



HANNAGE BROOK MEDICAL CENTRE

PATIENT PARTICIPATION GROUP MEETING 17 April 2012

Patient names have been removed to protect confidentiality

Representing the practice: Dr Mark Merrick, Sandy Tomlinson (Practice Manager), Louise Owen (Assistant Practice Manager)

Sandy welcomed everyone to the meeting and introduced the members of the practice team.

Matters Arising from Previous Meeting

The drop in clinic at Waltham House is still under discussion.

Papers available at the meeting included an update on the Action Plan progress and a summary of the notes taken by a member of the group who attended the Derbyshire Patients Meeting on 26 January.

Patient Groups and Their Role for the Future

Sandy introduced Claire Haynes to the meeting and explained that Claire is the Patient and Public Involvement Manager for the PCT whose role it is to make sure that patients' views are heard in relation to decision making within the NHS.

Claire provided attendees with a handout and began by explaining the changes within the NHS which have led to the development of local and national commissioning boards. Hannage Brook Medical Centre is part of the Amber Valley & Derbyshire Dales Locality Clinical Commissioning Group which is one of 4 groups joining together to form the Southern Derbyshire Consortium. Dr Ian Lawrence from our practice chairs the locality board. He has offered to attend a subsequent patient forum meeting to answer questions and provide the group with more information. The other 3 groups are the south of the county and 2 Derby City groups

Claire explained that funding for these structures currently comes from the PCT management costs and does not impact on the funding available for patient care.

Claire then outlined what the purpose of a Patient Group is:

It should –

- Work with the practice to provide support, contribute to the improvement of services, share information, have input into new projects

It should not –

- Be a complaints forum or have its own agenda

PPGs that work well have their own chair and secretary independent of the practice and it was questioned whether the Hannage Brook PPG would wish to move towards a more formal structure. Sandy explained that it would be up

to the group to decide how structured it wished to be and that the practice would be very happy to support the group in whatever format it felt would be most beneficial. Sandy also explained that there is communication coming through which needs to be passed onto the PPG and in the absence of a chair or secretary it would be very helpful if one or two members of the PPG would be willing to act as temporary group liaison members and perhaps attend locality/CCG meetings on behalf of the Hannage Brook PPG.

Moving forward the aim is that local PPGs from different practices will work together. Claire explained that there had already been a networking meeting held in South Derbyshire and a further one will be held in June in Derby City with the relevant one for Amber Valley and Derbyshire Dales being held in the summer. In addition it is hoped that Stakeholder Forums will be established which will encourage even wider public involvement and will comprise voluntary sector representatives, community leaders and members of the Health Panel.

It was questioned whether these consortium PPG's were a form of 'tokenism' and if all interested parties could not agree would the CCG merely go ahead with its own decisions anyway? Claire felt that this would be unlikely to happen and that explanations would always be given for any actions taken.

Sandy thanked Claire for her attendance.

Practice News

- Cecilia Kovacs had been appointed Senior Receptionist
- Dr Cogger (currently a GP registrar) would be working on a permanent basis at the practice from August 2012.
- Summary Care Record notifications had been sent to all patients. There had been a small number of responses from patients who wished to opt out of this system.
- Our new telephone triage system seems to be working well and around 50% of problems had been able to be dealt with by the GP over the telephone giving the benefit to the patient of not having to come to the surgery.
- Care Quality Commission (CQC) – this is a new system whereby all GP practices have to register with the CQC and must be able to provide evidence of the care that we provide. The practice will be inspected at some point, with inspectors studying the practice from a patient's point of view. All reports will be published.

Questions

What effect have all the recent changes had on the practice? – Current NHS changes are feeding down very slowly at the moment but will start to impact by the end of the summer 2012.

An article from the Derby Hospital newsletter was read out in which the Chief Executive stated that there must be savings of £21 million made during 2012-13. What impact is this having on the practice? Dr Merrick explained that the practice had done a great deal of work on changing medication (in consultation with patients) to comparable, less expensive ones.

Have there been changes to the service provided by the hospitals?

Some outpatient follow-ups have been cut by a significant amount which

means that these patients will need to be followed-up by their GP instead. This does raise questions about how the practice will manage this and how we can improve efficiency in order to provide a greater service with no additional funding. *Dr Merrick noted that he will provide the PPG of details of any services which might have to be cut.*

Will there be situations in which new treatments are brought in which are more expensive than current ones? Decisions around the efficacy/cost of new treatments are made by NICE and it is very rare that individual GPs make these decisions.

At the last meeting it was explained that some services eg removal of skin lesions, have been withdrawn from the NHS. How does the patient decide where/how to have these procedures carried out? The GP will be happy to provide information and advice.

If the sun is shining it is very difficult to read the information board in the waiting room. If patients could inform reception when this is happening that would be helpful – it is difficult to tell from the reception desk what the conditions in the waiting room are like.

The local Walking for Health Group had over 1000 participants between April 11 and April 12. Sandy agreed that information leaflets can be placed in the waiting room.

How are the Pharmacy Medication Reviews different from speaking to a GP? Dr Merrick explained that the pharmacists provide advice on issues such as how to take tablets, what not to take together etc. In addition the pharmacy reviews take around 30 minutes and so are more in-depth than the advice the doctor would be able to provide in a normal consultation. Patients should contact the pharmacy if they wish to take advantage of a medication review.

Group Constitution

Many members of the PPG felt that the group needs to start moving forward and looking at having a constitution but should not become totally independent of the practice. Claire Haynes explained that she could arrange for members of the PPG to visit another group and that the National Association for Patient Participation (NAPP) has different constitutions available on its website.

Some members of the group agreed to do some work on the constitution to bring to the next meeting and after the meeting a further 2 group members volunteered to help.

Other volunteers would be very welcome as well.

Sandy offered to forward information on the different types of constitution which are available.

Date of Next Meeting

Thursday 13th September 6.30pm at the surgery (please note revised date)