



Chapel Row Surgery - Patient Participation Group

Meeting Held on Wednesday 18 September 2013 @ 7:30pm

Present:

Erica Tipton	Dr J Lennox (GP)
Philippa Leavey	Paul Gomm (Practice Manager)
Carol Gower	Carole Jenner (Practice Nurse)
Julia Baker	Elaine Wells
Mary Wallace-Sims	Sian Dismorr
Andrew Parker	Michelle Walker
Edgar Valentine	Ros Witcomb

Apologies:

- Margaret Curtis sends her apologies as she is unable to attend this meeting
- Helen Relf sends her apologies as she is unable to attend this meeting
- Glen Higgins sends her apologies as she is unable to attend this meeting
- Joanne Corrigan sends her apologies as she is unable to attend this meeting
- Mr and Mrs Hewitt send their apologies as they are unable to attend this meeting

Minutes of the last meeting:

The minutes of the last meeting were agreed to be a true representation of that meeting.

Matters Arising:

AVERAGE WAITING TIMES FOR DOCTORS:

- Erika Tipton (ET) remarked that she is pleased to see the practice is displaying some notices to advise patients to ask at reception if they have been kept waiting for more than 20 minutes. This action was discussed and agreed at the previous meeting on 17 July 2013.
- Andrew Parker (AP) asked if it would be possible for the practice to display the actual average waiting times for all doctors who are working each day.
- Paul Gomm (PSG) advised that unfortunately, although this may prove

Action

useful in some cases for some patients, the collection and display of this information is so complicated and time consuming, that the practice would have to employ a member of staff every day of the week just to obtain and display this information.

- PSG explained that the practice does not have access to any computer software which could calculate the average waiting times per GP each day - if the practice did have this, then the information would be displayed.
- PSG explained that the only way this information could be obtained, would be for a member of staff to look at all the doctors clinics at regular intervals each day and manually calculate the current average waiting time for each GP. This could then be displayed on a notice board or perhaps on the television in the waiting room, but would need to be updated every 30 mins at least throughout every day and this would be so labour intensive that the costs of obtaining this information easily outweigh the benefits of having this information.
- PSG reiterated the best alternative, which is for patients to ask the receptionist when they check in for their appointment, “what is the current waiting time for my GP please?” This information will then be up to the minute and specific to the GP which the patient is seeing.

ON-LINE APPOINTMENT BOOKING:

PSG advised that this service is currently being considered by the Doctors.

DOCTORS

Agenda Items:

PPG NEWSLETTER:

- Following a discussion at the previous meeting in July 2013 about a possible PPG Newsletter style information brief, ET has created a draft PPG Newsletter, which was distributed with the meeting agenda.
- ET noted that she has not received any volunteers to date to assist with this project and would welcome suggestions from anyone for articles / topics to be included in a PPG Newsletter.
- There followed a discussion about what services offered by the practice could be included in the Newsletter.
- **Practice Services** - Carole Jenner (CJ), Practice Nurse, suggested that some of the information about what is available at Chapel Row Surgery, could be obtained from the surgery’s new website, which is to be launched soon. CJ suggested that some of the website content could be made into an article for the PPG Newsletter, to help inform people who do not have access to a computer, with which to view the practice website.
- **Physiotherapy** - ET advised that the private physiotherapist who works from Chapel Row Surgery and who also provides an NHS referrals physiotherapy service, has offered to write a generic “best guide to good posture etc” for the newsletter.
- Edgar Valentine (EV) asked if it would be possible for an article in the Newsletter to explain how patients can access physiotherapy and what options are available to patients, once they have used up their NHS physiotherapy “allowance”.
- An article on what is available (NHS and Private care) and where it is available, could prove valuable to those patients seeking physiotherapy.
- **Patient Data Extraction** - Dr Lennox suggested that the newsletter could also feature some information and explanation about NHS England’s

“Care.Data” programme, where certain specific clinical information will be extracted from all patient’s records across the UK, to help plan and improve healthcare for all patients in the NHS across the UK.

- Only specific key clinical data is being extracted and on a completely anonymous basis, so that no patient can be identified. The data will be collected, collated and analysed to help develop and improve care for all patients in the NHS in the future.
- Patients can opt out of their information being used in this programme, by advising the practice who will then note the patient’s preferences on their medical file and this will prevent any of the patient’s clinical information being extracted for use in the “Care.Data” programme.
- There is currently a poster displayed to advise patients of this programme and leaflets available in the surgery, which provides more explanation and detail about the “Care.Data” programme and how the data collected will be used.
- **Newsletter Content** - ET asked for any inputs / contributions to the Newsletter to be sent to her asap. The aim will be to produce the Newsletter quarterly and CJ offered to help ET draw up the Newsletter each quarter.
- AP asked if it would be possible for a guide to be included to publicise what care patients can access at GP surgeries and what is available at hospital.
- An article along these lines could help to encourage patients to seek help from their GP Surgery BEFORE going to hospital Accident and Emergency department, something which could greatly contribute to reducing the current burden on hospital A&E departments and especially as winter approaches; typically a very busy time for hospital A&E departments.
- Dr Lennox added that the practice’s new website will include a “Symptom Checker” which will allow patients to gain valuable information about their problem / condition before coming to see a GP or attending A&E.

ERIKA
TIPTON &
CAROLE
JENNER

PATIENT PANEL MEETING:

- ET reported that the Patient Panel is attended by 20 - 30 people on average, and this includes at least 1 representative from each of the 11 Newbury Area member practices in the Newbury & District Clinical Commissioning Group (NDCCG).
- ET advised that the plan for future Patient Panel meetings, is for a speaker to be invited to each meeting to present on a specific topic.
- ET advised that the Patient Information Point (PIP) in the West Berkshire Community Hospital (WBCH) was discussed in detail.
- The plan is for the PIP to offer “Shared Decision Making” and this has the backing of the NDCCG.
- 4 new volunteers have been recruited for the PIP and ET advised that the PIP personnel will be contacting all 11 Newbury Area practices to find out what information is currently available in each practice. The aim is to ensure that any shortfalls of information can be provided to the practice from the PIP.
- ET advised she will add an article to our PPG Newsletter about the PIP.

ERIKA
TIPTON

CLINICAL COMMISSIONING GROUP (CCG):

- Dr Lennox provided an update on developments at the NDCCG
- NDCCG has been operational since April 2013 and now has a statutory responsibility for healthcare in the Newbury Area, served by NDCCG.

- The CCG comprises:
 - Council - Each of the 11 member practices sends a representative to monthly Council meetings at which general healthcare issues are discussed and agreed.
 - Management Team - comprises 5 GPs, 1 Practice Manager, an Operations Director and 2 Administrative Staff
 - Day to Day Operations - the NDCCG has delegated responsibility for day to day operation of commissioning to the Central Southern Commissioning Support Unit (CSCSU), which is staffed by personnel from what was the Primary Care Trust (PCT). The staff at the CSCSU have the experience and capability to carry out the day to day running of commissioning (as they did when the PCT existed) and they report to and work on behalf of, the NDCCG and other CCGs in Reading and Wokingham.
 - Dr Lennox advised the relationship between the CCG and CSCSU is key, as the CSCSU perform all of the administration for the CCG and manage healthcare in the area on behalf of the CCG. This relationship is developing.
 - The NDCCG now have offices in Rivergate House, Newbury (green building opposite B&Q between Newbury and Thatcham) and the NDCCG's base is just across the corridor from the CSCSU's base in the building.
 - Board - the NDCCG's Board has the overall statutory responsibility for the healthcare provided by NDCCG. Board meetings are held in public and dates of the meetings and related papers are published on the NDCCG's website.
 - Board comprises 5 GPs, 2 Lay members, Lead Nurse, Secondary Care representative (retired consultant), Finance Director and Responsible Officer.
 - The last 2 posts are shared across 4 CCGs in Reading, Wokingham and Newbury, operated on a federated basis to enable strength in size and to minimise the costs involved.
 - Dr Lennox advised that all this information is published on the NDCCG website and that all the main officer roles are elected positions by practice representatives.
- Dr Lennox concluded by advising NDCCG has submitted a bid / plan to take part in an integration project to harmonise hospital care and social care better. NDCCG is currently awaiting consideration of their plan to see if the CCG will be approved to take part in this project.

Any Other Business

Staff Continuity at Royal Berkshire Hospital (RBH):

- Elaine Wells (EW) spoke about an elderly relative of hers who has been seen at RBH regularly over the past few months, but who rarely sees the same person twice. Is there anything which can be done about this lack of staff continuity?
- Dr Lennox replied that at present there is not much we can do to influence this; a problem which is almost certainly partly due to staff issues at RBH. However, NDCCG is keen to introduce more clinics at WBCH so that staff continuity is improved and the service is more local.
- ET commented that her husband had experienced a similar situation when he attended RBH earlier this year and found the task of re-explaining his

situation to a new person each time, rather frustrating and time consuming.

- ET advised that a Governor of RBH regularly attends Patient Panel meetings and ET will raise this with her at the first available opportunity.

**ERIKA
TIPTON**

PPG Secretary:

If anyone is interested in being the PPG secretary; taking minutes, assisting the PPG chair, etc, please can they contact Paul Gomm at the surgery.

Meeting closed at 8:15pm

Date of Next Meeting

Wednesday 20 November 2013 at the Chapel Row Surgery, starting @ 7.30 pm

AGREED ACTION POINTS:

<u>TOPIC</u>	<u>AGREED ACTION</u>
On Line Appointment Booking	This is currently being considered by the Doctors
PPG Newsletter	Erika Tipton and Carole Jenner will compile the newsletter - contributions for articles / topics are required
Staff Continuity at RBH	Erika Tipton will raise this matter with the RBH Governor who attends the Patient Panel meetings

END OF MEETING MINUTES