

**ABBAY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP**

**Meeting held on Wednesday 5th June 2013**

**in the Practice Common Room**

**PRESENT**

Brian Palmer (Chair)	Sue Waters
Diana Cowan (Vice-Chair)	Roy Caldwell
Jane Foster (Secretary)	Jeanette Barnes
Richard Allen (Business Manager)	Jenny Langley
Dr Scott Perkins (GP Representative)	

**APOLOGIES**

Teresa Webb (Practice Manager)	Alyson Grout
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**MINUTES**

**A. Welcome and apologies**

1. Apologies were received from Teresa Webb and Alyson Grout.

**B. Briefing by Diana Cowan - Expert Patient Programme (EPP)**

1. Diana explained that the EPP is a worldwide programme to help patients get the most out of their relationship with their health care service.. It consists of six 2.5hr sessions and involves two aspects of patient interaction with health care services: working with health care professionals and working with the health care system. The Programme is scripted to maintain quality and consistency across the trainers. Patients can refer themselves on to the Programme or it can be recommended to them by health care professionals. Diana then gave further details of the Programme content.
2. In response to questions from the PPG, Diana agreed that a lot of people still hadn't heard of the EPP despite leaflets being made available in practices. She said that she had prepared an item on the EPP for the practice newsletter. It was noted that Annette Jaep is the EPP support manager for Worcestershire.
3. Brian thanked Diana for her talk.

**C. Minutes of the Meeting held on 24th April 2013.**

1. Para. 13 of the Minutes of the Meeting held on 24th April were amended to include: Jeanette and Sue Tuesday 4th June 1500-1700.
2. Action Apr 13-01 was completed.

3. Action Apr13-02. Brian thanked members for their input on quality of services and said that he had fed it back at the last PPG network meeting. It was agreed that the questions had been 'leading' to positive feedback and badly worded. He said that there would be a report back via the network which he would pass on when it was available. Action completed.
4. Action Apr 13-03 NHS Constitution. During a brief discussion, the PPG concluded that the Constitution was aspirational - containing some 'worthy words' - but felt that the question would all be about delivery. On NHS service quality, Dr Perkins pointed out that bad stories about the NHS make better news than good ones which rarely make it into the press. Roy suggested that more competition would drive improvement, but Dr Perkins had concerns about maintaining quality of services and the risk of fragmentation. Richard said that there had always been elements of competition e.g. the GP surgeries compete for patients. On cost, Richard explained that the Practice had efficiency targets to meet and it was noted that the number of patients per GP had risen substantially (AMP at approx. 2,100 is above the average of approx. 1,850). Brian told the PPG that he had now been appointed onto the Stakeholder Steering Group - compliance, rights and pledges were on their agenda. Action completed.
5. Action 13-04 Brian confirmed that he had voiced the PPG's concerns about the levels of nursing staff at Evesham Community Hospital at the last PPG Network meeting. Diana said that feedback from the hospital's League of Friends indicated that the Hospital was now advertising for more nursing staff. Action completed.

#### **D. Matters arising:**

##### **Patient survey**

1. Informal feedback from the survey conducted by PPG members in the surgery indicated that the results were generally very good. Concerns that had been raised included: telephoning in, parking and not being able to telephone for repeat prescriptions. Richard told the PPG that if patients had a particular problem with using the new repeat prescription process they should be directed to Yvonne, himself or Teresa who would work with them to find a suitable workaround. It was suggested that this option should be explained in the Newsletter.
2. Brian raised some concerns about patient willingness and ability (e.g. due to age, health or language problems) to complete the survey. He wondered whether the questions should be changed. Other PPG members agreed that it was important to be sensitive to any patient problems when deciding to approach them to do the survey, but had not experienced many problems and Jane pointed out that it would not be possible to make comparisons later in the year if the questions were changed.
3. It is expected that Teresa will provide a summary of the results once the first round is complete.

## **E. AOB/Correspondence**

### **Medication change - email from a patient**

1. Jane explained that an email from a patient had been forwarded to the PPG by Teresa. The issue is that the patient's medication had been changed from a proprietary to a generic form, without prior notification or explanation. She had surmised that this had been done on cost grounds. It was noted that some members of the PPG had also had similar experiences.
2. The PPG heard that the Practice is bound by NHS Worcestershire Prescribing Policy (April 2011) Section 5.0 and national guidance, to use medication 'with the lowest cost ...first line', unless there are 'endorsed clinical reasons' for not doing so. The Policy also states that 'prescriptions should also be written generically unless branded prescribing is clinically appropriate.'
3. The PPG concluded that while the Practice was following NHS national and local prescribing policy in this and similar instances, the issue was one of a lack of appropriate communication with patients and various options were discussed.
4. Richard agreed that this should not have happened and took an action on behalf of the Practice to review 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.

**Action June 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.**

**Action June 13-02 Jane, as PPG Secretary, to write to the patient concerned detailing the outcome of the meeting.**

### **Ambulances to A&E - 'out of county' issues**

5. Jane explained that, as PPG secretary, she had written to a patient detailing the PPG actions in response to the issue of the ambulance service taking him to Redditch rather than Cheltenham against his wishes and despite the fact that he had recently been treated at Cheltenham. [October PPG Minutes refer].

### **Planning application for Vauxhall Inn**

6. Jane told the meeting that Teresa had suggested that the PPG might wish to discuss a planning application for a 'fast food village' on the Vauxhall Inn and adjacent sites on Abbey Lane opposite the surgery. However it was noted that the PPG had not seen the actual application. The surgery had objected to a previous application for the garage site on the grounds of traffic, litter and conflict of ideology (fast food vs. healthy eating). It was agreed that the concerns of patients were likely to be the impact on traffic and parking.

7. Roy said he had some experience of contesting planning applications and recommended approaching relevant councillors.

**Action June 13-03 Roy to investigate the planning application(s) for the sites opposite AMP and make recommendations for action on behalf of the PPG**

#### **F. South Worcestershire PPG Network and PSAG**

1. Brian summarised the items discussed which were: telephone consultations (including confidentiality issues), involving youth in work experience, A&E closures(need for publicity on minor injuries units), a new 5-yr strategy and funding for obesity services. He said he would circulate a fuller report.
2. Brian also told the PPG that the PFI funding issue that Dr Grant had mentioned at the last meeting had been resolved by a return to the previous reimbursement arrangements.

#### **G. Report from the GP Representative**

1. Dr Perkins advised the PPG not to believe all they read in the press on the reasons for the current pressure on A&E services, as they relate to GP services.. He said the reasons for this were multi-factorial and included the impact of the European Working Directive on junior doctors' hours and training. He also said that patients expectations had changed and there was a loss in confidence and knowledge of how to treat minor illnesses at home. In response to a question from Jane on whether the PPG could help, Dr Perkins suggested that what was needed was education in schools.
2. Richard said that the information available to us at present suggests that Practices may be asked in the near future to take back out of hours cover. If this were to happen, then it seems likely that the old co-operative arrangements for providing that cover would be reinstated to spread the workload amongst local Practices.

#### **H. Report from the Practice Manager**

1. Richard said that much of the relevant input had already been covered, but added that the new Area Team and CCG organisations were gradually finding their feet. He noted that the Area Team had got off to a slightly difficult start in their relationship with Practices but he was hopeful that a more collaborative approach would become the norm.

#### **I. AMP PPG Champions**

##### **Virtual Group**

1. Diana said that she had had an issue raised by one of the virtual members about a failed telephone consultation. She agreed to forward the details to Richard for action.

**Action June 13-04 Diana to forward details of the telephone consultation issue raised by a virtual PPG member to Richard**

## J. Newsletter

1. PPG members were asked to send items for the Newsletter to Jane.

### Action June 13-05 All to send items for the Newsletter to Jane

#### Dates of Future Meetings

2. The following dates have been agreed for future meetings: 17th July, 4th Sept, 16th Oct.
3. The next meeting will be held on **Wednesday 17th July** at 6:30 in the Practice Common Room. Members are reminded to arrive before 6:30 p.m. when the doors will be locked.
4. There was no other business and the meeting rose at 8:05p.m.

#### Actions

No.	Action	Owner	By	Status
Apr 13-01	Structure some recording sheets for the Patient Champion exercise	Teresa	By 13 May	COMPLETED
Apr 13-02	Consider the question 'What does quality of services look like from a patient perspective?' and send ideas to Jane	All	By 8 May	COMPLETED
Apr 13-03	Look at the NHS Constitution and come to the next meeting ready to discuss patient expectations of the Practice	All	Next Meeting	COMPLETED
Apr 13-04	Raise the issue of Evesham Community Hospital nursing staff levels at the next PPG Network Meeting.	Brian/ Roy	Next PPG Network meeting	COMPLETED
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.	Teresa/ Richard	Next Meeting	New
Jun 13-02	Write to the patient re medication change issue detailing the outcome of the meeting.	Jane	14 June	New
Jun 13-03	Investigate the planning application(s) for the sites opposite AMP and make	Roy	Next meeting	New

	recommendations for action on behalf of the PPG			
Jun 13-04	Forward details of the telephone consultation issue raised by a virtual PPG member to Richard	Diana	14 June	New
Jun 13-05	Send items for the Newsletter to Jane	All	Next meeting	New

**Signed as a true record**

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**Brian Palmer, Chairman**

**Date.....**