

Minutes of PPG Meeting 21 April 2015

Present

Shobhna Dave (SD) Beverley Tavares (BT) Sandra Reed (SR)
 Pauline Coulthard (PC) Elisabeth Clarke (EC) Frances Webley (FW)
 Caroline Rose PM (CR) Zoe Halliday (ZH), Hilltops IT
 Emily Thompson-Courtney (ET-C), Hilltops IT

Apologies: Krishna Panthula, Daphne Tibbles, Vinayak Supekar

	ITEM	ACTIONS
1.	<u>Minutes of Last Meeting</u>	
1.1	Minutes of last meeting on 17 February 2015 were approved.	
1.2	CR confirmed that the Minutes of February's PPG meeting are now on Hilltops' website.	
2.	<u>News from the Practice</u>	
2.1	CR introduced Zoe Halliday and Emily Thompson-Courtney as Hilltops' new IT staff members, sharing the role on a part-time basis. PPG members welcomed Zoe and Emily. CR is to provide their email addresses.	CR
2.2	CR announced the recruitment of 4 permanent GPs : Dr Islam (m), Dr Chowdhury (m), Dr Bradshaw (f) and Dr Kohli (f). Dr Kohli is a trainee GP at present and will become one of our permanent GPs from 04 May.	
2.3	Also joining the practice from June will be a new trainee practice nurse, who will be training within the practice.	
2.4	CR also advised that Dr Krishna Patel has now left Hilltops, having been a long term locum covering maternity leave.	
2.5	The NHS England visit on 19 March went very well, with the Joint Area Team carrying out their GP Practice Quality Assurance and Improvement Visit. Their report will follow.	

2.6	The reason for the visit was the GBHLI, which showed High Level Indicators on 6 points in the quality and outcomes framework, 5 being higher than average. NHS England require assurances on points such as whether patients are being chased when required to visit a practitioner, availability of appointments, access to practitioners ie overall availability of support for patients.	
2.7	CR advised that the HbA1C in diabetes management has shown clear improvement, with positive feedback. A recent report covering 2013/14 has indicated that the practice continues to address concerns and that no follow-up report will be necessary. There was some exception reporting which will be monitored.	
2.8	The report content goes to NHS England, who also monitor all complaints and concerns from patients.	
2.9	CR is still awaiting the CQC visit notification, which is to be carried out by the end of March 2016. Two weeks' notice of the visit will be given and the CQC team, comprising six inspectors, will meet individual GPs and members of the Hilltops team, comparing all answers to their questions. Between 5 and 9 patients will be selected at random to provide their views on the practice. PPG members will also be interviewed. The CQC team will also inspect the premises, paperwork, including disaster recovery plans, equipment i.e. a general overview to ensure that the practice is fit for purpose. The Practice Manager (CR) and a GP will also be required to give a presentation.	
2.10	CR is to check the current amount available in the book club fund, the goal being £100 for this year's charity.	CR
3.	<u>Update on PPG</u>	
3.1	<u>PPG Funds</u> PC has chased the bank and they have 'fast tracked' the process in order to set up the PPG account. The bank has assured PC that completion is due this week.	
3.2	PC will contact CR as soon as the PPG account becomes available to receive the PPG funding which is required to activate it.	PC

3.3	CR asked if PPG members have attended recent Healthwatch meetings. SD confirmed that she had attended, but advised that these meetings continue to cover the repeated topic on the current situation with local hospital upgrades, making no apparent progress.	
4.	<p><u>Future of Teapots</u></p> <p>4.1 It was agreed that the current afternoon Teapots is not working. After six months, no more than an average of 3 people have attended each session. Location was discussed and it was felt that the upstairs meeting room is too far removed from the patients.</p> <p>4.2 SD advised that the PPG sub-group has been meeting to discuss the problems that have been identified as slowing the progress of Teapots. These include the location of Teapots sessions in the upstairs meeting room and lack of publicity.</p> <p>4.3 CR confirmed that GPs have been reminded of Teapots at the clinicians' meeting.</p> <p>4.4 CR reminded the meeting that taking Teapots to various locations outside had been previously discussed. BT pointed out that residents and clients are able to go out and about, while PC and SR added that patients at these centres are not the solitary people that Teapots was aiming to support ie the elderly living alone and sole carers.</p> <p>4.5 CR pointed out that engaging with the community creates the opportunity to introduce the PPG and acquire more members, as well as inviting more guests to Teapots.</p> <p>4.6 ZH advised that the local Community Centre is free on Thursday afternoons and could therefore provide a suitable location.</p> <p>4.7 BT suggested carrying out a survey, seeking patients' views on what they feel would be the best way to support isolated people.</p>	CR

4.8	<p>CR reiterated her objections to hot drinks being served in the waiting area in the event of Teapots setting up a table there.</p> <p>Various further suggestions followed:</p> <p>PC : Some patients may not wish to attend the surgery on a social basis.</p> <p>EC : Summer months may be more conducive to patients coming out to socialise.</p> <p>PC : The surgery is not a community centre and is not suitable for the private discussions that Teapots facilitates with the representatives from AgeUK and Carers MK.</p> <p>SD : The future of Teapots must be decided.</p> <p>PC : Once we have membership of NAPP, we can consult with them.</p> <p>BT : A survey will also provide guidance.</p> <p>CR : The presence of PPG members in the surgery, chatting to patients when carrying out a survey, would be a positive step.</p> <p>FW : We should look into using the local community centre.</p> <p>PC : The local church could also provide a venue.</p>	
4.9	<p>It was agreed that the next date and time allocated to Teapots – Wednesday 06 May – will be spent with PPG members carrying out the survey in the waiting area with patients, as discussed at this evening’s meeting. CR confirmed that cold drinks can be provided.</p>	PPG / CR
4.10	<p>BT has offered to take invitations to Macintyre.</p>	BT
4.11	<p>SD will investigate prices at various local venues</p>	SD
5.	<p><u>AOB</u></p>	
5.1	<p>CR to chase receptionists for their articles which are to be included in the next PPG newsletter.</p>	CR
5.2	<p>CR agreed to have the out-of-date GP list removed from the waiting area. The signage on the door will need to be professionally updated. SD pointed out that this is an item that the CQC may well pick up if it hasn’t been carried out by the time of their visit.</p>	CR

5.3	SR again requested that information be provided by <u>all</u> practitioners on the website, and the website updated.	IT Dept
5.4	EC requested more name badges. Names will be provided to CR, who will arrange.	EC / CR
5.5	SD requested that information required to complete the annual PPG statement be provided earlier in the year, particularly in light of the additional form now required to accompany the statement.	
5.6	SD pointed out that she has not received any new patient forms and that the information contained on these is part of the requirement of the statement. ET-C found a batch of them, together with completed survey forms, in the PPG pigeon-hole and handed these to the PPG at the meeting. BT will create a spread sheet to store the information provided and will then pass them to SD who will key in all the email addresses, adding them to the PPG virtual list.	SD / BT
5.7	CR reiterated the importance of these details being included with the statement, as patients on the virtual list are deemed part of the PPG. SR queried this since patients on the virtual list don't actually participate. CR explained that NHS England views the virtual list as part of the PPG because their participation is seen as the receiving and reading of information that the PPG sends them in Minutes, Newsletters, etc., thereby giving them the opportunity to comment.	
5.8	CR suggested that this year's PPG survey begins in July / August. This will enable the statement to be complete by January 2016. CR also confirmed the ongoing need for the two page part of the statement to continue since this contains the three questions taken from the survey results. These provide information to NHS England on the practice's progress with its Enhanced Service.	Hilltops
5.9	SD asked whether feedback is provided by NHS England following submission of the annual statement. CR advised that they only respond if problems are identified, and that the subsequent receipt of annual funding to the practice is the only confirmation that all is in order. CR agreed to notify the PPG when this funding, and therefore NHS England's satisfaction, is received.	CR

5.10	In response to several patients' questions on the subject of Hilltops staff photos being displayed, SR again asked if this will be agreeable. CR emphatically expressed the unanimous opinion of Hilltops staff that their photos should not be displayed, and provided their reasons, for which PPG members gave support.	
5.11	CR was asked the current number of DNAs. PPG is to be notified.	CR
5.12	PPG also asked to be notified of the next flu clinic dates. CR confirmed that a meeting to decide these is imminent and the PPG will be advised as soon as these dates are confirmed.	CR
5.13	CR, ZH and ET-C confirmed that the Hilltops on-line survey is to be opened with immediate effect.	IT Dept.
	<p>The next PPG meeting will be held on Tuesday 02 June 2015 at 18.15.</p> <p>Those wishing to join pre-meeting discussions can meet prior to this start, from 17.45.</p>	
	The meeting closed with thanks to all attendees.	