change. Hospitals are	

	likely to become more specialist and the provision of care outside of hospitals needs to change with more collaborative working amongst the various services with the CCG boundaries. GP surgeries are likely to have to increase opening hours with a move to working more closely with other surgeries in order to do so.	
7.	<p>CCG Achievements:</p> <p>Improvements in public engagement have been made and across the CCG area patient safety has increased with improved standards relating to waiting times for cancer treatment, improvements in terms of MRSA etc and the pilot scheme with the L&D in relation to keeping patients at home rather than being admitted to hospital.</p> <p>The current A& E crisis mentioned in the national news does not appear to be prevalent in Central Beds as the provision of social care is good and minimises hospital stays. The community matron based at the surgery undertakes a key role in working with care homes to identify what to look out for in elderly patients so that preventative action can be taken which again helps to minimise hospital admissions.</p>	
T	<p>Getting through to hospital:</p> <p>It was reported that getting through to the L&D was working ok but that difficulties were sometimes experienced with London hospitals and this often required escalating contact at Chief Executive level.</p>	
8.	<p>Aortic Screening:</p> <p>Screening for those over 60 or 65 is available and the system for self referral appears to work well.</p>	
9.	<p>Any Other Business</p> <p><u>Mental Health Preferred Bidder status:</u> this has been awarded to East London NHS Foundation and is currently undergoing due diligence with a start in the new service in April.</p> <p>Friends and Family survey is being undertaken and for the period from 1st December to now, 85 responses have been received. The results are on the website on a monthly and cumulative basis.</p> <p><u>Music licence:</u> this has been halted as it was not thought to be value for money and cash saved will be used for other things eg decorating waiting room.</p> <p><u>Monday meetings:</u> Nigel asked if the day could be reconsidered. It was agreed to retain the next meeting on a Monday and to give some thought to this, however it may be difficult to change it as some PPG members have commitments on other evenings.</p> <p><u>Out of area registrations:</u> Nigel reported that people living in the patch may be registered elsewhere (eg in London if they work there). The surgery has registered to participate in this so that people can register for the surgery who may work locally but live elsewhere.</p> <p><u>Minor injuries service:</u> the surgery has signed up to provide this service whereby a person can walk in with a minor injury (but don't have to be a patient), the surgery will assess if they can deal with it and if so have to do so within 2 hours rather than 4 hour wait at L&D. Discussions in terms of how to deliver this will be undertaken. The patient registers as a temporary patient and charges can be claimed back.</p> <p><u>Staffing:</u> Another HCA has been recruited and will start doing health checks in February.</p>	

	<p><u>Patient access to records</u>: this is up and running (basic information) if signed up for internet access.</p> <p><u>Apprentice</u>: appointed and making good progress.</p>	
10.	<p>Dates of Next Meeting: Monday 9th March at 6.30pm Monday 11th May at 6.30pm</p>	