



Minutes of the Patient Participation Group Meeting held on Tuesday, 11 February, 2013

Agenda Item 1. Registration

Present: David Lloyd (Chair), Rosi Shunmoogum, John West, Maureen Gladwin, Linda Boutin, John Neale, Judith Westell, Michael Whitehead, Betty Moon, Sylvia Ellwood, Dorothy Lloyd, Victoria Shiner, Nigel Vaughan, Christine Cartwright, Libby Pell (Nurse Practitioner in Dermatology), Dr. Paul Staten (GP), Jane Hanlon (Practice Manager) and Jan Lloyd.

Agenda Item 2. Apologies

Claire-Louise Nixon, Bonnie Twynham, Monica Catelinet, Gordon Lovell, Angela Lovell, Mark Pitman, Fay Read, Pat Whalley, Sheila Dale and Anne Nash.

Agenda Item 3. Speaker – Libby Pell (Nurse Practitioner in Dermatology)

Libby explained that the service was set up as a 6 month trial, then an extended pilot scheme, 10 years ago, at a time when there was pressure on waiting times and people were being referred to MK Hospital with basic skin problems. She argued for a nurse-led service which could take a number of these cases away from the consultants, thereby freeing their time for the less common cases and reducing waiting lists. The Red House Surgery was keen to embrace this community based service.

From an initial service in which she was the only person, the service now has 2 dermatology nurses and a secretary/administrator and, on a sessional basis, a dermatology consultant. Seven clinics are held each week around Milton Keynes GP practices, with an average of 12 patients per session. This service is cost effective for GP practices. Libby gave a breakdown of her latest session which had included an ulcer, eczema and possible food allergy, psoriasis and wart. Initial consultation is 30 minutes long with subsequent appointments 15 minutes, but there is flexibility according to need.

Q. Are clinics held at Red House? Yes but like many other GP practices lack of room is an inhibiting factor.

Q. Is there a changing pattern in what they see? A definite increase in childhood eczema. But there has been little progress in what can be offered for eczema and psoriasis. There is little commercial value for the drug companies to expend the large sums of money needed in these areas. They help people to live with and manage their condition.

Q. Why has there been an increase in cases of eczema? Possibly a too clean environment! There is a connection between stress and flare-ups of eczema and psoriasis.

Q. Has there been a change in attitude to the importance of this type of nurse-led work? Yes.

Q. Do you treat moles? No. These need to be seen by a consultant from the start.

Libby was thanked by the Chair, and presented with a gift as a token of the group's appreciation.

Agenda Item 4. Adoption of Minutes of the Meeting held on 14 January, 2013

Copies of the minutes were circulated prior to the meeting. With addition of Sheila Dale as having sent her apologies they were accepted as an accurate record and will be published on the website.

Agenda Item 5. Matters arising not covered elsewhere

5(a) Red House Rovers

Judith reported that the last walk was curtailed by the weather. The next walk is on 20 February starting at Dobbies.

NB The walk scheduled for March is on 20 March and will start from Caldecotte Arms car park

Leaders of the walk will be in high viz. jackets. There was a suggestion that an umbrella with Red House Surgery printed on it, supplied free by commercial interests, could be an asset!

There is a need for new members. It was suggested that the screen in reception could project a message about the group. An offer was made to take some flyers to a church.

5(b) Red House Champion's Project

Jan reported that some progress had been made. A poster is on the way and a local coffee morning project has been approached again and would be happy to receive people from our project. She explained the thinking behind the project to a new member.

Agenda Item 6. Report on MK Commissioning

The meeting had been postponed.

Agenda Item 7. NAPP

David reported that a password is required to access the NAPP website; he gave out slips containing this information. It was pointed out that the practice pays for our affiliation to the NAPP. Therefore this password is for the exclusive use of PPG members and should be regarded as confidential.

Agenda Item 8. Flower Beds

David, John and Angela have met to discuss the next steps. The metal obelisk which had been suggested turned out to be too expensive. A steel mesh will be placed in the container. John has offered compost and soil and Jane has a contact at Dobbies who might offer plants and possibly maintenance in return for a small plaque.

Agenda Item 9. Online PPG Survey

9(a) The current survey is now live and will be available until the end of the month. It has received 120 hits so far.

There have been 7 self-nominations for the Patients' Congress which will feed into the Commissioning Board.

9(b) Maintaining the mailing list is a problem. People die or move away. A huge amount of work is big done by the practice intern, Oliver Carroll, to whom the group gave thanks.

Agenda Item 10. Visit to Path Lab at MK Hospital

The dates of 6 or 7 March had been given to us for 2 groups of 5 people. Members in attendance were asked to sign up tonight. If insufficient numbers then Jane will e-mail other members with the offer.

Agenda Item 11. Link MK Commissioning Champions Project Meeting

David reported that there have been three meetings. The third reported the use of a triage consultant in the Walk-In Centre to deal with referrals to Ophthalmology. This had proved immensely successful with patients being treated appropriately, more quickly and with the workload of consultants being reduced considerably and had produced significant savings

He also reported outline details of a possible new scheme to assist GPs in making referrals to the Hospital. Paul was able to provide more details of this scheme.

As the three 'training' meetings have now taken place, the next step will be a launch conference for the NAPP Commissioning Champions project which will be held in Birmingham shortly with representatives from the four other PCT areas that have been involved in the project.

Agenda Item 12. News from the Surgery

In answer to the question raised at the last meeting about varying amounts of medication for repeat prescriptions, everything is now on 2 month default. Paul explained that this was a massive job with 6,000 patients. Patients can sort this out for themselves on medication review with their GP.

Jane explained that the repeat prescription collection service was run by the pharmacies, not the practice. Patients wanting to take advantage of this have to negotiate their requirements with their chosen pharmacy.

Agenda Item 13. GP Update

13(a) Paul reported the soft launch of the "111" system on 5 March 2013. This is a "softer" 999 system which will replace the plethora of NHS helpline numbers. It will access the range of NHS support services, leaving the 999 number for emergencies. Following the full launch at the end of March 2013 NHS Direct will no longer be available.

13(b) He also gave an explanation of SystmOne, giving hospital consultants/Willen Hospice/MKUCS access, with the patients' permission to their GP records. This would not be blanket permission but would cease after each consultation. This will be rolled out in MK.

Agenda Item 14. AOB

David asked if anyone is able to give a lift to these meetings to someone in Newton Longville. There were no offers.

Agenda Item 15. Dates of Next Meetings

Core Group Meeting	-	Wednesday, 6 th March 2013 at 12.30 pm
PPG Meeting	-	Wednesday, 13 th March 2013 at 6.15 pm