

ABBAY MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP

Meeting held on Wednesday 27th. November 2013

in the Practice Common Room

PRESENT

Brian Palmer (Chair)
Diana Cowan (Vice-Chair)
Jane Foster (Secretary)
Dr Stephen Grant (GP Representative)
Teresa Webb (Practice Manager)

Sue Waters
Jeanette Barnes
Jenny Langley
Alyson Grout

APOLOGIES

Richard Allen (Business Manager) Roy Caldwell

DRAFT MINUTES

A. Welcome and apologies

1. Apologies were received as above.

B. Minutes of the Meeting held on 4th. September 2013 & review of Actions

| No. | Action | Owner | By | Status |
|------------|---|---------------------------|--------------------------|--|
| Jun 13-01 | The Practice to review its the process for communicating with patients about prospective medication changes when branded medications come off licence or there is a switch in the supply of a generic drug. | Richard Teresa Jane | Sept meeting End July | See Para B1. Richard to implement Protocol - COMPLETED Teresa and Jane both to write to the patient concerned. Jane COMPLETED Teresa COMPLETED |
| Jul 13-02 | Investigate options to show patients where to stand in front of the dispensary to preserve other patients' confidentiality. | Teresa | Next meeting | COMPLETED |
| Jul 13-03 | Comments to Brian on the editorial for the next newsletter. | All | 11 Sept. | CLOSED See Para. B1. |
| Sept 13-01 | Send availability to help with patient survey to | All | End Sept | COMPLETED |

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|------------|---|-----------|----------------------|--------------------------|
| | Teresa. | | | |
| Sept 13-02 | Review the information screen | All | | ONGOING See Para. B2. |
| Nov 13-01 | Go through the Minutes and prepare a complaints log for the PPG in consultation with Richard | Jane | Jan meeting | New |
| Nov 13-02 | Devise a comments box | Brian | Jan meeting | New |
| Nov 13-03 | Pursue error messages on the online prescription ordering system and remove old content from web pages. | Teresa | Jan meeting | New |
| Nov 13-04 | Find out from the next network meeting how other PPGs are talking the CQC Guidelines. | Brian/Roy | Next network meeting | New |
| Nov 13-05 | Send the PPG the comparative survey results and set up a meeting with a subset of the PPG to go through them. | Teresa | Jan meeting | New |

1. Action Jul 13-03. Brian said that he had had no comments on the second draft of the newsletter and questioned its value. Teresa suggested that instead of a newsletter, the PPG should use display board just inside the entrance to the waiting room to put notices and articles on as required. Action CLOSED.
2. Action Sept 13-02. Brian said that he had received suggestions for the information screen from Diana. Teresa said that PPG members can come into the surgery to make the changes. She suggested that it might also be worth talking to Winchcombe PPG about how they use their information screen. Action ONGOING.

C. Actions from the meeting to discuss the CQC Guide for PPGs.

1. Brian introduced the list of thoughts/proposals that had arisen at the meeting.to discuss the CQC Guide for PPGs.
 - A. To investigate the quality of the AMP complaints procedure/record keeping- explore introducing a comments box.
 - B. To investigate the quality of the AMP prescriptions service.
 - C. To consider running our own survey against the standards.
 - D. To explore meeting with surgery staff other than the GPs and managers – i.e. reception, nursing and pharmacy staff

2. On A. Brian said that auditors would expect the PPG to have a complaints log; currently complaints to the PPG were only recorded in the Minutes. It was noted that the Practice has a formal complaints process and that most, if not all, of the online complaints handled by the PPG had also been handled by the Practice. It was agreed that it was important not to duplicate effort.

Action Nov 13-01 Jane to go through the Minutes and prepare a complaints log for the PPG in consultation with Richard - by next Meeting

3. The PPG agreed that the comments box was a good idea for general anonymous points, although it was noted that if patients wanted anything specific followed up they would need to give their contact details.

Action Nov 13-02 Brian to devise a comments box - by next Meeting

4. On B, Brian said that he had informal evidence that the Dispensary was the area of the Practice most 'prone to falling down'. Dr Grant asked for specific evidence of any shortcomings, saying that in his view the AMP Dispensary was better than others in the area.
5. Teresa explained that bar-code scanners had just been introduced in the Dispensary which will help reduce errors. She also told the PPG that the new Dispensary module was much slower than the previous one which was causing frustration among staff.
6. It was noted that the new barrier in front of the Dispensary, installed to improve patient confidentiality, was up and working well.
7. Diana said that she had had problems getting her medication every month, but suggested that this might be an isolated problem. Jane said that she was still getting error messages when using the online repeat prescription service and also that there were still notices about the (then forthcoming) July EMIS upgrade on the Dispensary webpage. Teresa said that EMIS and Patient UK were each blaming the other about the error messages.

Action Nov 13-03 Teresa to pursue the error messages on the prescription ordering system and remove old content from the web pages.

8. On C. Brian suggested that the PPG should conduct some tailored surveys of some of the ancillary services.
9. Jane was concerned that patients might become resistant to filling in too many surveys. Teresa reminded the PPG that the Practice was obliged to carry out an annual GP survey.
10. Brian then suggested carrying out a survey of the nursing service in 6 months time. In response to a question from Teresa on the objective of the survey, Brian said that it would be about the quality of the service.
11. On D he suggested meeting with staff from the ancillary services to raise awareness of the PPG and pick up any concerns. There followed a discussion of both formal and informal ways that this might be achieved, during which the PPG

were surprised and sorry to hear from Teresa said that the ancillary staff were fearful of being monitored by the PPG. In conclusion, Dr Grant made it clear to the PPG that it was up to the Practice to decide whether to allow them to meet its staff.

12. Aly then asked Dr Grant whether the Practice was not happy with the CQC Guidelines which, Brian said, put PPGs on a different footing. Teresa suggested that they didn't work in practice and Dr Grant said that the Guidelines had been imposed on Practices and following them took up a lot of time which, he felt, would be better spent seeing patients.
13. Diana suggested that it would be worth finding out how other PPGs were addressing the CQC Guidelines. Brian said he would raise the issue at the next network meeting.

Action Nov 13-04 Brian to find out from the next network meeting how other PPGs are talking the CQC Guidelines.

D. Report from the GP Representative

1. Dr Grant told the PPG that the Practice's budget was falling in real terms on top of previous falls over the last 5 years; it was being asked to provide more for less. The Practice is growing, which will bring more money in, but also bring more work. He said that while greater funding is available for old and young patients, AMP has a lot of unwell middle-aged people.
2. In terms of time pressures on the GPs, Dr Grant told the PPG that it was difficult to conduct proper consultations within the NHS target of 10 minutes, but longer consultations meant fewer appointments, a longer day or no lunch for GPs. He also said that the Abbey Bridge roadworks had increased the travelling time for many visits.
3. Other pressures on GP services included the demand for visits posed by the 70-bed old peoples' home which housed many demented geriatric patients.
4. He said that the GP's role at the cottage hospital was due to change which would mean another drop in income. He told the PPG that he was refusing to take responsibility for the care of his patients there because of the inadequacy of aspects of the nursing service.
5. Dr Grant also noted that while GPs are now required to undertake the coordination of care to the elderly, the health visitor service has been cut and the District nursing service is also under pressure.

E. Report from the Practice Manager

1. Teresa said that she expected 8-to-late, 7-day opening to come before too long.
2. She said that the Practice was rewriting its protocols as a result of the recent role changes and that the new staff were very popular especially among elderly patients. Aly said that she had found the new nurse prescriber 'great'.

3. In response to a question from Brian, Teresa said that the Practice would be given 48 hr notice of a CQC inspection. Brian noted that the inspectors are likely to ask for the views of the PPG.
4. Teresa told the PPG that she had been to a quality meeting with the CCG last week. She said it was a positive meeting. AMP had come out well against the outcomes of the CQC and area team, with no 'red flags' against its services. There was still a lot of work for AMP to do as a result of the meeting but the Practice had resisted demands that it should cut back on its prescribing costs.
5. Teresa then gave an overview review of the results of the 2013 patient survey. She said there had been a slightly lower response rate than last year (276 vice 302). There were more responses from patients in the surgery than online and the latter were more negative than ones in the surgery. Jane said that this was not surprising as the online ones were self selecting, the ones in the surgery had been prompted by the PPG.
6. The results for ease of getting through on the phone were slightly worse than last year. Teresa told the PPG that changes would be made to the way Reception works in January. The phones would be moved to the back office with one member of staff offering a face-to face service at the front desk. This was expected to improve patient confidentiality and provide a better service in the waiting room.
7. Ease of getting a GP appointment at a preferred time had also dropped slightly this year but this was before the additional GP had been appointed. While speed of getting to see a Dr had improved, so had expectations.
8. GP communication and time spent on consultation had both dropped slightly and telephone consultations was popular but demand outstripped availability.
9. Teresa said that several comments had been made that Richard's recorded telephone message was very boring. Jeanette said that the feedback that she had received was that patients were thrilled with the Practice. Jenny pointed out that there were no Practice leaflets in the waiting room. Teresa said that they were expensive to produce and only given to new patients. She is planning to do some cheaper ones for the waiting room just with the main points. She also aims to produce a banner to publicise the Practice website with Brian's help.

Action Nov 13-05 Teresa to send the PPG the comparative results against last year and set up a meeting with a subset of the PPG to go through them.

F. South Worcestershire PPG Network and PSAG

1. In Roy's absence, Brian briefed in his report from the last PPG network meeting. The network has been closely following the introduction of the new NHS 111 service with one network member on the appraisal group. The preferred provider of the appraisal group was 'Harmony' which had 'ticked all the boxes' so it was a surprise to find that West Midlands Ambulance Service had been chosen. Nobody on the network knew who had made that decision and why.

A. AoB

1. Diana said that she had received applications for two new members to join the virtual group

Dates of Future Meetings

1. The next full meeting will be on Wednesday 29th. January. 2014 and include the Election of Officers for the coming year.
2. There was no other business and the meeting rose at 7:55 p.m.

Signed as a true record

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Brian Palmer, Chairman

Date.....