
Meeting: Patient Group Meeting (PPG)

Date: 5th August 2013

Location: Seminar Room

Chair: Farina

Notes:

Present:

Lynne Waller(LW), Vail Sale (VS), Jagdish Solanki,(JS), Brian Kolbe (BK), Colin Bridges (CB), Joan Crowhurst (JC) Dr Mustafa Sarang (MS), Farina Ahmad (FA)

Apologies:

Deanna Morgan- Russell

	Agenda item	Discussion/Requirement
1	Apologies for Absence	<p>Apologies from Deanna Morgan- Russell Elias Zakaria has stepped down from the PPG. We would like to thank him for his valuable contribution throughout the 2 years and wish him well.</p>
2	Matters arising from the minutes of last meeting	<p>Cars parked outside the entrance gate in Warren Road and the exit gate in Nork Way continues to be a potential hazard. BK to speak to counsellors to express concerns. FA to provide BK with letter headed paper so that a letter can be sent from the practice to look official. Various suggestions include research of number of cars entering the car park but would mean someone sitting all day in the car park. Require some latest pictures to show how chaotic the entrance can become when cars are parked outside the entrance gate in Warren road. A Nork Petition may be.</p> <p>BK to follow up with a date on 'Body Mechanics' to provide a talk at the practice one evening.</p>
3	FY2 Dr	<p>Our next FY2 Dr is due to start 8th August. Dr Catherine Lathwood will be with the practice until December 2013.</p> <p>We are aiming to become an accredited teaching practice within the next 12 months, where there will be a Registrar attached to the practice.</p> <p>The Practice continues with its St Georges medical students teaching throughout the year.</p>

4	2013/2014 Patient Survey preparation – PG input & to discuss changes / additions to 2012 Patient Questionnaire	<p>A copy of the 2012 Patient Questionnaire was circulated to PG members prior to the meeting. This allowed time for members to check through the questions and suggestions for changes/ additions.</p> <p>PG members agreed to go through the questions on the 2012 Questionnaire. Amendments and additions were in agreement by all PG members present at the meeting.</p> <p>FA to make the minor changes discussed to the questionnaire and send the 2013 Questionnaire back to PG members for final approval.</p>	
5	Dissemination for Patient Survey questionnaires	<p>The aim is to have the questionnaire out by September. PG agreed due to the good response rate last year, to stick to the same method of dissemination used for 2012.</p> <p>To improve on the 2012 survey response rate, PG members agreed to continue with their input at the start of the survey by coming in and handing out the questionnaires personally & briefly explaining to the patients, the importance of completing the survey before leaving the practice. Also to have the table outside the Drs room with Banners & patient questionnaires with pens / clip boards for patients to complete there & then.</p> <p>It was noted that historically patients who have taken the questionnaire away from the surgery have not been returned. Need to encourage patients to complete questionnaire on the premises</p> <p>PG members agreed that it would be good to improve on our target response rate from 2012 and that the patient survey could run over a 3 month period, September 2013 to January 2014 to improve on this.</p>	
6	Latest Practice Developments and Achievements	<p>New receptionist recruitment: FA announced that Teresa who has been with the practice for 5 years is leaving at the end of August to pursue her nursing career. Teresa has been a highly valued team member and will be greatly missed by everyone. All PG members wish her all the best.</p> <p>We have Henrietta Birmingham joining our reception team from September 2013.</p> <p>Introducing local phone number: FA explained to the PG that after having several meetings with various phone providers, the most cost effective option would be to stay & renew our contract with our current provider, NEG Surgery line. This now means that we can introduce a local number (01737) running alongside the 0844 much earlier than anticipated. Our initial contract was due to end in December 2014. The Practice has listened to what the patients have said re 0844 number and we have taken last year patient survey results on board. This is an additional cost to the practice but the local number will allow queuing as with the 0844 number. Patients will have the choice of using both numbers. Roll out expected in 4 weeks time.</p>	

7	Commissioning Update	<p>CQC requirements from Patient Group: FA briefly outlined what CQC (Care Quality commission) do. GP practices are now regulated by the CQC and all practices had to register by 1.4.2013 with CQC. Nork clinic was successfully approved & registered in December 2012. CQC's role is to monitor and inspect GP practices to check we continue to meet the essential standards of quality and safety. There are 28 such standards. CQC can give the practice 48 hours notice for an inspection, which is often one day to check and satisfy them that we are compliant with all 28 essential standards, ranging from patient confidentiality to practice cleanliness & quality of patient care provided to patients.</p> <p>CQC have recently published a report called 'CQC working alongside the PPG'. CQC feel that the PPG are a valuable source of information about patient views and experience and think it is essential to involve the PPG members in the 'visit'</p> <p>JC commented that the above set up is very similar to an OFSTED inspection. FA asked the PPG members if it would be ok to contact any member and provide the Inspectors with an email address / phone number should they ask- All PPG members agreed.</p> <p>FA commented that EDICS (referral management service) contracts have now come to an end wef 1.8.2013. Patients with EDICS appointments will be honoured in the next two weeks, otherwise practices are awaiting further information from SurreyDowns CCG on what action to take for any EDICS referrals in the pipeline. Our Practice referrals to EDICS were minimal and so we have not been effected by this shocking announcement.</p> <p>BK asked about the potential closure of Epsom Hospital (EGH) and where we are with this. MS commented that Nork is in favour of having an A&E at EGH. Awaiting public consultation paper to be issued -this is ongoing with a decision unlikely until next year. BK to pass a report to MS to read. Local MP Chris Grayling sent an open letter to all GPs in the area- FA to try to locate & send to PPG members.</p> <p>MS outlined that A&E attendances, hospital stays and referrals within the Surrey locality continue to be above the national average.</p> <p>Cost to the practice for patient attending A&E, without any investigations is £58 per attendance and £84 where the patient has undergone a basic investigation. Surrey Downs CCG are supporting the need for a GP lead 'Urgent Care Centre' (UCC) based next to A&E at EGH. This will allow such A&E cases to be seen at the UCC which will be open 24 hours and will be managed by local GPs.</p> <p>MS also outlined that Surrey Downs CCG are developing an 'out of hospital strategy' where more services will move out of hospital into primary care. Practices have been asked to look at their existing capacity and possibly take on services such as INR/ diabetes for the locality and not just their own patients. This would avoid secondary care follow up appointments and patients from different practices could be seen in a specialized clinic at a GP practice.</p>	
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8	AOB	<p>Surrey Downs CCG further announced that a 'referral centre' is to be set up, so all referrals will be checked to ensure they are appropriate and triaged on. This service will be run by experienced senior GPs within the Surrey locality in an attempt to reduce referrals over the next 2 years.</p> <p>BSBV (Better Services Better Value) is ongoing. MS to keep us updated.</p> <p>MS asked PPG members if they were contacted by Denise Crown (lay member representing Surrey Downs CCG). No members contacted. MS to follow up with Denise. FA can provide Denise the email addresses of our PPG members.</p> <p>BK mentioned the growth of the practice list size (now 7,050). FA commented that with the FY2 Drs and extra nurses sessions, at times there are not enough rooms. The minor improvement grant scheme has not yet become available for this year and is now likely to revolve around CQC improvements, rather than consulting room extensions, similar to what we did for the change of flooring / chairs.</p> <p>Looking to put up a perspex screen around the reception area to try to diffuse the sound that carries through to the patient waiting area, as all patient information is confidential. The practice had a screen about 10 years ago.</p> <p>Another solution could be to store all clinical patient records offsite to create more space round the back of reception & push the reception desk back which again will help with patient confidentiality whilst receptionist are on the phones.</p> <p>MS suggested trying out the hands free headset as a trial. FA to check with our phone provider to try to acquire a few headsets for a trial.</p> <p>DATE OF NEXT MEETING : MONDAY 18th November 2013 5.30pm</p>	
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