

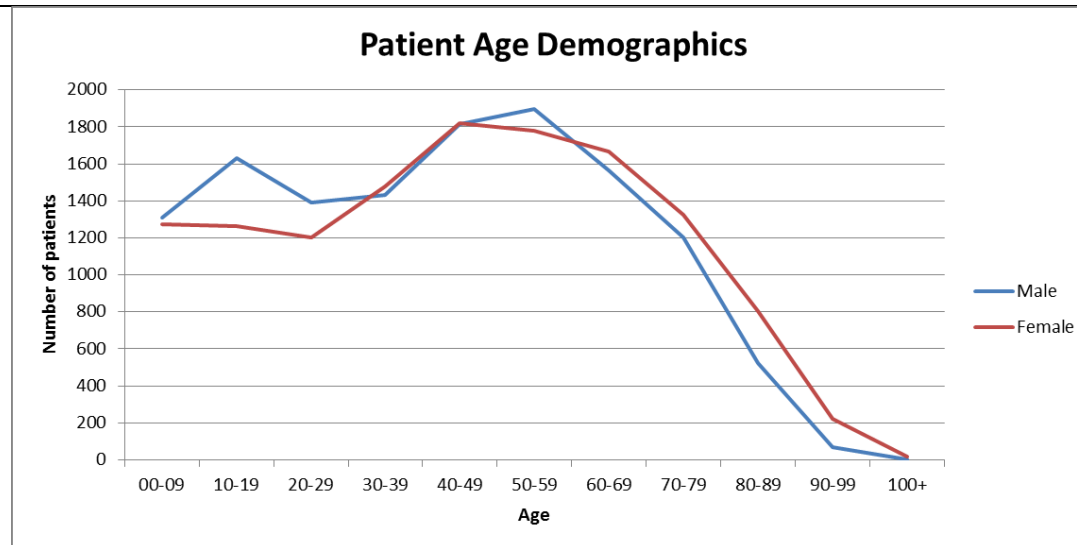
## **PPG Meeting Minutes: Tuesday 7<sup>th</sup> February**

**Attendees:** Dr G Wilson, Nick Jackson, Veronica Astley, Bob Mitchell, Diane Tomkins, Sue Tucker, Bob Taylor, Veronica Catherall, Nanette Hedley, Nigel Haydon, Linda Crockett, Graham Dearn, Les Sheard, Lisa Thistleton.

**Apologies:** Robert Derricott.

	<b>Agenda Item</b>	<b>Summary Of Discussion</b>	<b>Action</b>
1.	<b>Apologies/ Introductions</b>	<p>Introductions done.</p> <p>Informed the group of the very sad passing of long-time member Margaret Fraser, a much loved member of the PPG. Advised that I have sent a card on behalf of the practice and the group.</p> <p>Advised that Jackie O'Brien, our current chair, would be taking some time out from the group for personal reasons. She'll be back though.</p>	
2.	<b>Meeting structure/Aims</b>	<p><b>Structure:</b></p> <p>NJ invited the group to consider areas of focus. By focusing on one or two areas, we can make a meaningful impact and positive change within the practice.</p> <p>Also asked whether the group would appreciate us rotating chair and minuting duties. I feel this will facilitate involvement and understanding.</p> <p><b>Aims:</b></p> <p>Veronica Catherall mentioned the potential benefits of targeting schools/colleges to invite</p>	<p><b>Group to consider.</b></p> <p><b>Group to consider.</b></p>

		<p>their participation in the group. Perhaps people with interest in a career in medicine may see joining the group and seeing the other side of General Practice, something useful, and something to add to CVs.</p> <p>Suggestion also made to target clinical groups, to increase representation. Discussion had around this, and the appetite within the group to attend the practice to talk to patients about the group. Felt that an opportunity to talk to patient face-to-face would be beneficial. In all cases it's important to explain the dynamic between practice/patient, and what both parties get out the equation.</p> <p>NJ asked that all PPG members consider what they see as the three main objectives of the group and feedback; this will be interesting to understand the focus of the group and what makes it tick.</p> <p>Sue Tucker mentioned that through her work at Oxfam, they have work experience from those completing their D of E award.</p> <p>ST also asked about the demographics of the practice as a whole, to understand exactly the population we're representing, see the split by age and sex below:</p>	<p><b>Jackie to email current progress if possible.</b></p> <p><b>All group members.</b></p> <p><b>Nick to pull out related information.</b></p>
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Bob Mitchell asked about our social media links, which are as below:

**Twitter:** [www.twitter.com/LionHealthGP](http://www.twitter.com/LionHealthGP)

**Facebook:** [www.facebook.com/LionHealthGP](http://www.facebook.com/LionHealthGP)

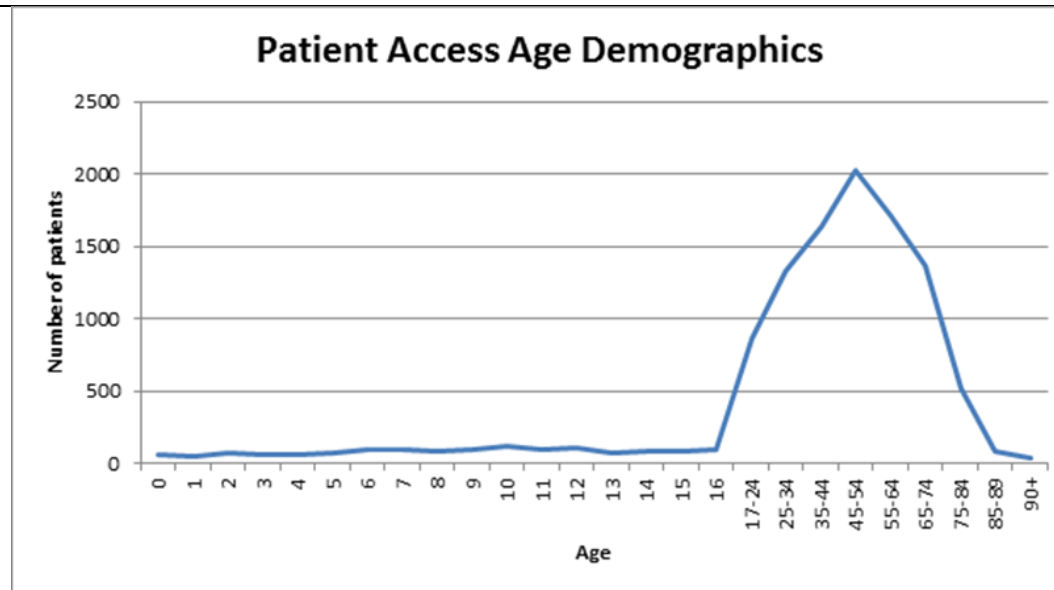
**Misc:**

Nanette expressed some concerns with the telephone consultations at the practice, stating that she felt rushed during a recent experience. GW apologised, and said she would feed back. This led to discussion regarding access, with GW re-emphasising the benefits of us having midday availability.

NJ queried whether it would be useful for the group to have a more detailed FAQ process, to answer some of the questions that may be regular/generic, to save time during physical/telephone consultations. Group to consider.

**Group to consider and email suggestions.**

3.	<b>Review of November's action points</b>	PBP request. Our practice based pharmacists will attend a future meeting to discuss the role. To identify which member of the PBP team.	<b>NJ to follow-up PBPs.</b>
4.	<b>Practice Update (GW)</b>	<p>Dr Wilson updated the group on the following:</p> <ul style="list-style-type: none"> <li>• Drs Yeomans and Graham have left to pursue their careers elsewhere, we all wish them the very best.</li> <li>• Drs Radstone and Jones have both recently given birth, congratulations to them.</li> <li>• We are currently recruiting for new members of our Patient Services Officer (PSO), Surgery Assistant, Health Care Assistant (HCA), and Practice Nurse Teams. So you will soon meet some new members of staff.</li> <li>• Drs Evans and Jones are welcomed to the partnership.</li> <li>• The MCP/Vanguard is in a consultation/bidding process. As a PPG and practice our main concern is ensuing continuity of care. As a matter of course our discharges are monitored and triaged by Dr Carvell.</li> <li>• The surgery will shortly be revamping of the staff uniforms.</li> <li>• Discussion around the Saturday surgeries currently being undertaken. Clarification of how these appointments are booked.</li> </ul> <p>Lead on to a discussion RE: patient access, and request that we add a link to our website to provide the easiest access for our patients. Confirmation that beyond this, we have no control over the EMIS Access website. The group was interested in the age breakdown of users of Patient Access.</p>	<b>NJ to add Access Link To Website, and look at user demographics.</b>



GW espoused her ethos of “only do what only you can do”, i.e. Clinicians do what they do best, administrators what they do best etc.

Nick provided an update on the Sense.ly project *(and an introduction for new members)*.

**5. Long Term Conditions**

Nick updated the group on the three LTC project groups. Recent Core Meeting Minutes can be viewed here for greater detail...

[http://lion-health.co.uk/images/uploads/pdfs/LTC\\_Core\\_Project\\_Meeting\\_-\\_26th\\_January\\_2017.pdf](http://lion-health.co.uk/images/uploads/pdfs/LTC_Core_Project_Meeting_-_26th_January_2017.pdf)

Asked the group to consider their expectations of how we provide chronic diseases, and updated them on our work to improve our disease management processes, and create a one stop shop.

		<p>Veronica Astley discussed her experience of HCAs, and stated that she felt that there should be sufficient training to ensure competence. Group all agreed that the right touch is required in all levels of clinician.</p> <p>Nanette Hedley queried her recall, and was reassured that all chronic disease patients will have contact made with them as part of our new processes.</p>	
6.	<b>POPS Meeting Report</b>	Nigel Haydon updated the group on Vanguard, stated that we'd been waiting four years for the new Mental Health strategy, so some scepticism amongst the group.	<b>NH to send notes.</b>
7.	<b>AOB</b>	Request for hand gel made, considering the health and cleanliness around the self-check-in machines.	<b>NJ to investigate.</b>

***Next Meeting: Tuesday 11<sup>th</sup> April 2017 at 2pm – Seminar Rooms, Lion Health.***

***Lion Health PPG: Common Terms/Abbreviations/Acronyms***

<b><i>Term/Abbreviation</i></b>	<b><i>Explanation (Where Appropriate)</i></b>
<b>A&amp;E</b>	<b>Accident &amp; Emergency Department of Hospital</b>
<b>ADT</b>	<b>Admissions, Discharges and Transfers</b>

	<p>Used in health care, an ADT system is usually the foundation for health care information systems because it holds valuable patient information such as a medical record number, age, name, and contact information.</p> <p>Using the ADT system, patient information can be shared, when appropriate, with other health care facilities and systems.</p>
<b>AQP</b>	<b>Any Qualified Provider of a Particular Service</b>
<b>BMA</b>	<p><b>British Medical Association</b></p> <p>The British Medical Association is the professional association and registered trade union for doctors in the United Kingdom.</p>
<b>CAB/C&amp;B</b>	<p><b>Choose and Book</b></p> <p>Software which enables patients needing an outpatient appointment to choose which hospital they are referred to by their general practitioner, and to book a convenient date and time for their appointment.</p>
<b>CCG</b>	<p><b>Clinical Commissioning Group</b></p> <p>NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.</p> <p>To a certain extent they replace primary care trusts, though some of the staff and responsibilities moved to the council Public Health teams when PCTs ceased to exist in April 2013.</p>
<b>CQC</b>	<p><b>Care Quality Commission</b></p> <p>The CQC is an executive non-departmental public body of the Department of Health. It was established in 2009 to regulate and inspect health and social care services in England.</p>
<b>DH</b>	<p><b>Department Of Health</b></p> <p>The part of the government which focuses on issues related to the general health of its citizens.</p>

<b>EMIS</b>	<b>Egton Medical Information Systems</b>  The clinical system used by Lion Health.
<b>EPCDP</b>	<b>Enhanced Primary Care Development Programme</b>  Programme the practice ran in the 2015 to set a precedent for more staff/patient involvement in practice developments.
<b>EPIC</b>	<b>Enabling Practices to Improve and Change</b>  New programme to launch in Summer 2016, to promote collaborative working amongst GP practices.
<b>GP</b>	<b>General Practitioner</b>
<b>HCC</b>	<b>Health Care Commission</b>  The Healthcare Commission was a non-departmental public body sponsored by the Department of Health of the United Kingdom. It was set up to promote and drive improvement in the quality of health care and public health in England and Wales.  The Commission was abolished on 31 March 2009 and its responsibilities in England broadly subsumed by the Care Quality Commission.
<b>LTCs</b>	<b>Long Term Conditions</b>  Significant conditions patients have for life, or for a significant period of time (e.g. Asthma, diabetes, cancer etc.).
<b>NICE</b>	<b>National Institute of Clinical Excellence</b>  The National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.
<b>PALS</b>	<b>Patient Advice and Liaison Service</b>



	Confidential service designed to provide a personal contact to assist patients, relatives and carers.
<b>PCT</b>	<p><b>Primary Care Trust</b></p> <p>PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers.</p> <p>Primary care trusts were abolished on 31 March 2013 as part of the Health and Social Care Act 2012, with their work taken over by clinical commissioning groups.</p>
<b>POP/POPs</b>	<p><b>Patient Opportunity Panel</b></p> <p>The meeting is chaired by Julie Jasper who is the champion for patient engagement on Dudley CCG Board. We try and encourage 1 or 2 members from each PPG to join us and tell us about issues which are affecting their practice or their local areas.</p> <p>Julie then takes this directly to Board and they are able to listen and respond which gets reported back to the POPs group.</p>
<b>PPG</b>	<p><b>Patient Participation Group</b></p> <p>PPGs are registered patients at a particular practice who choose to meet roughly every 2 months.</p> <p>They work with the practice to help make improvements and provide a patient perspective on how the practice works and give an opinion on the wider NHS.</p>
<b>QOF</b>	<p><b>Quality Outcome Framework (Assessor Validation Reports)</b></p> <p>The Quality and Outcomes Framework is a system for the performance management and payment of general practitioners in the National Health Service in England, Wales, Scotland and Northern Ireland. It was introduced as part of the new general medical services contract in April 2004, replacing various other fee arrangements.</p>
<b>RCGP</b>	<b>Royal College of General Practitioners</b>

	<p>The Royal College of General Practitioners is the professional body for general (medical) practitioners (GPs/Family Physicians/Primary Care Physicians) in the United Kingdom. The RCGP represents and supports GPs on key issues including licensing, education, training, research and clinical standards.</p>
<b>SCR</b>	<p><b>Summary Care Record</b></p> <p>A Summary Care Record (SCR) is an electronic patient record, a summary of National Health Service patient data held on a central database covering England, part of the NHS National Programme for IT. The purpose of the database is to make patient data readily available anywhere that the patient seeks treatment.</p>

