Minutes of PPG Meeting 17 February 2015

Present

Shobhna Dave (SD)

Pauline Coulthard (PC)

Frances Webley (FW)

Beverley Tavares (BT)

Daphne Tibbles (DT)

Vinayak Superkar (VS)

Sandra Reed (SR)

Elisabeth Clarke (EC)

Dr Hopeson Alifoe GP (HA) Caroline Rose PM (CR)

Claire Robinson DPM

(CR DPM)

Apologies: Krishna Panthula

	ITEM	ACTIONS
1.	Minutes of Last Meeting	
1.1	Minutes of last meeting on 02 December 2014 were approved.	
2.	News from the Practice	
2.1	CR introduced Claire Robinson to those present. Claire is the new Deputy Practice Manager and joined the practice in January. Claire was welcomed by PPG members.	
2.2	CR advised that the CQC is currently visiting practices in Milton Keynes, with all inspections due to be completed by the end of March 2016. Their inspection of Hilltops will be carried out in 2015 and it is anticipated that two representatives from Hilltops PPG will be invited to attend. PPG members expressed their willingness to attend. CR is to advise dates.	CR
2.3	The Friends and Family Test, consisting of a 2 question survey, has commenced, and results to date are currently being analysed. Results so far indicate that the great majority of patients taking part are likely or extremely likely to recommend Hilltops. Pros indicate reassuring, caring and attentive GPs, friendly, helpful reception staff and good online appointment system. Cons show that the largest number of grievances concern difficulty in getting appointments. Others number concerns with lack of GP continuity, problems with strong accents, lack of confidence in GPs, telephones, outside morning queues and appointments running late.	

2.4	CR advised that the situation with appointments has changed. The full count of GPs, which currently includes three locums, has resulted in appointments still being available at 9am. This increased availability of appointments is supported by patients' use of other sources of advice being used, such as the pharmacist.	
2.5	A new GP is due to join the practice in April and a current GP Registrar is to become a fixed partner at the beginning of May.	
2.6	Dominic Barnes has not yet been replaced and his role is being covered by two members of admin staff, with the exception of IT support. However, Dominic's current role allows him to attend Hilltops for occasional days. His future replacement will be full time, including the possibility of a job share.	Hilltops
	CR advised that NHS England require the PPG questionnaire and statement to be completed and on Hilltops website by 31 March 2015. PPG members will spend time at the surgery distributing survey forms. The online survey closes on 01 March.	SR SR/BT
2.7	CR has received an invitation via email from David Lloyd of the Redhouse PPG. Redhouse is being visited by Monitor and CCG, and has invited Hilltops PPG to attend. SD will contact Mr Lloyd with our acceptance.	SD
2.8	CR asked when the next PPG Newsletter will be available. BT advised that the Spring Newsletter is due in March.	вт
2.9	There is currently £42.50 in the book club funds, the goal being £100. FW requested cover in her absence for one month commencing 14 March. This was agreed.	PPG
2.10	Hilltops diabetic nurse has not yet been replaced, but her role is covered by Practice Nurse Munira Khimani.	

3.	Update on PPG	
3.1	Teapots Teapots continues to be supported by AgeUK and CarersUK, who regularly attend. Guest numbers continue to be small. Elisabeth noted that wider publicity is needed. SD suggested using Streetlife, and the attachment of invitations to prescriptions collected from the pharmacy was also discussed. There are currently notices placed on the PPG board and in the waiting area. Beverley further advised all points in the nearby area surrounding Hilltops where she places posters.	
3.2	It was suggested that Hilltops PPG contact Whaddon Medical Centre PPG, which has been established since 2001. Whaddon holds coffee mornings and the question was raised as to whether Hilltops PPG Teapots should be changed to mornings. A sub-group meeting is to be arranged at which this will be among points discussed.	PPG
3.3	SD reiterated the use of FaceBook and Twitter to increase publicity for Teapots.	
3.4	The above point led to further discussions on the use of social media by Hilltops PPG. CR emphasised the need for caution and the importance of avoiding dealing with any complaints, should social media be implemented. VS pointed out the positive side of receiving complaints ie they can be monitored and appropriately directed, whereas negative and abusive complaints cannot currently be responded to.	
	DrHA said that a responsible person should be appointed to monitor messages. CR suggested that NAPP could be consulted for their suggestions and opinions on PPG use of social media contact with patients.	
3.5	SD advised that Healthwatch is to meet shortly and PPG members will be attending. SD will use the opportunity at this meeting to raise the subject of social media	PPG/SD

3.6	<u>Visit to Blakelands Hospital</u>	
	Hilltops PPG has received an invitation to attend Blakelands during their forthcoming audit. BT is awaiting dates.	BT/Newsletter
4.	PPG Funds	
4.1	It has been confirmed by CR that funds are available to the PPG. CR advised that "there was an incentive for PPG's to be commenced via Des (Direct Advanced Service) and this was £1,000, as a one off payment "	Hilltops
	CR stated: " "When the PPG was commenced they (the surgery) did take the finance. CR is trying to find where on the Hilltops accounting system the money was paid."	
	Pending location of these funds, the PPG is to be provided with £500 for immediate use, with the balance being paid when the original funds are traced.	
4.2	CR informed those present that as soon as the PPG Treasurer, PC, has set up a bank account, £500 will be transferred to her. PC reiterated the need to enrol with NAPP for advice on the use of funds as well as general PPG matters and support. The PPG requires £60 for initial enrolment, then £40 per year for continued membership.	PC
5.	AOB	
5.1	The question of email consultations was raised. DrHA advised that this was being considered and is encouraged by the NHS. However, confidentiality within the present system is currently an issue.	

5.2	Whilst being aware of the benefits of telephone and email consultations, DrHA expressed the importance of face to face consultations, where voice and expression play a major part in assessments. CR agreed, adding that on-line consultations could be inappropriately directed; there is an obvious need to refer to a GP or Nurse Practitioner as appropriate. Time allocation is also a necessary consideration, for example diabetes appointments require half an hour whereas a routine check for chronic conditions may only require ten or fifteen minutes. For this reason, telephone consultations and nurses' appointments will not be made available to book on line.	
5.3	VS raised the problem of the timing of telephone consultations ie not knowing when to expect the call from the surgery. CR advised that actual times for phone calls by GPs cannot be offered as a precise time. However, some GPs will make calls in the morning if 'am' has been mentioned, though some GPs do prefer to call after the end of their surgery.	
5.4	PPG members requested an update on the Hilltops Care Plan. DrHA and CR advised that the Care Plan is part of the Enhanced Service and includes each GP being allocated a number of patients aged over 75. These patients not only have medical support but also have their care and wellbeing monitored, including whether they are alone, and if they are supported by family members. SD was given confirmation that patients are being given information about Teapots.	
5.5	In order to cover full time hours, the Care Plan GP allocation is supported by a 'GP buddy' system whereby patients have a 'back-up' GP. In time, it is hoped that all patients will have a dedicated GP.	
5.6	Dr HA advised that the Enhanced Service has also provided extended hours and the ongoing Family and Friends questionnaire.	
5.7	PC asked if the irritating 'musak' on the telephone system can be changed. CR said that this is part of the system as supplied by the telephone company. SD asked if the NHS was responsible for the provision of the telephone system and CR responded that it was not, this was decided by Hilltops. Hilltops is currently looking at updated telephone systems which could incorporate additional facilities/information.	Hilltops
5.8	VS raised the subject of diabetes self management. He has	

	been speaking with the Lead Consultant at MK General Hospital Diabetes Dept, Dr Chandran, who has agreed to provide support for diabetes self management. Vin also advised that he has been given the role of interlocutor to Diabetes UK, and reiterated his wish to support Hilltops patients with their self management. He has formulated a self management plan which he would like to discuss.	VS
5.9	CR suggested a meeting between VS and Dr Maddipatti and Dr Field and can arrange a lunchtime meeting. VS agreed to this. DrHA suggested a possible link with other groups. With this in mind, CR is to approach Amanda, former Hilltops diabetes nurse.	CR
5.10	BT reminded the meeting of a previous suggestion for Saturday diabetes workshops, and this was agreed and will be discussed.	Hilltops
5.11	The possible provision of double step blocks to enable patients with limited mobility to get up on to examination couches is to be further investigated by CR.	CR
	The next PPG meeting will be held on Tuesday 14 April 2015 at 18.15.	
	Those wishing to join pre-meeting discussions can meet prior to this start, from 17.45.	
	The meeting closed with thanks to all attendees.	