

Minutes of PPG Meeting 04 February 2014

Present

Shobhna Dave	Pat Hair	Sandra Reed
Beverley Tavares	Elisabeth Clarke	Krishna Panthula
Dr Mohammed Dewji GP	Caroline Rose PM	Justine Campbell APM
Dr Shiva Kabir GP for 2 nd half of meeting		

Apologies: Margaret Coultrup, Pauline Coulthard, Daphne Tibbles, Nicholas Clarke

	ITEM	ACTIONS
1.	<u>Minutes of Last Meeting</u>	
1.1	Minutes of last meeting on 03 December were approved.	
2.	<u>Update on PPG</u>	
2.1	Main points have been recorded in the annual Chair/ Secretary's report.	
2.2	Shobhna Dave gave a brief report of the PPG attendance at the flu clinics of 2013. Caroline Rose was asked if the presence of PPG members Margaret Coultrup and Beverley Tavares at Hilltops had made any difference. CR said that she has received no feedback. CR added that it had been hoped that their presence would attract more PPG members but this does not seem to have happened. BT said that she receives very positive feedback from patients.	
2.3	Elizabeth Clarke said that it was unfortunate that we had not brought more young people into the PPG. This was discussed and it was generally agreed that their work and family commitments prevent this but it was pointed out that young families are approached by BT and MC during their times at the surgery in their capacity as PPG members in order to discuss and record their views. MC's leafleting campaign outside schools was also noted.	

2.4	<p>The subject of the removal of the PPG's desk in the waiting area was raised and CR said that this can be replaced as and when needed. It had been moved because the lack of available space made it difficult to keep it there indefinitely. BT said it probably was not necessary as she and MC tend to circulate among the patients while they are there, this being the purpose of their presence in any case. It was agreed that the desk will not be replaced.</p>	
2.5	<p>SD mentioned the PPG social events and the hope that more members could come along to these. CR raised the possibility of reinstating the HCA walk as something the PPG could become involved in. It was agreed that, although initially started as a health benefit, it would also form part of a social network, which is in itself a health benefit. Whilst SD said that she could be available any weekend to take part, CR pointed out that such walks must be in surgery time because of the necessary presence of a trained Health Care Assistant. Walks were previously led by Sylvia Cranston but patient attendance dwindled and the walks were discontinued. BT asked if walks have to begin from the surgery. CR confirmed they must. BT said that it could be viewed as a PPG activity. CR replied that, as an activity that is promoted by the NHS, Hilltops would like to retain any future walks from the surgery, with support from PPG members. Both BT and PH expressed an interest in providing this support. CR said she would speak to SC about re-starting the walks in the light of their offer. CR added that the walks are local, usually around the lake, remaining close to the surgery.</p>	CR
3.	<p><u>Update on Congress</u></p>	
3.1	<p>Pat Hair advised that there has been no Congress since before Christmas. PH is to leave her post in the summer of 2014 and it is anticipated that she will be replaced by Margaret Coultrup who has expressed a keen interest. Further discussions with MC will take place on her return and at the next meeting. Please see December 2013's Minutes, Item 3.1 for further information.</p>	

4.	<u>News from the Practice</u>	
4.1	<p>CR commenced with the subject of the patient survey results. Results need to be collated and the annual report prepared and on the website by 17 March 2014. CR added that this process must begin now and arrangements made to meet with herself and GPs as soon as possible. SD advised that the PPG will hold a couple of sub-group meetings as part of this preparation. CR reiterated the urgency of agreeing a date for the meeting with GPs, particularly in the light of current work pressures. It was agreed that the sub-group will offer dates by the end of the week beginning 03 February. The PPG needs to begin by looking at the three questions submitted in 2013 and discuss any ongoing issues in relation to these.</p>	
4.2	<p>BT asked how the hard copy survey forms should be dealt with once the information on them had been added to the website survey results. CR confirmed they can be destroyed.</p>	
4.3	<p>SD advised that we need to enlist the help of Ivor Francis in order to analyse our results. CR said that this can be done on the Hilltops website and that all PPG members need do is pass their results on to Dominic Barnes, and she will then ask him to add them to the online survey results. They will then be analysed together.</p>	CR
4.4	<p>Dr Maddipatti continues to be away from Hilltops and will not after all be returning at the end of January. His anticipated return is now the beginning of March. There is locum cover in place during his absence, in addition to the locum covers for Dr Kirpilani (scheduled to return May/June 2014), Dr Field and Dr Hematilaka.</p>	
4.5	<p>CR advised that the 2014 flu clinics will take place on two Saturday mornings and two evenings, between 4pm and 8pm. It is planned that one of these clinics will be just for children and that this will take place during the October school holidays to assist parents.</p>	

4.6	<p>Dr Dewji reminded the PPG of the need to give as much advance notification as possible to the flu clinic dates. Whilst information will be shown on the waiting area screens, it can also be included in the PPG newsletter. CR advised that this should commence in July when the facility to book appointments for the flu clinics will become available. Dr Dewji added that emphasis also needs to be placed on the importance of patients arriving for their vaccinations at their allocated time. The problems encountered at last year's flu clinics were not of division of appointments but simply of patients arriving at the wrong time, usually too early in order to 'get it over with'. There was also a number of people who saw the queue from outside but having omitted to make an appointment when invited, decided to join it anyway.</p> <p>Krishna Pantula asked about the possibility of open clinics i.e. a specific number of slots but no allocated times, with patients just turning up and queuing. Dr Dewji explained that the appointment system is preferable and necessary because patients must initially make their appointment which is immediately followed up by a text message confirming the date and time, thereby affirming the appointment.</p> <p>Dr Dewji confirmed that there has been no serious flu outbreak this year.</p>	
4.7	<p>CR advised that the book money is now at £98.50. Once the target of £100 is achieved, the total amount will be donated to The Readers' Service. Please see Minutes for October 2013, item 8.7 for further details.</p>	
4.8	<p>The 2014 charity is to be advised at a later date following a survey amongst staff. CR advised that more events are planned in addition to the regular ones such as a Pink Day, a Onesie Day, etc., and invited PPG members to join Hilltops staff for these fundraising events. This was welcomed by PPG members.</p>	
5.	<p><u>Sub Committees</u></p>	
5.1	<p>SD said that the sub-group has been meeting to discuss the survey results. SR confirmed that the next meeting will be to prepare for the annual statement.</p>	

5.2	<p>KP asked if sub-group meetings could begin at a later time to enable him to attend. SR explained that, because these meetings are more informal, it would not cause any problem if he just arrived at any time that was best for him and, assuming the group had already commenced that evening's discussions, he could easily be brought up to date and then join in. He agreed that he could do that.</p>	
6.	<p><u>Update re ongoing car park maintenance negotiations with local council</u></p> <p>SR reiterated ongoing correspondence commenced in December 2013 concerning hazards caused by leaves and ice in Hilltops car park and the lack of local council attention to it, unlike the attention regularly provided to such places as supermarket car parks. The most recent response following further pressure from SR was read out to the meeting. Dr Dewji explained that, because Hilltops does not own the car park, there are Public Liability implications should Hilltops staff take any action to clear the area and there is an ensuing accident involving a member of the public / patient. CR added that neither the school nor the pub carries out any clearing of hazards in the car park. SR asked the meeting if there is anyone else within the local council who would be more willing to listen to our concerns. PH suggested Peter Todd and offered to take the matter up with him. SR to provide PH with copies of all correspondence to date in order for her to do this.</p>	SR / PH
	<p>Dr Shiva Kabir joined the meeting at this point.</p>	
7. 7.1	<p><u>Any Other Business</u></p> <p>KP asked if any help was currently needed with photocopying. CR confirmed that all PPG photocopying can be carried out on Hilltops' copier. All PPG members need do is provide adequate notice to ensure sufficient supplies of ink and paper, particularly for large runs such as the newsletter. On this point, it was agreed that large numbers of newsletters are unnecessary. Few are picked up in the surgery and they are more likely to be read on the website. 200 will be enough.</p>	

7.2	<p>SD and SR asked how the necessity for a home visit is assessed. A disabled PPG member was recently advised to get a taxi when phoning to request a home visit, and it was suggested by the PPG that this was inappropriate. CR advised that Hilltops staff cannot comment on an issue raised on behalf of a patient; the patient should speak directly to a member of Hilltops staff in order to ascertain the circumstances. Dr Dewji explained that if there is a <u>medical</u> reason why the patient asking for a home visit cannot leave their home, then staff have a legal obligation to visit. CR additionally pointed out that patients are triaged in these circumstances. However, there are on occasion requests made under false pretences. It can happen that such callers may indeed sound very unwell, but this can be the effect of a self inflicted condition that does not merit a home visit. Staff can only make decisions on face value and this can result in wasted time because of such calls.</p> <p>On the other hand, Hilltops staff are aware of their chronically ill patients who require repeat visits and will, in fact, routinely call on them at home in passing.</p>	
7.3	<p>PH added that there is considerable expectation on the part of many patients. Dr Kabir agreed, saying that with the potential for 16,500 patients having expectations of an apparently limitless service, it is a necessary requirement to carefully assess on an individual basis.</p>	
7.4	<p>SR raised a problem encountered with follow up reminders as attached to prescriptions. One of the reasons for these sometimes going unnoticed is that they aren't clearly visible. Dr Dewji said that he will look into the font size of the reminders. At the same time, he will have attention given to the font size of the messages that GPs are adding more frequently to these forms.</p>	DrMD
7.5	<p>The notification of bank holiday opening times was discussed. SR had been unable to find Christmas opening times on the website and queried this. CR advised that from 01 December, these were posted on the website, prescriptions, notices on the front door, etc. CR added that the publications Pulse and BMJ have confirmed that on days such as Christmas Eve and New Year's Eve, GP centres can close from 14.00 instead of remaining open for full core hours. They can also be closed (and have done so following local police advice) during times of severe weather.</p>	

7.6	<p>The subject of the cleansing of touch screens was raised again along with the provision of gel hand cleanser. CR reiterated that the occasional presence of alcoholic patients made such a provision impossible and is in fact not allowed in public places. Dr Dewji advised that the likelihood of the transfer of infection via the touch screens is virtually zero. CR pointed out the more relevant risk of legionella, adding that, on CQC directive, the surgery is regularly tested for this.</p>	
7.7	<p>SR raised the complaints made by one or two PPG members that GPs had referred patients with non urgent complaints, such as persistent coughs, to A&E. CR again pointed out that these patients must speak to Hilltops staff in person. She explained that it would be necessary for Hilltops to have full details in writing in order to identify the health professional who gave such a directive and find out if the patient was sent to A&E inappropriately. SD said she would speak to MC in order to confirm the patient who made the complaint so that they can be advised to provide such a letter.</p>	SD
7.8	<p>SR mentioned a PPG member who phoned for a sit and wait appointment and was asked if it was urgent. SR queried the difference between 'sit and wait' and 'urgent' when applied to appointment types. Dr Dewji pointed out that 'sit and wait' appointments were discontinued some six months ago. CR added that the only on the day appointments now are for urgent conditions.</p>	
7.9	<p>SD advised that patients who cancel their appointments, even at the surgery, are still receiving letters. CR would like patients who have had this experience to let her know so that she can investigate. SD asked if it would be possible to have a system similar to that used by dentists whereby patients are sent a reminder text prior to their appointment, with the request that they reply 'OK' to confirm they will attend. Both CR and Dr Dewji pointed out that the frequency of turnover and high volume of patients makes this impossible. The meeting acknowledged that it was unfortunate that, unlike dentists, NHS medical practices are forbidden by law to use fines as a means of discouraging DNAs. Work on remedying the situation continues.</p>	

7.10	Discussions moved on to the section of the website concerning Hilltops staff. Some staff have provided information about themselves, whilst others have nothing under their names. PPG requested that all staff provide a brief résumé about themselves. CR confirmed that she has asked both doctors and nurses to do this and will pursue. SR tentatively suggested including photos and this was given a resounding 'no'. Dr Dewji added that this it would be very good for the PPG members to provide similar information about themselves, and this was agreed.	CR PPG
7.11	It was pointed out that there are various errors and out of date information on the website. It was agreed that SD and SR will contact DB direct in order to have these corrected.	SD / SR
7.12	KP raised the subject of elderly patients who may be alone at important times of the year, such as Christmas, with lunches, etc., in mind. He pointed out that such events are regularly organised by a charity with which he is involved, but are sometimes poorly attended. KP asked if he could raise further awareness in order to avoid patients missing opportunities to socialise and celebrate events with friends, including placing notices in Hilltops waiting area. This was agreed and CR also pointed out that carers could be contacted. KP said this is done, as well as via Age UK and ads placed in local newspapers and Heart radio. KP is to provide further information so that PPG / Hilltops can assist in distributing.	KP
7.13	KP also requested that sub-group meetings be held on evenings other than Tuesdays. This was agreed.	
	<p>Next Meeting</p> <p>The next PPG meeting, will be held on Tuesday 11 March 2014 at 17.30 for 18.15.</p> <p>Prior to that, the sub-group will meet on Wednesday 12 February 2014, 1700, at Wagamama's in order to begin preparations for the annual statement. The reason for the unusual meeting place is that we shall be combining the meeting with the PPG social group which has an event planned for the evening - Don Giovanni in the Xscape cinema. Anyone who would like to come along, please join us.</p> <p>The meeting closed with thanks to all attendees.</p>	