

Minutes of PPG Meeting 18 July 2018

Present

Shobhna Dave (SD)	Pauline Coulthard (PC)	Daphne Tibbles (DT)
Beverley Tavares (BT)	Pat Gidley (PG)	Elisabeth Clarke (EC)
Susan Sullivan (SS)	Sandra Reed (SR)	
Caroline Rose, PM (CR)	Dr Suryandrayana Maddipati, GP (Dr SM)	

	ITEM	ACTIONS
1.	This meeting was called in order to discuss issues adversely affecting the PPG's ability to act as an efficient means of communication between Hilltops and its patients and therefore followed a format different to that of the regular PPG meetings. These Minutes reflect that format.	
2.	<u>PPG section of Hilltops website</u>	
2.1	SD acknowledged that Hilltops is under pressure for various reasons, such as staffing, and recognised that time was needed for these pressures to ease.	
2.2	SD and SR gave a brief description of issues with the PPG section of the website. CR said she understood that all these issues had been addressed. SR responded that, apart from the Minutes for 2018 now being in place and the PPG's introductory wording being added, albeit in the wrong place and without the agreed link to the PPG section, the ongoing muddled layout remains.	
2.3	SD emphasised the importance of an up to date, clear PPG section, and indeed the website in general, for patients' ease of use and information. CR agreed to discuss the situation with the IT team. SD will contact CR to ascertain progress.	CR/SD
2.4	Dr SM asked how long it might take the IT team to implement all the PPG's requested updates. SD estimated half a day for an experienced person. SR suggested allocating, say, half an hour per day to progressively work through the list of amendments provided, in order to avoid encroaching too much on the IT team's day to day work.	

2.5	Dr SM suggested Hilltops speak with the IT team and asked if some PPG members could be present while they make the necessary changes. This will put an end to the current 'back and forth, back and forth' that is currently happening. SD and SR agreed that this would be welcome and had been intended at April's meeting.	Hilltops
2.6	CR and Dr SM suggested that this could be done, say, weekly or whichever way works best, in half hourly sessions. Dr SM said this should be the way to go. Agreed by SD and SR.	Hilltops IT / PPG
2.7	The delays in establishing an on-line patient survey form for the 2017/18 survey were discussed and the subsequent reasons for the absence of PPG's 2018 statement and report. SR explained that PPG members BT, EC, PG and SR had spent considerable time at the surgery because of the need to gather hard copy completed survey forms which they then spent many hours uploading at home, and this only possible after a lengthy wait for a usable on-line survey form in order to achieve this. In spite of all the many hours spent gathering and uploading several hundreds of forms, the percentage of Hilltops patients taking part was disproportionate to the numbers available and results were therefore inevitably distorted.	
2.8	<p>CR apologised for the problems experienced by PPG members carrying out the survey and explained that they were exacerbated by IT being run by one person alone. CR requested that this year's survey commence in August in order to allow extra time, using a customised version of the on-line survey form that is possibly already in place. SR agreed this could be done but only if the form is customised in time.</p> <p>CR will discuss this option with the IT team, adding that the team now comprises three members so any future issues should be dealt with quickly. CR hopes to be able to email PPG in a week's time with an update.</p>	CR/IT team
3.	NAPP Membership	
3.1	PPG members present put forward their issues with Hilltops' perceived unwillingness to involve themselves with any aspects of NAPP. By way of example, PC questioned whether the PPG's membership certificate for this year, which she provided on receipt, had yet been put in place. BT confirmed she observed that it had not and that the certificate for 2017 continued to be on display.	
3.2	PC reminded those present that Hilltops' delays in their part in arranging for this year's conference resulted in the PPG missing the discounted rates available for prompt bookings.	

3.3	SR reiterated the group's disappointment that Hilltops was unwilling to have representation at the annual NAPP conference, explaining that such a presence would give Hilltops staff a valuable insight into the role that can be played by PPGs and provide an opportunity for mutually beneficial dialogue. PPG members present confirmed, when asked by Dr SM, that this is an annual event only.	
3.4	Dr SM asked when the NAPP conference is next due to take place. PC suggested it would be June, as in previous years, and provided him with an overview of booking procedures and the amount of time required to work through these.	
3.5	SR described the advantages of a Hilltops person experiencing the NAPP/PPG environment and the valuable insight and understanding this could provide of the help and support available from PPGs.	
3.6	Dr SM said that, whilst he couldn't commit to an event as far ahead as June 2019, he would welcome information as soon as the booking process becomes available for his consideration prior to next year's conference.	PPG
3.7	SD reiterated previous comments that there are representatives from many surgeries countrywide present at these conferences and if Hilltops could spare just one it would make a difference. SD added that she appreciates that PPGs are now a contractual requirement and we don't want to get in anyone's way, but we are keen to make a difference and to help, which is why PPG members spend time at the surgery in their role as communicators with waiting patients.	
3.8	<p>By way of emphasis to the above example of lack of Hilltops attention to PPG matters, PC gave the example of the misleading referral letter circulated to patients concerning diabetes prevention. This subject was also raised at the last PPG meeting. Despite the Hilltops letterhead, PC was told that the letter did not originate from Hilltops. At the time, PC was told that the Hilltops admin team would look into it but, to date, has heard nothing.</p> <p>Dr SM asked CR for further information on this letter and CR provided an overview of the reasoning behind the content. He questioned the confidentiality aspect, saying patients should only receive such invitations with prior consent to being contacted in this way. PC reiterated the final paragraph which states that, without a response, any patient in receipt of this letter will automatically be referred and that this is on Hilltops notepaper.</p> <p>Dr SM requested a copy of the letter. DT agreed to provide this.</p>	DT

<p>4.</p>	<p>Dedicated PPG liaison person</p> <p>In view of the number of PPG documents arriving at the surgery that have gone astray (see previous Minutes), SD raised the need for a dedicated liaison person from the admin staff who would take responsibility for PPG communications arriving at Hilltops and provide a point of contact.</p> <p>CR advised she could only speak to the admin team and ask for a volunteer.</p>	<p>CR</p>
<p>5</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p>	<p><u>PPG involvement in IT choices</u></p> <p>SD requested PPG involvement and input in any future changes/updates to Hilltops website, specifically giving such changes a test run from the patients’ perspective adding that, whilst SystmOne is a separate tool that has been provided to practices as a whole by the CCG and could not be altered, the website is chosen from an available selection and can be customised to suit individual practices’ requirements and patient demographic.</p> <p>CR said there had been no changes to the website. PPG members present pointed out the changes they had encountered within the past year and the altered appearance of the website, which is both confusing and out of date. SD emphasised the need for the website to be simplified and more user-friendly,</p> <p>CR pointed out that when SystmOne was launched, patients were offered training on various days and times in its use but few turned up. When patients enquired at reception, an IT person would come down to go through the steps in its use.</p> <p>PPG members restated that our requested changes concern the website, not SystmOne. CR repeated that Hilltops had not bought a new website and SD emphasised that it has, nonetheless, changed and the PPG wishes to be involved in any future changes in order to ensure they are user friendly.</p> <p>PG expressed her willingness to spend time at the surgery, giving tuition to patients in all aspects of Hilltops website as and when required.</p>	

<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>Hilltops / PPG communication</p> <p>SD requested that Hilltops communicate with the PPG in the event of any future crises in order to brief PPG members in preparation for their responses to questions put to them by patients when PPG members are present in the surgery.</p> <p>SR pointed out that, whilst PPG members are capable of using tact and diplomacy, they would appreciate applying this in a way given prior approval by Hilltops in any particular situation.</p> <p>SR expressed disappointment at the lack of Hilltops acknowledgment of the PPG's efforts to employ damage limitation when such crises occur. Whilst thanks have been expressed by way of email, these demonstrations of PPG support have not been taken on board by Hilltops and converted into a greater ongoing understanding of the importance of the PPG role and the capabilities of the members.</p> <p>SR said that such communications were examples of circumstances that could be handled by a Hilltops dedicated PPG person.</p> <p>CR said she could only take the suggestion back to the partners.</p>	<p>CR</p>
<p>7.</p> <p>7.1</p>	<p>Newsletter</p> <p>PPG members requested Hilltops' staff involvement in the promotion of the PPG Newsletter. SR said that this is the most accessible and effective means of distributing news and information, all of which is prepared by BT in an accessible and interesting format.</p> <p>Whilst information is shown on the screens in the waiting area and, to a limited extent, on line, the screen is not suitable for patients with sight difficulties and, in any case, isn't seen in its entirety in the time most patients are waiting. Even if all information were to roll across the screen, it cannot reasonably be memorised. Information in a hard copy newsletter, by contrast, is up to date, easy on the eye, readily available and can be passed to a patient in a matter of seconds. A dedicated PPG person alongside PPG members when attending the surgery could ensure there are supplies strategically placed for such distribution.</p> <p>Currently, most patients who receive copies are handed them by PPG members present in the surgery.</p> <p>CR will ask staff if they will make Newsletters more prominent, adding that they have numerous other responsibilities but will ask anyway.</p>	<p>CR</p>

<p>8.</p> <p>8.1</p> <p>8.2</p> <p>8.3</p>	<p>Missing on-line documentation</p> <p>As it appears to run in parallel with the IT problems experienced by the PPG, the meeting raised the matter of the small, but nonetheless worrying, number of patients experiencing difficulties during GP consultations as a result of communications from hospital following tests, etc., missing from their on-line records.</p> <p>CR responded that any such problems should be referred to her. PPG members advised they do, in fact, refer concerned patients to management but, as advised in the meeting points list distributed prior to the meeting (final bullet point), chose this meeting to discuss it as an IT issue.</p> <p>Dr SM explained the procedures involved in processing hospital correspondence and it was acknowledged that copies will usually arrive at patients' addresses before reaching the surgery then being scanned and uploaded on to patients' records. CR explained that letters do not go direct to GPs. They have to be read coded, scanned and distributed. CR provided further details of the processes in distributing information contained in hospital letters to the relevant clinicians: to the in-house pharmacist if changes to medication are required, to the GP if a referral is needed or information is to be conveyed to the patient, etc. Dr SM explained that some consultants send out their letters in batches, others one at a time, and this can lead to delays.</p> <p>BT suggested it would be advisable for patients to bring their letters to the surgery when attending follow up consultations. It is understandable, however, that patients will reasonably be under the impression that the surgery will also have received their copy and the information would be available in time for such follow-up consultations. The failure of this to happen results in the experiences they have conveyed to PPG members when talking in the surgery.</p> <p>As one example, after a follow-up consultation during which a patient was told there was no record of the diagnosis given immediately after a hospital scan, the patient, after three days of anxiety, decided to challenge the Hilltops clinician's assertion and contacted the surgery again, insisting there was a letter detailing test results available at Hilltops. The member of staff taking this patient's call offered to carry out a search and contact the patient in due course. The patient very soon received a phone call, confirming the letter had been located, showing details of the diagnosis explained to the GP at the time of the follow up consultation.</p> <p>PPG members considered there could be an IT procedures problem similar to that affecting the PPG section of the website, hence raising it at this meeting.</p>	
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(It is worth mentioning here that, at the last meeting in April 2018, item 5.4 in the Minutes shows that Dr Alifoe expressed his view that there is a need to check who receives PPG communications at Hilltops in order to prevent document losses such as those shown. – This should apply to all communications.)

9.	Practice News	
9.1	<p>As CR is leaving Hilltops at the end of August, the opportunity was taken to convey news from the practice, as follows:</p> <p>Dr Danda (m), currently a long term locum, is to join Hilltops as a fixed share partner from 01 September 2018.</p> <p>Dr Fabilola continues as long term locum.</p> <p>Two new registrars will be joining Hilltops at the end of August.</p> <p>Following Dr Dewji’s departure on 29 September 2018, Dr Maddipati and Dr Alifoe will become Hilltops partners.</p> <p>CR leaves on 31 August. SD requested that the new practice manager be given the PPG email addresses. CR confirmed this will be done, as it will for the new DPM, Samantha Duffin.</p> <p>Rebecca, Reception Supervisor, left Hilltops on 13 July. Her replacement has been selected and will be introduced in due course.</p> <p>Hilltops in-house pharmacist, Rajiv Nandha, is hoping to hold additional clinics and, as well as being able to make changes to patients’ medication as at present, he will shortly be able to prescribe.</p>	
9.2	<p>Flu clinic dates for the 2018 season are: 29 September and 13 October.</p> <p>As previous vaccines weren’t effective in all over 65s, NHS England has rolled out a new version known as FLUAD™ for over 65s only. Dr SM explained that this version contains an ingredient to boost response to the vaccination.</p> <p>Another version is to be given to the 18 – 64 age group and a third version for under 18s. Further details will be published in due course.</p>	
9.2	<p>The date of the next meeting was discussed. SD suggested allowing six months in order to allow time for Hilltops to deal with current pressures before the next meeting. This should also allow time for the website issues to be addressed. CR suggested October. Subject to this happening, the AGM will follow in January.</p>	

9.3	<p>CR reminded the PPG of the various charity events that had recently taken place at Hilltops, such as Mental Health week, the Moo Walk, and expressed her disappointment that none of the PPG members attended any of these.</p> <p>Charity events are notified via the JX board, FaceBook, the newsletter, etc.</p>	
	<p>The meeting ended with thanks to all in attendance.</p> <p>The next meeting, which will include a review of the website issues, will be held on Wednesday 03 October 2018 at 6.15pm .</p>	

In keeping with the altered format of this meeting and subsequent similarly altered Minutes format, SR would like to take this opportunity to acknowledge the tenacity and perseverance sustained by the volunteer members of Hilltops PPG over past years and their collective intention to continue with similar enthusiasm in the future. Such ongoing generosity of time and dedication is a rare attribute in these pressured times and is worthy of commendation. We do it because of our confidence in Hilltops and our wish to be involved in fostering its future success.