



Minutes of the Patient Participation Group Meeting held on Wednesday, 10th September, 2014

Agenda Item 1: Registration and Badges

Prior to the meeting, name badges were handed out to all present.

Present: David Lloyd (Chair), Steve Bates, Jan Lloyd, Clive Robinson, Michael Whitehand, Sandra Agnew, John Agnew, Toni Rampello, Sam Shunmoogum, Rosie Shunmoogum, Fay Read, Linda Boutin, Maureen Gladwin, Jane Hanlon (Practice Manager), Dr Nigel Bunting (GP), Angela Lovell (PPG Secretary).

Agenda Item 2: Apologies

Apologies: Christine Cartwright, John Neale, Sheila Dale, Dorothy Lloyd, Pat Whalley, Sylvia Ellwood, Anne Nash, Judith Westell and Mark Pitman.

Agenda Item 3: Adoption of minutes of the meeting held on Monday, 12 August, 2014

We were notified that Sheila would like a few amendments made relating to what she had said at the August meeting. These changes will be made. The minutes were then adopted.

Agenda Item 4: Matters Arising

(a) Red House Rovers:

- ❖ Fay reported that the last walk on 27th August was very successful. The group met at the Nut and Squirrel pub to walk in Howe Park Wood and whilst walking had the opportunity to look inside St Giles Church which was opened for them.
- ❖ The next walk is on Thursday, 25th September commencing at the Surgery.

(b) Congress meeting - report and to recruit more deputies:

- ❖ Steve gave us an updated on the Patient Congress as at 10th September, 2014. (See Addendum)

- ❖ The Patient Congress is waiting for a response from Dr Nicola Smith on how PPG's fit into the Clinical Commissioning Group.
- ❖ It was agreed that meetings of the MK Healthcare Review Participation Forum should be better advertised. Steve will report the lack of advertising at the next Patient Congress meeting.

(c) Red House Horticulture:

Angela reported that:

- ❖ Raised flowerbeds: It was agreed to leave the geraniums for colour until the frost arrives. Bulbs and pansies (pansies kindly offered by John N) will be planted.
- ❖ Bushes outside Dr Bunting's clinical room. A considerable amount of bindweed and rubbish has been cleared and the bushes trimmed. However it doesn't look great. It was agreed to use weed killer to get rid of the roots of the bindweed, dig out the bushes, remove the old soil which will be replaced by good soil (thank you John N for providing this) and then new bushes planted. Help was requested with this.

(d) Future Speakers:

Jan updated us regarding speakers at our PPG meetings.

- ❖ 13th October – Steve Offord
- ❖ 10th November – Christine Straughan from Carers UK. Christine will require a screen for her presentation.
- ❖ Screen for speakers. Several of the PPG members offered use of a screen, also John N kindly offered to make one using a good quality white material to which he would add a pole at top and bottom which could be hung up. All offers were very much appreciated but David will investigate the possibility of purchasing one.
- ❖ It was agreed that it was much better for speakers to bring their own projectors as they would be familiar with them.

(e) Planned visits:

- ❖ Safety Centre, 6 pm on Thursday 16th October. Names to be included in this visit were requested and Linda, Gordon, Toni, Maureen plus 1 and Angela will be forwarded to John (N). It may be that a few members of the Rotary Club will also join the tour to make the numbers up to 12.
- ❖ Pathology Labs, Milton Keynes Hospital. Maureen will make arrangements for a visit later this year.

Agenda Item 5. Review of General Practice in Milton Keynes

- (a) Freedom of information request letter: To consider the responses from Dr Nicola Smith

- ❖ David read a substantive and coherent reply to his letter to Dr Nicola Smith. He was informed that this reply had been sent previously but was not received by him.
- ❖ David has copied all the correspondence to the Labour Party.
- ❖ He has sent a letter for possible inclusion in the Citizen.
- ❖ We were informed that the next MK Health Review meeting is on Wednesday, 1st October from 6-9 pm at Christ the Cornerstone Church.

(b) Any other responses to letters from individual members

- ❖ Toni informed us that she had received detailed letters from Dr Nicola Smith and Mr Iain Stewart, MP.

Agenda Item 6. News from the Surgery

Jane reported that:-

- ❖ Work on the new website is progressing well and is being checked and updated.
- ❖ There will be a meeting regarding the 'Friends and Family Test' next week. This is a pilot study and the first of two questions being asked is "Would you recommend Red House Surgery to friends and families?". This question is mandatory. The pilot involves using SMS text messaging.
- ❖ Sanitizer dispensers have been put in waiting rooms.
- ❖ Blue hand wash, red sanitizers and green moisturisers are now in place throughout the practice.
- ❖ Flu clinics have been confirmed and will take place on 27th September and 11th October. There are some manufacturing issues which Pfizer have communicated today but we don't anticipate this will cause too many problems.
- ❖ A new member of staff, Monica commenced working as a receptionist on 1st September.
- ❖ Dr Omar is leaving this week. It was agreed that David writes a letter from the PPG wishing him success in his new job.
- ❖ Dr Staten will be back working some mornings each week from 15th September.

Agenda Item 7: Flu Clinics: to organise teams of members to run raffles on 27th September and 11th October

- ❖ Fay asked for volunteers to run the raffles on both these dates. Volunteers gave their names and Fay suggested timed slots which will be confirmed.
- ❖ John (N) has purchased 3 books of easy tear raffle tickets for the raffles.

Agenda Item 8: Patient Participation Enhanced Survey

David informed us that the Patient Participation DES as undertaken for the last couple of years has been replaced. The surgery has forwarded David a copy of the new documentation which he plans to review.

Jane explained that the new enhanced service consists of four main components:-

Component 1: Establish and maintain a PPG comprising of some of the practice registered patients, if such a group has not already been established by the contractor, to gain the views of patients and carers and enables the practice to obtain feedback from the practice population. This is a prerequisite of participation of the scheme.

Component 2: The PPG and the contractor will review patient feedback received by the practice (such as the National GP Patient Survey, review of complaints/suggestions and, when available, the results of the FFT) at a frequency agreed with the PPG and reach agreement on changes to services with the practice.

Component 3: The contractor and PPG develop an action plan for implementing changes based on at least three key priority areas.

Component 4: The contractor implements the improvements identified and publicises actions taken to the practice population, including providing the PPG with updates on progress and subsequent achievement. The contractor and the PPG are to complete a reporting template to report the actions taken during the year, involvement of the PPG and how changes have benefited patients.

Agenda Item 9: GP update

Dr Bunting informed us that:

- ❖ The surgery will contribute prizes for the raffle.
- ❖ Electronic prescribing has proved to be excellent in audit trials. When 'print' is pressed, the instruction automatically goes to the pharmacist of the patient's choice. Some preparation work has to be done regarding number of tablets etc and to identify any safety issues. It is hoped that this new Electronic Prescribing System will commence in December 2014.
- ❖ The paper system will continue to be used for controlled medication.
- ❖ The question was asked "Why simple fractures cannot be dealt with at the surgery?". Dr Bunting explained that if the GP suspected a fracture the patients would be directed to A&E. The main reason is that an x-ray could be taken and an expert radiologist would be able to read the x-ray and ascertain the seriousness of the fracture and what action should be taken.

Agenda Item 10: Any Other Business

- (i) Hospital Annual Public Meeting: Michael drew our attention to the Milton Keynes Hospital NHS Foundation Annual Public meeting scheduled for Tuesday, 16th September from 6.30 pm at Woughton Leisure Centre, Rainbow Drive, MK6 5EJ. All members of MKHFT and the public are welcome.
- (ii) Disabled parking: Jan is concerned that a waste bin is obstructing the first disabled parking bay in the car park. She asked if the waste bin causing the obstruction can be moved or another disabled parking space allocated. This is to be looked into.

- (iii) Sound Absorbency: David will make more enquiries regarding this problem, possibly including this in the Enhanced Survey. It was also suggested that a patient questionnaire, which would include a question on hearing difficulties in the waiting area of the surgery, be included.
- (iv) Change in code for dialling Milton Keynes. Clive mentioned that commencing 1st October, 2014, it will be necessary to always include the 01908 area code when dialling Milton Keynes phone numbers, even if calling locally.

Agenda Item 11: Date of next meetings

- (a) Core Group Meeting - Tuesday, 7th October at 12.30 pm
- (b) PPG Meeting - Monday, 13th October at 6.15 pm

ADDENDUM

Patient Congress Update – 10th September, 2014.

Mental Health - No recent meeting but concern about young mental health patients being housed away from home, away from Milton Keynes for many months. This is due to lack of accommodation locally.

There is to be provision for a number of mobile Mental Health workers in the area. Details are non-existent due to this not having been discussed at Program Board.

A report on a Diabetes Patient Pathway meeting. A Sandra Vanreyk is very keen for co-operation is disseminating information on education available to patients of Diabetes, as well as among those at risk of developing it. (Potential speaker for PPG?).

Urgent Care Working Group – The CCG are exploring the priorities for the £1.4 Winter funding.

Options are:- Mental Health Liaison Team / Extension of hours of Rapid Assessment Intervention Team / 5 step-down beds to support DTOCs (delayed transfers of care) (RAIT/Com. Matrons.) / Extending Single Point of Access / Improve access to packages of care – currently 13 patients waiting but no resource for them. / SCAS – Hospital Ambulance Liaison Officer post / Enhanced hours for Emergency Care Practitioners / Mental Health crisis response team to include overnight mobile unit.

Minor Injury – Local Enhanced Service – not all practices are signed up to the service yet so CCG cannot mass market it. Surgeries are being encouraged to market to their own patients.

CCG are keen to promote Influenza vaccinations and are keen to encourage as many as possible.

The X-ray dept. is very busy and the CCG are keen to ensure that patients are only treated when necessary, not when patients think they should be x-rayed. It was suggested that GPs should be able to directly refer patients to the unit.

Children/Young People and Maternity – No meeting.

Adult Hearing Although there was a poor response to discussions with patients, the CCG recorded that patients think that for hearing impaired services they should go through the RMS system via their GP. Congress members expressed the view that they thought the current service worked well with the ‘drop-in’ centres, but if money has to be saved, then change may be necessary.

Health Care Review – Progress report to be published on 26th August. First public meeting in October, then formal consultation to start Jan to March, 2015.

PPG Concerns Kingfisher remains in Administration. One of their GPs has complained about poor support and responses from the Hospital X-ray and Path lab. Depts. This conflicts with the view of most other surgeries that the service by both is prompt and good.

Healthwatch are holding a big event in Middleton Hall on 4th November.

Steve Bates