

PPG Meeting Minutes: Tuesday 11th April 2017

Attendees: Nick Jackson, Graham Dearn, Clair Huckerby, Susan Tucker, Nanette Hedley, Veronica Catherall, Robert Derricott, Jo McGoldrick, Helen Taplin (minutes).

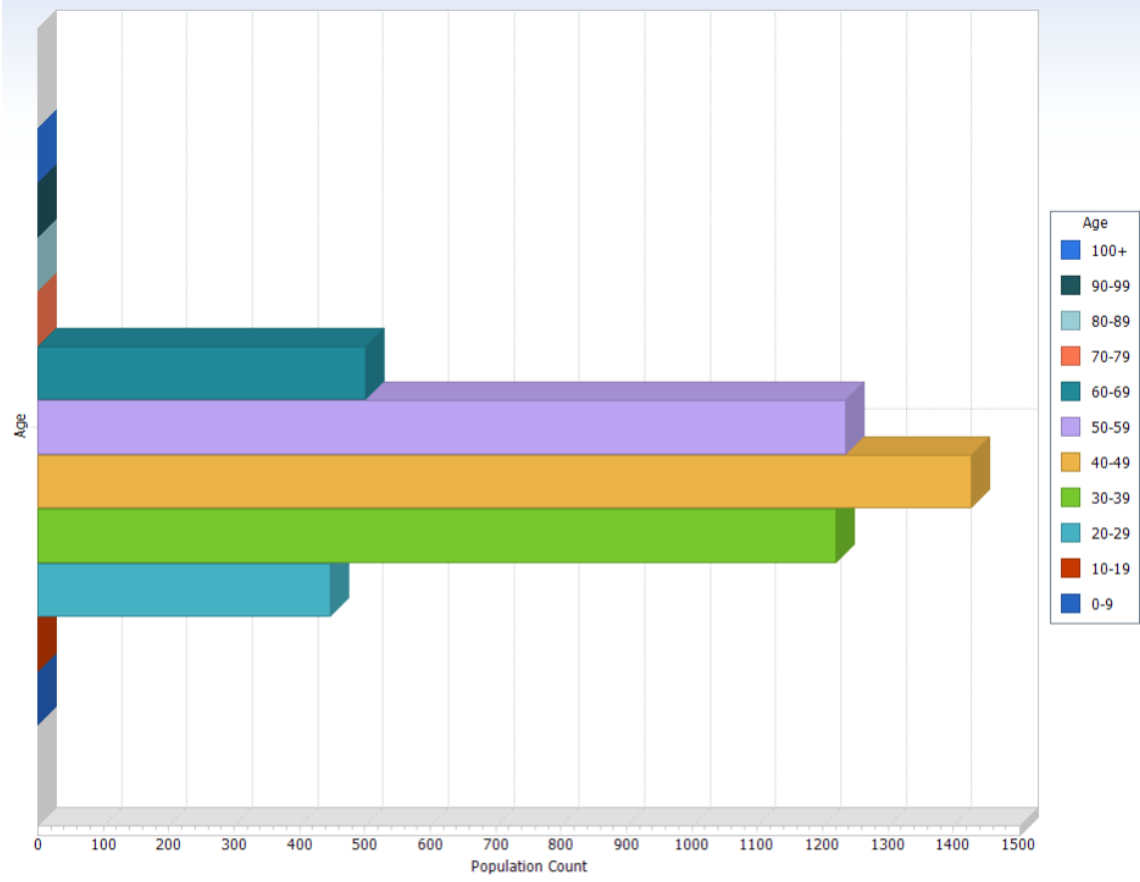
Apologies: Bob Taylor, Bob Mitchell, Kate Wells, Veronica Astley, Lisa Thistleton, Diane Tomkins, Nigel Haydon.

	Agenda Item	Summary Of Discussion	Action
	<p>The Future For Prescribing of Medicines & Products with Low/No Clinical Value with Clair Huckerby</p>	<p>NHS England is looking at reviewing the Blacklist, i.e. drugs which cannot be prescribed. The CCG works very efficiently to use resources as effectively as possible. The CCG is faced with the situation of not allowing certain lifesaving treatments if the budget is spent as it is now. Clair works with NICE and they are reviewing the Blacklist at National level. Many products prescribed at present have no clinical value such as toothpaste and vitamins. A lot of money is spent on dental products, travel vaccines, Paracetamol and Ibuprofen.</p> <p>Self-Care is being recommended for patients to seek Pharmacy advice. GPs may choose to direct certain patients to a Community Pharmacy where certain products are free of charge for people on low incomes who have minor ailments. On the CCG website there is a questionnaire about items on this list although it is only a rough draft as yet. Clair advised that a lot of work is being done by the media but we need a consistent voice in Dudley. GD felt that evidence to support this is required as 'on line' reviews were 'not across the board'.</p>	<p>The discussion around 'Prescription of drugs of no/limited value' agreed as an <u>area of focus</u> for the group.</p>

		<p>GD felt that not all Pharmacies would be approachable for medical opinions to which Clair responded that Community Pharmacies are regulated by NHS England General Pharmaceutical Council so this would not be the case. Clair explained that there have been issues with Pharmaceutical companies being taken over and making fantastic profits. Vitamins prescribed for macular degeneration are a food substance not tablets and cost approx. £10/month.</p> <p>RD asked about the medication review mentioned on each prescription. There are four possible reviews, 1) Review of notes by the Pharmacist who informs GP of any queries 2) Pharmacist may telephone patient, 3) Pharmacist may call patient in to see him, 4) Patient may request a medication review.</p> <p>NH asked about Vitamin D medication changes. Clair explained this depends if the patient is either sufficient or insufficient. GD asked how patients will understand why some patients will get the same medications from the GP and not others. RD felt the GPS need more advice and will need to inform patients that the new scheme will save a lot of much needed money. Jo M suggested advertising will be required to show how much money could be saved. Clair said that the choice of biological drugs may not be able to be offered if savings are not made now. GD asked Clair the reason why tablets in popper strips cannot be reused. Clair explained that these tablets cannot legally be reused in case they have been tampered with.</p> <p>Clair agreed to NJ sharing her email address and her presentation with the PPG.</p>	<p>Review date needs clarifying on prescriptions</p>
	<p>Patient Activation Measure with Jo McGoldrick (HCA)</p>	<p>Jo explained that this is a new project being overseen by Dr Mann. The project originally came from America but we will be the first to trial it in Dudley. When a patient is newly diagnosed with a Long Term Condition (diabetes, asthma, mental health issues, TIAs and hypertension etc.) they may feel overwhelmed and need some support. Patients will have a 30 minute appointment with Jo where a questionnaire will be completed to assess how the patient feels as newly diagnosed. This will be categorised to 4 levels of activation with sublevels within these levels. Categories 1 and 2 patients will need more time with Jo over a 6 month period. After 6 months the patient will redo the questionnaire and hopefully will have moved up a level or at least part of one.</p>	

		<p>Jo mentioned that patients should have joint ownership of their condition. A small set of baseline observations will be monitored at the beginning of the programme and after 6 months. This data will feed into clinical appointments the patient has. Patients need to be honest when completing the questionnaire. Numbers of newly diagnosed patients with Long Term Conditions are roughly 1600 per year.</p> <p>Jo asked for a couple of PPG members to come in once a month as the project is being set up. G Dearn, S Tucker and N Hedley offered to do this.</p>	<p>NJ to coordinate correspondence between volunteers and Jo</p>
	<p>Staff Changes within the Surgery</p>	<p>NJ updated the PPG of recent staff changes. We have a new GP who will be responsible for Education, Dr Wool, Jo Gubbins (Nurse), Leanne Hall (HCA).</p> <p>New receptionist, Chris Evans. We have a new Surgery Assistant, Zara who will be working alongside Jurgen and our HR Officer Emma Gregory.</p> <p>Dr R Evans has now been made a Partner.</p> <p>Tracey Bagley, Assistant Practice Manager has now left to take up a post with the BBC.</p> <p>VC commented that the panel have missed seeing PM Cathryn Bateman at meetings so Nick will invite Cathryn to a meeting.</p>	<p>NJ to invite Cath Bateman to a PPG meeting</p>
	<p>Bus Service and Pedestrian Crossing update</p>	<p>NJ explained that Finance from the Practice is not there to support a bus service. The crossing by Katie Fitzgerald's is still under consultation. NH felt that the Government should be involved and also the transport companies.</p> <p>NJ said as a group we should focus on items we can make a difference to Healthcare on. NJ feels there is nothing we can do about the bus stop and traffic calming measures. NJ acknowledges thanks to Les for his work in his area, and will contact separately. NH was concerned transport was not mentioned in the last set of minutes.</p>	

	Mid-day Extra Surgery	NJ told the panel that Dr Wilson is going to do a piece of work about the Mid-Day Extras and asked the Panel if any of them rely on that particular session. Many positive comments about tis surgery were fed back to Nick.	
	AOB	ST enquired about the uptake for smear tests at the Surgery, how effective the recall system is and how the Practice does this. NJ informed that there is currently 79.8% uptake from the smear recall system.	



ST also asked about the generation of revenue through room rental.

Long-Term Conditions: the review year starts in April. NJ thanked GD and anyone who helped with the LTC Panel. NJ asked for reviews from PPG patients who have been invited to LTC appointments.

Next Meeting: Tuesday 13th June 2017 at 2pm – Seminar Rooms, Lion Health.

*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	<p>Choose and Book</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>
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	<p>General Practitioner</p>

HCC	<p>Heath Care Commission</p> <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</p>

	<p>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>

