

# Notes and actions of PPG meeting at Cliff Surgery

Thursday 25<sup>th</sup> July 2019 at 1830

## 1. Attendees

David Gent (DG) Chair, Dr Roisin Ward (RW), Claire Berry (CB), Mike Davis (MD), David Canham (DC), Nick Hutton (NH), Angela Kerswell (AK) – Part

### Apologies for absence

Keith Osborne (KO), Antonia Dewhurst (AD), Juliet Crawley (JC),

## 2. Minutes of previous meeting on 6<sup>th</sup> June 2019

Approved

## 3. Matters arising

### (i) Walking Sub-Group

Proving to be a success with greater exposure. Numbers have increased – up to 12 people – and no injuries! Participants walk at different speeds to suit and some only walk part of the way. Some patients with medical conditions recommended to walk. Paths in places are becoming very over-grown which needs addressing.

**Action - Walking Sub-Group**

### (ii) Surgery Telephone and Video Systems

C/F to next meeting.

**Action - CB**

### (iii) Appointments System

Still a need for a simple and understandable schematic based on/taken from the information on the Surgery website.

**Action - NH for approval by RW/CB**

### (iv) Surgery Car Park

The application of variation to access arrangements is with BDBC with a noted decision date end August. Not a Planning Committee decision but delegated. Hampshire Highways in letter of 19<sup>th</sup> July to BCBC has said *“The new access/egress arrangement is far safer and workable from a highways perspective. No Objection (no conditions)”*

**No Action**

(v) **NAPP AGM Attendance**

MD had circulated a report on his attendance at the NAPP AGM prior to this meeting. Overall it was well attended and worthwhile and MD expanded on the points in his report and the high quality videos on the NAPP website. Discussion on the 'themed' events was positive and should be considered in our PPG programme/priorities. He thanked the surgery for funding the costs.

**Action – ALL**

(vi) **NAPP/PPG Awareness Week**

This was a great success on all fronts and should be repeated next year. MD/DC/AK were thanked for their sterling work on the planning and the PPG members who made a significant contribution. DG had pulled together the results and patient feedback in a comprehensive report. Agreed that this should be shared with the partners and all the staff at the Surgery. The overall outcome was positive for the Surgery but with some issues still needing to be addressed.

**Action – DG/RW**

(vii) **Surgery communication with patients**

NH detailed the conversation with Caroline Simms, Hampshire DPO for all practices, after her GDPR presentation at CCG/PPGs meeting. She agreed to the document that had already been circulated to the PPG with one caveat – Any propriety bulk mailing software used must be from a UK or EU provider. (US providers was not allowed).

Agreed that we were now in a position to utilise the texting system (which reaches c. 5000 patients) and email for important and relevant non-clinical information. Agreed the PCN one-page document should now be sent via text with a link to the document and an opt-out facility. The short version of the link is <https://bit.ly/2GprEBE>

Agreed that Margo should be briefed on finding the most suitable bulk mailing software to enable emailing to be used for patient communication including the Newsletter. MD questioned patient communication duplication with both Texts and Email. NH explained that doing both would be more effective than just one.

**Action – CB**

(viii) **Cluster Event on 12<sup>th</sup> June**

This was deemed a success with a full turnout. It started the process of communicating the benefits of PCN for the patient community. The talks from GPs and guest speakers added to the relevance of the subject matter and were both interesting and engaging, delivered with enthusiasm. The presence of charities and not for profit organisations with their stands helped to get the message across. Park Run had a stand and this could provide an opportunity for the PPG

(ix) **Artwork in Practice**

Positive comments all round. Local School A/W submission was excellent, and spaces were filled. This raises the profile of the Surgery. Meeting thanks AD for her work on setting up and managing the Paintings.

(x) **PPG Photographs**

This needs chasing as nothing has come through.

**Action – RW**

#### **4. Raised by patients or PPG members**

(i) **Neighbour's planning Permission in Principle (PIP)**

19/01470/PIP application to BDBC for 4-6 houses is due to be considered by the Development Control Planning Committee meeting on Wednesday 7<sup>th</sup> August which starts at 1830. (The PIP is item 7 on the Agenda so is likely to be much later in the meeting). Dr Ward and/or Dr Fisher is/are planning to address the meeting. Unfortunately due to an inadequate 5-year supply of available land for development this application is recommended for Approval by the Case Officer, notwithstanding the number of objections.

**Action – as many of us as possible should attend.**

(ii) **Patient Survey**

This is covered in Matters Arising above, point vi. In addition there were three issues raised by a number of patients. Triage – Difficult staff at times. Getting Appointments. Getting the right appointments for your specific problem.

(iii) **Primary Care Network**

NH had arranged a meeting of the three PPGs chaired by our PCN Clinical Director Dr Tim Cooper. The key points from this first 'breaking the ice' meeting were (Given out hard copy at PPG meeting) –

- *Sharing best practice with like-minded people*
- *"Our PCN supporting our practices as a critical friend" and vice versa*
- *Utilising and exploiting the skillset of our individual PPG members*
- *Keeping it simple always*
- *Getting the message across to our community – effective and frequent pro-active communication*
- *The importance of Link Nurses*
- *The whole issue of appointments and getting the right appointment for your specific problem*
- *GP availability*
- *Priorities at PCN Practice level*
- *Tim's top 3 priorities for our PCN in the year ahead*
  - *MSK*
  - *Frailty*
  - *Mental Health*
  - *And I would add Obesity, given the recent success achieved by Whitewater and as mentioned in the NHCCG Whitewater Loddon PCN community demographics,*

*clinical profiles and health metrics. (More than 60% of age 18+ years in Hampshire are overweight and the issues start at a young age)*

- *Integrated effective medical and care systems at the local level.*
- *The importance of PPG representation at the PCN Steering group.*

NH volunteered, as a Clift Surgery PPG representative, to attend the PCN Steering Group meeting on Tuesday 30<sup>th</sup> July. A summary of this meeting will be distributed by Dr Tim Cooper. Agreed that continued presence on the PCN Steering Group would be discussed at the next PPG meeting.

(iv) **Dispensary**

Comments from patients as to how some of the staff found it difficult to address certain medical problem. Additional training may be required.

**Action CB**

## **5. Raised by the Practice**

(i) **Subject Access Requests**

CB detailed the difficulties and challenges this is giving the Surgery with excessive additional workload photocopying the considerable volume of pages. No real way avoiding such requests, this as it is mandated by NHS England with no addition funding. Best option is to actively promote Online Patient Access where patient records are provided and the information is easy to find.

**Action CB/PPG**

(ii) **CCTV update**

These are now installed and will provide additional security for patient-facing staff.

(iii) **Did Not Attend**

Slightly lower this month at 57 but still wasted over 9 hours lost Appointments which adversely impacts on getting Appointments. Posters in the Surgery highlight the issues this creates. Need to continuously communicate this to patients.

**Action CB**

(iv) **Any other Practice issues**

Only part of the Surgery has Air Conditioning which helped significantly during recent heat spells. The staff rest room does have it. DG was concerned about the welfare of all staff and asked how they coped with the recent heat. Thankfully there were no complaints. DG suggested that Air Conditioning should be extended. RW explained that for the time being it was just not affordable and had not been budgeted.

**Action C/F to next meeting**

## **6. CCG/PPGs**

DG and NH detailed the difficulties in 'marshalling' 20 people from 17 PPGs. The meeting is not providing best value for the time invested. However, the external presentations have been more relevant and useful. Two sessions at the meeting on 24<sup>th</sup> July included an organisation called **me + my medicines** which sets out to provide patients with more confidence to discuss medication, ask questions and maybe even challenge their medication with their GP/Nurse in a shared responsibility. There followed a session on GDPR for Practices and digital patient communication which has been causing angst amongst some Practices. The session helped enormously and has given Cliff Surgery the 'Green Light' to email and text within the GDPR framework.

## **7. Other matters**

### **(i) NHS App**

RW explained the recently introduced NHS App which provides prescription ordering, making appointments and providing Patient online access to their records. It should make it easier for many of the 5000 or so patients with smart phones,

**Action – All to try it if they wish**

### **(ii) E-Referrals**

There are still many difficulties yet unresolved with the workings of E-Referrals. Serious issues were raised at CCG/PPGs meeting.

### **(iii) Best Practice from other PPGs**

This is now more likely to come from greater collaboration with our own PCN practices.

**Date, time and place of next meeting:**

**Thursday 5<sup>th</sup> September 1830 Cliff Surgery.**