

The Village Surgery

Patient Participation Group (PIP)

Monday 15th July 2019

Present:

Dr C Bolton	(CB)	Partner / General Practitioner
Ms S Lowe	(SL)	Practice Manager Partner
Mrs D Taylor	(DT)	Acting Chairperson / Patient
Mr M Lyons	(ML)	Committee member / Patient
Dr A McInnes	(AMc)	Committee member / Patient
Mrs S Reece	(SR)	Committee member / Patient
Mrs R Bradley	(RB)	Committee member / Patient
Mrs M Hearn	(MH)	Committee member / Patient
Mr R Aspinwall	(RA)	Committee member / Patient
Mrs A Malone	(AM)	Committee member / Patient
Mrs J Cork	(JC)	Committee member / Patient
Mrs L Harvey	(LH)	Committee member / Patient
Mr R Brereton	(MrRB)	Patient

In attendance:

Agenda Item	Notes	Action by:
1. Apologies	No apologies received	
2. Welcome & Introductions	<p>DT welcomed everyone to the meeting and commented that we were very happy to see MrRB again.</p> <p>DT briefly updated the group with regards a number of new people interested in joining the PPG and she would keep everyone updated with progress in this regard.</p> <p>DT requested that those present updated their contact details on the sheet which was circulated.</p> <p>DT also requested that if the members had feedback from patients which highlighted any concerns or issues relating to the practice that they raise them with her in the first instance to allow her to discuss with SL prior to the meeting so that the issue and the update could be provided. DT will ask SL to include the issues in the feedback from the practice.</p>	
3. Minutes of the last meeting; 10 th June 2019 inc matters arising not on the agenda	<p>The minutes from the meeting of 10th June 2019 were accepted as an accurate record of the meeting.</p> <p>Approval for accuracy was proposed by DT and seconded by SR.</p> <p>There were no matters arising.</p> <p>There was a discussion about the circulation of the</p>	

	<p>minutes as a number of people said they hadn't received them. All members were posted a copy of the papers for the meeting and SL and DT could not understand why they hadn't been received.</p> <p>Some members requested they were sent by e-mail which was agreed. DT said those who had e-mail addresses would get both a posted set of papers and they would be e-mailed.</p>	
4. Newsletter	<p>RB reminded the meeting that the next newsletter was due in October 2019. In order for it to be ready for circulation RB requested articles by the end of August to allow AM time to organise printing.</p> <p>SL agreed to have articles to RB for then. The content of the newsletter was discussed and agreed as follows:</p> <ul style="list-style-type: none"> • 1 x health related article • Introducing the 2 new PA's • The new NHS app • DNA rates at the practice • Advertise the AGM 	
5. Treasurer's report	<p>DT gave SL a bank statement to show that the cheque given to the practice had cleared and there was now no money in the PIP account and therefore this was closed.</p> <p>SL agreed to set up a spreadsheet to circulate at each meeting to show the balance in the account as well as income and expenditure.</p> <p>This will be the process in the absence of an appointed treasurer and due to the minimal activity associated with the account SL is happy to oversee this.</p>	
6. Report from the Chair	<p>DT said that as per the wishes of Roger the group should still aim to look at having an action plan to work to for the coming year. DT requested that one of the committee members take a lead on this and anyone who was interested should contact her.</p> <p>DT said that we need to continue to work to increase the membership of the Patient Participation Group (PPG) and in line with the wider PPG agenda start to look at how local PPG's can join and start to work together for the greater good and in support of any Primary Care Network.</p> <p>DT updated the group on the installation of a screen at The Village Surgery which can be used to improve communication to patients about a number of things including practice specific information and health promotion information.</p>	

	<p>DT updated the group on the improvement work being undertaken in practice with regards the repeat prescription process following patient complaints. DT assured the group that the practice was 'on the case'. She explained that there were lots of people involved in the processing of prescriptions and that it was a complex system to review and improve. CB said the practice had more than 6700 patients on repeat medications and so some things will go wrong from time to time. CB said the practice was in the process of moving people back to 56 day prescribing as the change to 28 days which was implemented by the CCG was causing increased pressure on the process and increasing risk. CB said the decision had been made to move back to 56 days to improve safety. CB also assured the meeting that a lot of work had been undertaken and the whole process was under review. SL and CB agreed to keep the group updated.</p>	
<p>7. Report from Practice</p>	<p>CB informed the meeting that the practice had decided not to sign up to a Primary Care Network. CB said a number of things had caused concern to the partnership including the timescales with regards the implementation of PCN's and the final document which appeared to have 'moved the goal posts' at the 11th hour.</p> <p>CB said the aim of the PCN's in year one was to do what our practice was already doing and therefore there was no benefit to the practice being in the PCN. Apart from missing out on a small financial incentive the partnership felt the risk of joining outweighed the benefits to the practice.</p> <p>CB said that the practice was not saying it would never join a PCN but until there was some obvious benefit to it we would abstain.</p> <p>CB said there were a number of concerning consequences to joining including possible VAT implications for the practices, and concerns about future liability of staff employed by the PCN's if there was change of direction and PCN's were overtaken by another initiative. CB said that a lot of the questions the practice had could not be answered by anyone at the CCG. CB said the partners were having a meeting with the CCG and NHSE on 29th July to discuss further. CB said there was no penalty for not signing up but there were financial penalties for coming out (although nobody could outline what they would be).</p> <p>SL and CB said after a lot of soul searching and discussions the partnership had reached a majority decision not to join.</p> <p>CB reminded the group that the reason for PCN's was to</p>	

	<p>try and sort out the GP recruitment crisis by diversifying the workforce.</p> <p>CB informed the group that Paul Kenton, the practice first PA was doing his PhD in medical science at the University of Lynchburg in the USA.</p> <p>SL updated the group on the potential success of the Mens Health talk to take place on Tuesday 16th July. She said the bookings were full with approximately 50 men showing interest in attending. DT asked a male member of the group to say the closing thanks after the talk as she would not be staying after introducing the speaker. ML agreed to do this.</p> <p>DT asked SL and CB if the PPG were of help to the practice and it was confirmed that the feedback the practice receive from the Friday morning group was invaluable and was shared at the practice meeting.</p>	
<p>8. Group Members – help required</p>	<p>DT asked for help with the upcoming raffle as she reminded the group of the importance of putting effort into this as it was the way in which the money was raised to fund the patient’s newsletter.</p> <p>DT suggested that maybe 2 people did it together this year as it may help those wishing to help but maybe not feeling so confident to do it on their own.</p> <p>DT shared the rota and asked people to put names down for the 2 weeks.</p> <p>RA and AMCl asked about badges for the PPG members as this would demonstrate that they were there in practice in a supportive and formal way. SL agreed to do this and will arrange to make the badges and circulate.</p> <p>DT asked for more volunteers to help with the Friday morning sessions. DT said that patients not currently on the committee or part of the PPG who showed an interest in helping with the Friday mornings would be co-opted into the group as non-committee members.</p> <p>RB said the words of the constitution would need to be altered. DT then asked about changing the name of PIP to PPG. It was agreed that reference must be made to the group as a Patient Participation Group formally but that the PIP would still be part of the newsletter etc. DT said if anyone wanted to alter the constitution formally they would need to take the lead on doing this and responsibility for the entire associated organisation.</p>	

	<p>DT confirmed that JC would undertake the role of minute proof reader prior to the circulation of the minutes as part of her role as associate secretary.</p> <p>LH and AMCl agreed to take the lead on attending local PPG meetings and keeping the practice up to date with what was going on with PPG's in Sefton.</p> <p>DT asked the committee to forward any good ideas they had to her for consideration and discussion.</p>	
<p>9. AOUB</p>	<ul style="list-style-type: none"> • Friday morning sessions – members mentioned reception staff don't know where spare leaflets are. SL confirmed that all leaflets were either in reception or upstairs in the photocopying room and she would remind staff of this • AM raised an issue given to her by a patient where the patient had been asked to make an appointment following an investigation but the Doctor had said on attendance, that everything was fine. AM said this was a waste of appointment and time for the patient. CB explained that the system sometimes makes decisions based on results and on that occasion it hadn't been overridden by the GP • MH mentioned she had been told by the receptionist her results had been normal and this wasn't the case. CB said that the receptionists only read from what is on the screen and it was likely that the results that were back when she rang may have been normal but results don't always come back together and perhaps a latterly received result was the one that was not normal • AMCl asked if patients could be informed what blood tests they were having and why. CB and SL explained that blood tests were requested either for investigation or monitoring purposes (for medications and chronic disease management) and generally patients did know why they were having blood tests. SL confirmed that once requested a letter was sent to the patient and their blood form was at reception for them to collect. The form outlined the tests that were being requested. 	
<p>10. Next meeting</p>	<p>Monday 9th September 2019 @ 18:45 Freshfield Surgery</p>	