

Patient Participation Group

Woodstock Surgery

MEETING HELD ON THE 18TH JANUARY 2016

Attendees: Those present were Susan Kavanagh (Practice Manager), Dr Trevor Turner, Dr Helen Roskell, Susan Brooks (Practice Secretary), Suzanne Wareham, Gordon Phillips, Andrew Wilkins, Penny Hambridge, Phil Keeley, Hilary Brown, Matthew Houston, Zandra Houston, Mary Ayres, Nicola Tomlin, Peter Clarke, Helen Woolley, Frances Parkinson, Joyce Oswell, Pat Woodward, Jenny Atkinson, Helen van Oss, Carl Griffin, Dr Bheeshma Rajagopalan.

Apologies: Andy Cove, Christine Lea, Maurice Allen, Colin Taylor.

WELCOME AND INTRODUCTION

Susan Kavanagh welcomed everyone to the meeting and introductions were made.

DECLARATIONS OF ANY OTHER BUSINESS

None

REPORT FROM THE PRACTICE MANAGER

New members have joined, mostly responding to the the new patient questionnaire, and occasionally through word of mouth. Despite this the total membership is slightly down, although our group is well represented with membership covering the whole age spectrum apart from under 16's.

Action Points from last year:

1. To locate to new premises – Dr Turner provides an update below.
2. To improve the uptake of Patient Access. This is a system that most Oxfordshire practices use and is a recommended secure system. It has taken patients' a while to get used to the system as new passwords and security measures have been needed. However any patient that wishes to is now using the system successfully. The advantage to the old email system is that the additional security allows you to view and book appointments on line and from the 1 April, have access to your medical records as well as repeat prescriptions.
3. Every PPG member that was present at the AGM 2015 was to recruit a new PPG member, although the group was keen to stress any active group did not become too large. We have had new members, but it is difficult to identify the source in many cases.
4. A board in the waiting room for 'hot news'.

Priorities for improvement

The results of various surveys and information showed many positives, but also areas for improvement:

1. The premises
2. Contacting the patient to confirm a booking – this system is now working correctly. Please ensure reception have your mobile number ready to text you.
3. Extended appointments – these have been running for five years and are available early in the morning, later at night and Saturday morning. The contract only allows us to see routine appointments during this time and all urgent issues are dealt with by 111 or 999.
4. The availability of more appointments/more GP's. There is a lack of space in the current building to employ more doctors. Dr Turner explained later some of the initiatives that are taking place to help provide additional appointments within the locality.

Other things that have happened in the year:

- The much awaited CQC visit has not yet happened, but is anticipated and PPG members who wish to get involved should make themselves known.
- A new check in screen (that works) , electronic transfer of a patient's record, electronic prescribing, giving patient's the choice of pharmacy .
- The PPG becoming part of our main contract, with the PPG being representative of our patient population. The aim being for them to act on information provided by the patients and carers to improve the services delivered by the practice. Identification of the priorities may be through complaints and suggestions made, planned practice changes, bespoke surveys, CQC related issues, Friends and Family test, working with local commissioners , views from locality groups and community groups.
- At the request of a member the Surgery has joined NAPP (the National Association of Patient Participation). Please do look at the site. Of particular interest may be the upcoming week 6-11 June which is PPG Awareness week, which may be something the group may like to be actively involved in.

Matters Arising from the report:

- Online booking of appointments was discussed. This facility is available via 'Patient Access'. All patients wishing to use this facility need to register and details can be requested via Reception. Clarification was made that the full appointment book was available to those who booked on line and no appointments were blocked. A few appointments are kept back for use in the surgery for patients who do not have access to a computer. We book appointments two weeks in advance at present to reduce the number of DNA's. It was also found that if we booked further ahead the appointments were getting booked and there was a longer waiting time for patients

to be able to book a routine appointment. There are a few Nurse's appointments available online, mainly routine blood and health promotion appointments. We are working towards putting more nurses appointments on line, but the variety of appointments make this more challenging. Extended hours was briefly mentioned, we have been running early morning/late evening and a Saturday morning (for routine appointments only) for the past 5 years or so.

- The question regarding the booking of diabetic appointments using the Diabetic Book System, one member felt that this was a system within a system and not good as it was possible you could miss the GP for two years using that system. Sue advised that practice runs regular checks so that this doesn't happen, but we can look into this.
- The percentage of patients using the online system for booking appointments and repeat prescription requests was asked, the figures for this were not available at present, it will be looked into. The number is increasingly rapidly.
- There is an 'opt in' facility for text message reminders when patients have booked an appointment. This facility was not running as expected when discussed last year, but technical issues with the software have now been resolved. Patients can request the text message reminding service by informing Reception of their mobile telephone numbers and confirming that they would like to 'opt in' for this service.
- The access to patient medical records on line via the Patient Access should be up and running by the 31st March 2016. This can be very helpful to patients when they are away from home and need information for a GP appointment. Protocols are being agreed upon and the system will be set up by the 31 March.
- A new checking in board has been installed in Reception which is running smoothly along with a new calling in board.

UPDATE FROM ON SURGERY ACTIVITIES FROM DR TURNER, INCLUDING PREMISES

The Hub

There is a new appointments system in place for same day emergency appointment requests this is known as the HUB. This initiative is to relieve the pressure on the practice at times of high demand, it is not compulsory, there are one or two exclusions, but patients may be offered at the time of booking an emergency appointment the chance to be seen at the HUB. This facility is run by qualified GP's who can access your medical records. The HUB at present is at two locations: - Exeter Hall, Kidlington and Gosford Medical Practice, also in Kidlington. The notes from any consultations at the HUB are back with the surgery on the same day. This is a very efficient service and there has been positive patient feedback relating to this.

Early Visiting Service

A further service available to Woodstock Surgery is a service known as the EVS (Early Visiting Service). This service is an Emergency Care Practitioner led team

undertaking home visits on behalf of a patient's own GP. This is a direct referral made by your GP/Clinical Team to the EVS. The team will visit to assess, treat and make onward referrals as required liaising with the patient's GP as required.

Carers Champion

Another initiative the surgery has just started is that we have appointed a member of staff, Marianne as our Carers Champion who will only be too happy to direct carers to the appropriate services available to them.

Premises on the Police Station site

This is ongoing and moving forward slowly. The developers have had some issues which are being resolved. The surgery representatives are Dr Trevor Turner and Dr Helen Roskell. Our local Consultant is a company called GVA. The representative from Blenheim Estates is Roger File and NHS England is represented by Teresa O'Donnolly. There was a meeting today between the Consultants and Blenheim. The timescale is such that Planning Permission will be submitted in the next month or two, and then it can take eight months or so for the work to start. From that day it will be possibly be a further 12-18 months until we are in situ. The plan is to knock down old building and start from scratch. The current plans do not include any additional patient parking on the site. There is a municipal car park next door. The plans to move are looking good, the expected building will be significantly bigger than our existing building and will be over three floors. The site is such that it is not possible to build a one storey building. Access to the upper floors is to be via a lift.

HELEN VAN OSS – THE CHAIR FOR THE HEALTH FORUM.

The group of GP's at the North East Locality CCG meet up and their aim is to try and coordinate with the CCG for patient services. Helen is chair of the Health Forum in the North East Locality which includes Bicester, Kidlington, Islip and Woodstock. She takes information from the Forum to the CCG and other Health agencies. Attending these meetings she can report back to the Forum and on to the individual PPG's.

Unfortunately, the Forum has not had a Chair for nearly two years which has held us back, but we now have Helen and a Vice Chair so our aim is to really get the Forum moving and the aim is to start doing more proactive work.

- I would like information from this group to take forward. One of the things that we had at the last Forum meeting which was useful to hear from the South East was that they held a Health Fair and they invited various service providers from across the board, and everyone set up their workshops. Patients were invited to come just to talk to representatives that were relevant to them which proved to be very valuable. I am quite keen that we (along with some of the other members of the Forum) should do something on those lines.
- The National Association of Patient Participation Groups (NAPP) is running a week in June and I have asked Sue to circulate the details to everybody on how to access

this, as one of the biggest problem for all the groups is how do we get new members.

- The cuts to services such as cut backs for day centres, bus service cuts ect, will have an impact to both the surgery and patients. The bus service cuts especially, may have on the practice and could potentially increase the number of visits that are requested due some of the elderly population not being able to get to the surgery if they do not have a family member/friend who can bring them to an appointment.

Questions arising - None

MATTHEW HOUSTON - PROPOSAL OF 'TERMS OF REFERENCE'

Matthew Houston is a member of our PPG and is keen to start an active group of members.

He thanked the Surgery for joining the National Association of Patient Participation Groups (NAPP). It has a website which carries a lot of useful information and there are people available to help you in lots of different ways. MH found a useful leaflet called 'Growing Patient Participation, 21 ways to help you practice thrive', a copy of which might be worth having here in the surgery. Sue said there is board in the waiting room labelled 'Latest News at Woodstock Surgery' which the PPG can use for information such as this and for promotion/advertisements etc.

Matthew said he had spoken with a lot of people who were not aware of what the PPG was and what it is here to do, and looking through the website (Woodstock Surgery) it does seem fairly important that we should have some form of 'Terms of Reference' or a 'Constitution' which MH didn't think was available at the moment. SK said that this was not obligatory and the PPG had never thought that we had needed one before. However, if people wish to be more active it may be time to move and develop one.

Committee and terms of reference

MH-at present the PPG is mainly run from the surgery and yourself (SK) and in a very limited amount time, and maybe it was time to take this further and get more people (Committee) doing things such as recruiting etc. on a more formal basis. MH has compiled a Proposal - 'Terms of Reference' (distributed to the attendees) which he thought was worth discussing. SK mentioned to the group that what MH was circulating was a 'Terms of Reference', but you could look at it as a 'Constitution' or you might just want your own rules or you might what all three. MH thought that 'Terms of Reference' sounded better as Constitution sounded a bit formal.

MH went onto read from point 5. on the 'Terms of Reference', where the Committee may be composed of a Chair, Deputy Chair, Secretary, Treasurer, plus four to six other members that could possibly form sub-committees to try and look at recruiting more members . He also felt it might be useful to the group if you had a Receptionist, someone from the Pharmacy, etc., as well. SK explained that any member of staff could also be a member of the PPG, but the PPG was only open to patients, carers and staff, although the views of other organisations should be sought.

MH suggested that the aim was to recruit as big a cross section of the patient population for example villagers, different organisations, young mothers. SK informed the group that the PPG was well represented in most areas .

MH – If we had a committee we could have a sub-committee or group looking into recruitment for the PPG and the committee acts as the core into looking after those projects and then have a virtual PPG can be communicated with by email. SK – confirmed that this is the way that most groups are going with a core active group of people that want to get involved in activities and a virtual group whose views were sought and who contributed when they wished.

A member asked if there was information on the practice website giving more information about the PPG. SK – we don't go into lots of detail on the website, we say what it's for, past minutes and past reports are on the website and a contact number. There are also lots of website links that you can go on to and a link to NAPP.

ZH asked if it would be sensible tonight to try and select a Committee so that they could meet relatively soon and come up with some suggestions which then could be circulated. SK– certainly nominate people tonight, but we should stop short of electing a committee because there are people who either couldn't make the meeting tonight and would like to be involved. ZH asked what the timescale would be on getting a committee together so that we can work on maybe Dr van Oss's idea of getting a Health Fair up and running. SK – emails could be sent out in the next day or so and replies will have to be via email, or we could decide to have another meeting in a month's time. It is a PPG decision as to what they want to do.

One member was concerned that everything was geared to email and not everybody is computer literate. It was asked if the practice were aware of the percentage of patients that used computers; this is something we would not know. Communication was discussed and how best we could pass on information to those who are not computer literate or who may not attend the surgery on a regular basis. It was suggested that one of the things the PPG might do would be to produce a News Letter that could be and have copies of it in the surgery, or maybe circulated via the local news/village letters. A member suggested it may be possibly to provide a workshop for the elderly in using computers. This needs to be addressed by other organisations locally.

A member asked if the active group would constitute a replacement of this meeting, SK said we have a contractual obligation to hold an AGM

The election of an interim committee for one year was suggested SK – this is a PPG decision on how we go forward, but I just want people to be point out again that there are members that sent their apologies in who would very much liked to have attended tonight, but couldn't for various reasons. There are also the others (about 30) who didn't reply, and I don't know how interested they would be in getting involved with a Committee. The group is a virtual one and any changes need to be decided by all.

Again the topic of relaying of information to patients was talked about. These are patient details that the Surgery would be not be able to give to the PPG owing to DATA protection, so SK at present is the link and we have to be realistic with regard to how much time she is able to dedicate to this.

MH – Proposed that we accept these ‘Terms of Reference’ for the PPG to get things moving. SK thought we should go through the terms of reference so that people are happy with them.

Terms of reference

Point 2 of the proposal - there is in our Contract very definite wording on what the aims of the PPG are, and perhaps we should have a look at that in the Contract. From 1 April 2015, “It will be a contractual requirement for all practices to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.”

Action: Essentially the two ‘Terms of Reference’ are similar, the proposed ‘Terms of Reference’ would need updating in line with the Contract and this SK and TT will work together and when you have got your group up and running perhaps we can look at it together and decide where we go from there.

Point 5- Organisation of the proposed ‘Terms of Reference’ and the fact that we need some ground rules. We need to be very clear on what we can discuss and what we can’t discuss. SK said any committee group would need to act on the priorities taken from the virtual groups and other sources of information as suggested by their contract and not from their own ideas.

Action: areas of priority

Committee

Meetings were discussed and the question of whether the Committee should may be meet on a regular basis. An AGM will still be required.

The composition of the Committee was discussed, a brief mention of funding was brought up for photocopying, hall hiring etc., SK pointed out that there is no funding provided. MH suggested that perhaps approaching one of the large medical companies locally for some sort of contribution may be worth looking into. This is something that when the Committee is formed they could look into.

MH went onto propose that at this meeting today we form a Committee to take the PPG forward.

It was felt by some that the election of a Committee should not go ahead tonight because of the issues already raised regarding the possibility of any people who had not attended wanting to be considered for one of the posts on offer. SK was again asked if she could contact the people (via email) not attending tonight’s meeting to ask if they had an interest in joining the Committee.

SK would like to get nominations in and then be able to tell those persons what the nominations are and that everyone has a free hand in deciding. It would be beneficial to the group to get a different cross section of the community age groups involved this sometime proved to be difficult and worry is that the Committee will consist of the same age group, but as SK pointed out young people do not necessarily have the time to attend meetings owing to work commitments etc.,

Emailing within the group was discussed and for Data Protection reasons the surgery could not circulate email addresses, but if the group decided to exchange email addresses then that was entirely up to them, but a certain amount of liaison between the PPG and members will still have to be carried out by SK.

As suggested a show of hands indicated that 4 members would be willing to stand.

PPG will vote for the nominees at the next meeting

It was suggested that we do not use the word Committee – another name for the group to be proposed – Task Force . Action: to name the active group.

ANY OTHER BUSINESS

When SK emails members of the PPG she now uses Woodstock.ppg@nhs.net which is the email address you should use to email SK anything to do with the PPG.

Woodstock.ppg@nhs.net is the same login details for NAPP and the password is bluedog66 PLEASE NOTE this password should never be changed as it not allow any other member to login.

DATE OF NEXT MEETING

Date for next meeting for members interested in developing a more active group –
Tuesday 9th February 2016

Meeting brought to a close