

PPG Meeting Minutes: Tuesday 8th November

Attendees: Dr G Wilson, Nick Jackson, Nigel Haydon, Les Sheard, Graham Dearn, Veronica Catherall, Janet Darby, Lisa Thistleton, Robert Derricott, Sue Tucker.

Apologies: Jackie O'Brien, Margaret Fraser, Duncan Parker, Rene Evans, Veronica Astley, Bob Taylor, Nanette Hedley.

	<i>Agenda Item</i>	<i>Summary Of Discussion</i>	<i>Action</i>
1.	Apologies/ Introductions	Nick introduced the meeting.	
2.	Meeting structure	<p>As it was the last meeting on the year, Nick asked the group to reflect on the group structure and the things that work, and what we could do differently? Are there areas the group would like to investigate and potentially work on/improve? The group can raise now or via email/phone.</p> <p>Nigel suggested that he was generally happy with how the group functions, and suggested that the paramedic services may be an area to look at.</p> <p>Graham agreed that he was generally happy, and agreed that raising issue in advance rather than on the day of the meeting would allow planning.</p> <p>Sue asked that we follow-up new initiatives within the group and critically evaluate how we are achieving/following these.</p> <p>Janet brought in some newspaper cuttings relating to:</p>	<p>Nick to set 2017 dates and circulate to the group.</p> <p>Group to consider areas of interest and priority.</p>

		<ul style="list-style-type: none"> • “Spicy answer to joint pain” – turmeric. • Cholesterol lowering advice. • Deodorants cancer risk. • Young women and mental illness. <p>Nick suggested that one of the functions of the group may be to evaluate and rationalise some of the health-related stories that may come up in the media, to provide logical and accurate information for our patients.</p> <p>Sue queried the nature of the virtual panel. Discussed that the virtual group really acts a mailing list as it currently works. They receive minutes and are invited to participate in initiatives, but generally have chosen to not physically attend the meetings.</p> <p>The group to consider ways of engaging with these people more or establishing a surgery mailing list to send this sort of information to.</p> <p>Les raised the on-going fact that our group needs younger representation. Jackie has contacted three of the four local schools/colleges we identified to invite to join the group (OSH, Hagley, Redhill, King-Eds) and is meeting next week.</p> <p>Graham also mentioned that when the POPS group did an event to encourage the youth at Himley it was a success (although they didn't pursue further). Nick suggested that Graham perhaps consider the lessons learnt, and the things that went well in that event, so that we may do something similar.</p> <p>I think the take-home message is establishing priorities and forward planning.</p>	<p>Jackie to feed-back on her meetings.</p> <p>Graham to present the positive points from the OPOS' previous engagement events.</p>
3.	Review of	Pharmacists to attend PPG session.	Nick to invite PBP

	September's action points	Feedback regarding the positive impacts of LTC clinic attendance, represented in graphical form.	to the next meeting to field queries and offer their perspectives.
4.	Practice Update (GW)	<p>Dr Wilson discussed some of the change within the clinical team. Drs Radstone and Jones are now on maternity leave. She also mentioned the team we have established to offer improved care to our patients that cannot attend the surgery. Paula Middleton will be responsible for Nursing Homes, and Linda Plant for housebound patients.</p> <p>Dr Wilson gave some background to the current GP recruiting crisis, and explained that we will be pursuing other options, including a nurse named Jo McGoldrick who will be supporting our NHS health checks. We will also be introducing GPs with particular specialities to join our multi-disciplinary team meetings.</p> <p>She is keen for the practice to adopt an ethos of <i>"only do what only you can do"</i>.</p> <p>Nick gave some background to the EPIC project, which is something the practice is currently looking at pursuing. This involves the practice looking outwards and forging relationships with partner organisations create new services for our patients. There will be further updates to follow.</p> <p>Glenys also fed back on the COPD education events at the practice, which have proved successful, and which we want to do more of.</p> <p>In terms of organisational updates, the practice will be offering Saturday morning sessions again during the winter months (specific dates to be determined), for pre-bookable</p>	

		<p>appointments. We are also beginning to trial new ways to offer telephone consultations, with video consultations on the horizon also.</p> <p>Sue thanked Dr Wilson for the update, stating that she found it very useful.</p>	
5.	Long Term Conditions	<p>Graham and Nick fed back on the progress of the three LTC focus groups.</p> <p>Currently they are finalising their projects, and the group leads will feed-back at the next meeting.</p> <p>Positive feedback about the notion of 'reflective practice' being exercised in the Practice's focus group work.</p> <p><i>Clinical Invitation Feedback:</i></p> <p>Along with the agenda we offered the group the opportunity to feed back on the clinic invitation letter we use.</p> <p>A couple of people found the files difficult to open, but we had a discussion regarding people thoughts. Key points were:</p> <ul style="list-style-type: none"> • Better facilities for logging cancellations. • Further information about the expectations around urine samples (where to collect pots etc.). • Additional email options for communication, but this was secondary to the phone option amongst those present. 	Focus Groups to present feedback.

		<ul style="list-style-type: none"> • Two sides maximum for any letters. • Book next year's appt at this year's appt. <p>Graham mentioned the discussions regarding birth-month based recalls. This would enable patient and staff alike to all have an immediate awareness of when their chronic disease recall was due.</p>	
6.	Patient Newsletter	<p>Examples of the completed Patient Newsletter distributed, and response favourable.</p> <p>Nick and Jackie will be feeding back regarding putting the patient purse funds to use.</p>	
7.	POPS Meeting Report	Nigel gave some feedback regarding the on-going MCP 15 year project.	
8.	AOB	<p>Sue commented on the telephone system, and queried the options for leaving messages.</p> <p>Les raised the issues of inconsistent medication, as raised previously by Nanette at the last meeting. We briefly discussed the patient issues related to such inconsistency of size and colour, and Dr Wilson explained the rationale behind the prescribing of 28 and 30 pill-packs.</p> <p>Suggesting inviting one of our Practice Based Pharmacists to one of our next meeting to field queries/concerns in a protected slot of the agenda.</p> <p>Les also fed-back regarding public transport provision stating that the contact he'd hoped to pursue a workaround with has left their position, but there are further opportunities with an alternative provider, with whom Les plans to discuss our options. Les will feedback to the group regularly.</p>	<p>Nick to look into available options.</p> <p>Nick to invite PBP to the next meeting to field queries and offer their perspectives.</p>

Next Meeting: Tuesday 7th February 2017 at 2pm

Lion Health PPG: Common Terms/Abbreviations/Acronyms

Term/Abbreviation	Explanation (Where Appropriate)
A&E	Accident & Emergency Department of Hospital
ADT	Admissions, Discharges and Transfers 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. Using the ADT system, patient information can be shared, when appropriate, with other health care facilities and systems.
AQP	Any Qualified Provider of a Particular Service
BMA	British Medical Association The British Medical Association is the professional association and registered trade union for doctors in the United Kingdom.
CAB/C&B	Choose and Book

	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.
CCG	<p>Clinical Commissioning Group</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>
CQC	<p>Care Quality Commission</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>
DH	<p>Department Of Health</p> <p>The part of the government which focuses on issues related to the general health of its citizens.</p>
EMIS	<p>Egton Medical Information Systems</p> <p>The clinical system used by Lion Health.</p>
EPCDP	<p>Enhanced Primary Care Development Programme</p> <p>Programme the practice ran in the 2015 to set a precedent for more staff/patient involvement in practice developments.</p>
EPIC	<p>Enabling Practices to Improve and Change</p> <p>New programme to launch in Summer 2016, to promote collaborative working amongst GP practices.</p>
GP	General Practitioner
HCC	Heath Care Commission

	<p>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.</p> <p>The Commission was abolished on 31 March 2009 and its responsibilities in England broadly subsumed by the Care Quality Commission.</p>
LTCs	<p>Long Term Conditions</p> <p>Significant conditions patients have for life, or for a significant period of time (e.g. Asthma, diabetes, cancer etc.).</p>
NICE	<p>National Institute of Clinical Excellence</p> <p>The National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.</p>
PALS	<p>Patient Advice and Liaison Service</p> <p>Confidential service designed to provide a personal contact to assist patients, relatives and carers.</p>
PCT	<p>Primary Care Trust</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>
POP/POPs	<p>Patient Opportunity Panel</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>
PPG	<p>Patient Participation Group</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>
QOF	<p>Quality Outcome Framework (Assessor Validation Reports)</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>
RCGP	<p>Royal College of General Practitioners</p> <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>
SCR	<p>Summary Care Record</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>

