

BELVOIR HEALTH GROUP PPG. MINUTES OF MEETING

DATE: 10TH SEPTEMBER 2018

PRESENT: Rebecca Orrey, Joh Hermon, Alan Howe, Norma Furnell, Gill Handcock (acting chair) Stella Roberts, Sheila Markham, Judith Swann (left 3.0pm) Barbara Shaw (joined 2.45pm)

- **APOLOGIES: Gill Crawford, Mike Steele, Trevor Simpson, Ann Eillis, Denise Bowler, Stuart Alexander, Charmaine Johnson, Jan Smith**

Part 1 – patient and surgery reps.

Practice Updates;

- **Jon reported that BHG is now up to full strength with GPs. Details of new doctors, those going on and returning from maternity leave, and long-term locum cover given.**
- **Jon confirmed that little information arrives at the practice concerning implementation of what is currently the Integrated Care Partnership; Rushcliffe GPs have had input to new organisational practices, but seem unaware of future developments.**
- **Recent appointments survey.**

Full analysis still awaited. Discussion regarding ambiguity of some questions, applicability to each surgery, little planning time for some surgeries and appropriate analysis. Points emerged so far are;

In approximately 115 responses at Cropwell Bishop, only 4 had comments that were not satisfied. One of these related to Cotgrave, 2 concerned the telephone message, and one had a care issue that could not be pursued as survey was anonymous.

Bingham noted that most respondents were in the middle age group, and that there was a great lack of knowledge of extended hours opportunities for patients. This was discussed at length, with suggestions for editorial in The Buttercross, improvements to information on website and Facebook pages, publicity on surgery screens.

Alan offered BHG help with survey design.

ACTIONS; Jon to enable this publicity.

- **Data for missed appointments.**

Overall for BHG it is 6.5%

There are fewer missed appointments at Cotgrave surgery – likely due to Doctor First system, and more at Bingham – possibly due to bookable appointments being several weeks in the future.

- **Flu Clinics;**

Explanation for cancelled clinics by Jon – down to NHS England changing vaccine, single supplier, insufficient supplies available, 2 vaccines for different age groups, demand.

Result is vulnerable patients, (deemed by NHS England to be 75+ age group) will be invited to supplementary clinics, not yet published, when further supplies should be available. All agreed a generally unsatisfactory situation.

Atrial Fibrillation screening raised; practice has good record on this, but potential to increase at flu clinics noted.

ACTION; Jon will discuss with GPs to implement simple screening to identify patients needing further investigation.

Promotion of 3 national cancer campaigns – bowel, bladder, breast – could also be used at flu clinics. Rushcliffe has good screening uptake, but targets are low – 60% for bowel, which should be greater. New test being launched in next months, more user-friendly and planned to improve response.

ACTION; Gill H will email slides from recent presentation for use in displays in waiting rooms.

- **Cotgrave new build;**

Jon reported plans to move on either 2nd or 9th November, needing to close surgery for a day. PPG assistance with move would be welcomed.

Gill H asked again when there would be PPG input into new building, as clearly nearing completion, and despite many discussions about the necessity for this, it still has not happened.

ACTION; Jon will email dates for inspection by PPG members to Gill H

NEW PATIENT BOOKLETS: none available. Item deferred until Denise Bowler is available.

PHYSIOTHERAPY REFERRAL SYTEM;

This is proving unsatisfactory for both practice and patients, as complex and lack of information as to how it works.

ACTION; Jon will continue to inform commissioners of difficulties being experienced by all users, patients and staff

A.O.B

- **Appointments systems.**

Differ at each site, work well for some, not for others. BHG wants unity of systems. To this end, planning new system whereby reception staff effectively triage urgency of telephone calls for timeliness of appointment offer. Grave concern over this expressed by PPG members. Barbara explained that aspiration for a clinician to be with reception staff initially and over busy early morning period would assist staff, who are already very experienced. She insisted that the reception staff would not be making clinical judgements, though how triage system would work is not yet fully developed. Likely to be by use of a protocol.

ACTION; All team leaders to inform Jon of dates of next local meetings. Jon to attend each local meeting to discuss 'principles' of new system with PPG.

Sheila pointed out that very out of date information regarding both missed appointments and the Bingham appointments system was being displayed on the tv screen at Cropwell Bishop .

ACTION; Jon to ensure it's removal

- **Confidentiality;**
Sheila reported hearing full details of telephone calls whilst sitting in waiting room at Cropwell surgery, including names, illness details and plans. This has occurred on 3 occasions in the recent past. She also voiced concerns patients have regarding data protection and confidentiality of admin staff in local areas. Jon and Barbara assured PPG that all staff have annual IG training and sign confidentiality contract. Difficulty of configuration of office space explained by Jon, and also recognition of such data breaches being unacceptable .

ACTION; Jon to take up issue at Cropwell Bishop surgery

DATE OF NEXT MEETING; Monday 12th December 2.00pm at COTGRAVE NEW SURGERY.

PATIENT REPS ONLY

- **Cropwell Bishop Surgery;**
Becca and Sheila explained medicines group work re leaflets. Strategy for flu clinics is to have simple information re coughs, colds and what to keep in a simple medicine cabinet, with examples. Should be a display at all sites, aiming for first flu clinic of season.
ACTION; Becca, Sheila and Gill C to complete current leaflets and display (Becca left the meeting at this point)
- **Bingham Surgey;**
Alan explained that a Sunday funday sponsored by a local firm took place without the surgery being informed, all arranged via NHS England/CCG. This was a good event, but could have benefited from PPG/BHG involvement for health promotion.
Gill H suggested that Bingham group could liaise with Stella regarding 'Margaret' who is keen to visit and speak about carers' needs. The information resulting could be organised and then shared around all 3 sites.
ACTION; Alan will discuss this with other Bingham group members.

- **Cotgrave Surgery;**
Gill H reported plans to offer dementia friendly training to staff, PPG members and patients are underway, with the first date being booked. This should become available to offer to other sites, takes only 45 minutes and is very effective and worthwhile.

Gill H also attended the Active Group monthly meeting at the request of chair in his absence. This was illuminating, giving real direction for PPG work to benefit the practice population. PPG members were given Active Group Action sheets, with information and actions to be taken by each local group.

The following discussion recognised the real need for a newsletter for patients, giving them up to date details that they need. These include the recent addition of phlebotomy services during all extended hours – including weekends – which could be of great use to patients. New disability access information websites, and an Alzheimers Society memory walk all need publicity.

ACTION; a sub group to write a short news letter is needed. Gill H and Sheila undertook to write the first one and will meet to create this.

- **Open meeting and AGM**
It is several years since the PPG had an AGM, and one is needed. An Open meeting, with a small business section was thought to be the most appropriate. Discussion resulted in planning for such a meeting at the new Cotgrave building, on Monday 28th November, at 6.45 for 7.00pm. It was suggested that the agenda include a look at the new building, a short talk by a Cotgrave GP on ?cancer screening, request for visitors to write comments/questions/suggestions on post-it notes and stick to boards – these to be addressed after talk. Welcome and housekeeping to begin, then brief business meeting to finish, whole meeting to conclude around 8.00pm

ACTION; Request to Jon for use of building, small budget for tea,coffee, biscuits.

Sub group to plan publicity, agenda, refreshments, displays at meeting. Meeting to be arranged.

Subject of chair was raised. Trevor has been stalwart in this post for many years and has indicated that he is happy to step down. Need to move group forward and fulfil many of the actions required by Active Group is essential. To enable this, Gill H and Sheila would offer joint chair role. The role of chair is open to all , so declarations of interest followed by a vote would form part of the business of the AGM/Open meeting.

**The next meeting date Monday 12th December 2018 at new Cotgrave surgery
Open meeting/AGM Wednesday 28th November 2018 at Cotgrave surgery – to be confirmed.**