

Old Town Surgery
Patient Participation Group
Meeting 12 June 2014 at 18:45 hours

Attending:

(MC) Maurice Cleary – vice Chair
(HS) Hayley Slatter – Practice Manager
(RF) Richard Fuller – Treasurer
(ES) Elaine Sullivan - Secretary
(KT) Krystyna Tworek
(KB) Karen Burgess
Dr Ben Basterfield

Apologies from:

(ML) Margaret Lay – Chair
(BB) Beryl Bowles
(TB) Terasa Beach

Guest attendees:

None this meeting

Virtual/non attending membership (email only)

Agenda

1. Minutes from the last meeting
2. Actions from the last meeting
3. Practice Managers update (standing item)
4. AGM – July 2014
5. HealthWatch PPG Forum (standing item)
6. Fundraising
7. AOB
8. Date of next meeting

Welcome and apologies

Apologies were given for the meeting.

1. Minutes of the last meeting

Minutes of the last meeting were agreed and taken as an accurate copy of the meeting.
ACTION: HS to upload a copy onto the PPG page on the surgery website.

2. Actions from the last meeting

2.1 PM's Update – HS raised the issue of closing lists at the recent Practice Manager's meeting. NHS England confirmed that no GP surgery has closed their lists in Swindon. KT confirmed whether OTS was considering closing their list. Dr Basterfield stated that the surgery is being strict on accepting patients within its catchment area. HS confirmed that

the surgery has 8600+ patients and has seen a 500 net increase in patients in the last six months. It is worth noting that the surgery has an unstable population and a high turnover of patients. Dr Basterfield stated he was not sure what the government's decision will be on allowing patients to register at any GP. HS confirmed there is no decision to cull the current list. There is an outstanding review of new patients who have moved out of the catchment area. All new registrants must be within the boundary.

2.2 Swindon didn't get the funding for the Prime Minister's challenge Fund. NHS England valued the model put forward and will invest £1m in the project if the Clinical Commissioning Group match it. This would be a one-year project (£2m). The model would be for a three Urgent Care Centres (Morden, Carfax Street and Clover Centre) instead of the original five centres. The Home Visiting Service is up and running. This will allow GPs to call on another GP to attend home visits.

MC added that there is a new Paediatric A&E opened last Wednesday in GWH.

OWLS meeting. KT made the group aware that the PALS team at the GWH are not aware of the OWLS pilot. KT relayed an incident where a care home referred someone to the scheme. MC commented that the Care Homes are paid to accompany the patient and that OWLS pilot does not deal with the Care Homes as they already have this arrangement. HS confirmed that the surgery has tried to make a referral already, however, as it wasn't strictly by the roles of the pilot, it was unsuccessful.

3.1 HS informed the group that a recruitment advert has been placed for three part-time receptionists with over 200+ applications received already. Closing date for posts will be Friday 20th June.

4.1 Action closed

4.2 Action closed

5.1 Healthwatch feedback. As BB is absent, this action can be closed.

7.1 HS confirmed the PM report will be put on the website for the AGM

7.2 ML has produced a chairperson's report. This is with the PPG for comments. All feedback to be sent to HS before the AGM.

7.3 RF to work with MC to produce a finance report. MC will provide guidance on creating an Income and Expenditure spreadsheet.

3. **Practice Managers update (standing item)**

Electronic Prescribing System (EPS). HS confirmed that this went live this week. The system works by the patient nominating a pharmacy where they would like to collect their prescription. When the patient orders their prescription, the Surgery sends the prescription electronically to the Pharmacy, who then print it out and fulfil. Dr Basterfield confirmed that all patients can use this, they just need to subscribe to the service.

HS added that the patients can choose to change their pharmacy but can only have one at any one time. Each surgery can add notes to the prescription, which will be visible on the paper copy the pharmacy will print out.

There are a few teething problems, but there is more of a local push to use this service. It has been in place for two years but not fully rolled out.

Suggest that this is an article in the next newsletter.

Named GP for over 75s.

The surgery has a new contract. All patients over 75 will be informed of who their GP is. They will also get an alternative emergency number.

Staff changes

Dr Aldridge will be on maternity leave in October.

Dr Basterfield leaves the surgery this month. The surgery has managed to recruit Dr Michael Peters, formally of the Carfax surgery. Dr Peters will join OTS in July, so there will be a few weeks gap between Dr Basterfield leaving and Dr Peters joining. It was also mentioned that Dr Peters has agreed to six months and covering six sessions not the eight that Dr Basterfield had.

Both HS and Dr Basterfield highlighted the concerns over the shortage of GPs. This is a national and regional issue.

Flu Clinic. HS advised that the next Flu clinic will be held on Saturday 11th October 9am – 12noon. PPG members are invited to help as before. This is usually an excellent fundraising opportunity for the PPG.

MC/KT asked about Quality Outcome Framework (QOF)

HS provided a refresher on the new Enhanced Service, which aims to avoid unplanned admissions. The initiative will result in OTS reviewing 177 patients' cases. This is approx. 2% of the patients who qualify under this new Enhanced Service. Each patient will receive a care plan and will be assigned a co-ordinator. A separate phone line will be installed at the surgery also.

This is about providing preventative care and aims to keep patients out of hospital. Not all instances will be avoidable though. OTS has had a meeting with the Community Matron and in the process of identifying the 177 patients. GPs are reviewing details. Each patient is given a risk score and must be on the co-morbidity register.

Each month there will be reviews of these patients. These will be multi-disciplinary team meetings (MDT). Surgery will have to share the workload to get these meetings organised and effective.

Of course there will be admissions, however the Surgery won't be penalised. The aim is to see a 30% reduction thereby releasing some of the pressures from A&E and the hospital in general.

4. AGM – Thursday 10th July

ES described the AGM process to the group. All core committee members must be in attendance and all members and patients are welcome. Details must be made available at least 1 week before. The AGM will review the key reports i.e. Practice Manager, Chairperson and Treasury report.

5. HealthWatch PPG Forum

KT mentioned that the next meeting is on Tuesday 1st July at 11am. This will be held at the Platform, which is the old Steam museum. RF and KT have agreed to attend on behalf of the PPG.

6. Fundraising

It was agreed that the next Flu clinic would be the primary fund raising event. It will also be an opportunity to plug the next Educational Evening, which should be held 2nd or 3rd week of November. Suggestions for the next Educational Evening are:

Cervical Cancer/Smear tests

Breast Screening

Menopause

HS will investigate speaker options and report back at the next meeting.

7. AOB

This is the last meeting with Dr Basterfield who leaves the practice on 27th June to move to Plymouth. The PPG would like to thank him for all his support with the PPG and of course his invaluable work at the surgery. His patients and colleagues will certainly miss him.

HS mentioned that there will be a little lunchtime party on 27th June if representatives of the PPG would like to attend.

8. Date of next meeting:

Next PPG meeting will be Thursday 10 July at 18:45 hours (AGM).

Meeting closed at 20:10 hours