**WHITECLIFF GROUP PRACTICE (PPG)**

**MEETING HELD AT THE BLANDFORD SURGERY**

**WEDNESDAY 10TH AUGUST 2016**

**Part 1: Practice Matters**

1. **Welcome and Apologies**

**Present:** Ted Moss, Carol Tompsett, Fiona MacEwan, Keith Harrison (NHS Dorset PPI development worker), Freddie Bannock, Graham Downer, Gwyn Bates (Chair) Carol Tilley (Practice manager), Hazel Haigh, Dr J Evans, Sara Stringer (Reception Team Leader).

**Apologies:** Kim Bateman, Sue Inman, Joyce Lee, Charlie David Lloyd, Jane Bristow

Hazel Haigh has been nominated to take over from Gwyn as Chair now Gwyn is moving away. All PPG group members will give Hazel support with the various events and Graham Downer will continue to attend the Dorset PPG Forum meetings. Charlie David Lloyd has stepped down as Vice Chair, but will attend meetings as and when he can. There was no nomination at the current meeting for a replacement vice chair, so Gwyn will circulate to other members.

1. **Actions from last meeting**

All covered under the agenda.

1. **Practice Report**

* Dr Slater is now back, Dr Jones is still off but we are hoping she will return in September.
* We have recruited an additional full time advanced Nurse Practitioner (Sharon Drummond) who will join the practice on 1st October. It is hoped that both of our Nurse Practitioners and the GPs can work more closely with minor Injuries Unit in Blandford Community Hospital as part of the work to develop new and sustainable models of care to meet the local communities’ future needs.
* Dispensary has been short staffed due to staff sickness and maternity leave. The staff have been amazing; working long hours and coming in on days off to maintain the service for patients.
* The work to increase clinical space continues and there have been some positive steps forward, regarding potential premises and funding opportunities.
* The Practice offered 8,031 appointments in July (face to face and by phones across both surgery sites). Of these at the Blandford surgery, 1893 appointments were for urgent / same day appointments with an average of 90 urgent calls each day. Urgent appointments at Child Okeford are added to the end of surgeries / slotted into gaps in the day.
* There were 280 missed appointments last month (4%)
* Most of July was taken up with the Practices CQC Inspection. This was a very positive experience for the practice and went very well.

The constructive advice received was:

* The room thermometer in the dispensary is just an ordinary one – and should be digital and recordable so we can record weekend temperatures too. The practice ordered 2 before the inspectors left for the day and were given a copy of the order receipt.
* Phone access – this came from the comments in the patient survey. The Practice explained the issues that it has had with the phone systems that occurred between January and May 2016 and before that there were other issues with BT. Compensation has had to be paid to the Practice in respect of service disruption. The practice provided full documentary evidence to the CQC to support this and the inspectors accepted that this was outside of the Practices control.

The positives were:

* Active PPG who provided very positive feedback, Gwyn thanked all members that attended to spoke to the inspectors.
* They spoke to 7 patients who told the inspector that the Practice was well organised, clean, Professional and a friendly service.
* Dispensary was well organised and well led.
* All staff spoken to felt supported by the Practice
* Good systems for clinical audits, MHRA, prescription audits and security, LES for DVTSs and well run nursing team and good policies.

If we receive a good report we will receive another visit in 5 years

* The latest locality performance data produced by Dorset CCG shows that the practice continues to have very low rates of emergency attendance at A&E for the over 75s and has reduced its overall emergency admissions rate.
* Phone Problems – Ironically since the CQC inspection, the telephone problems have started to occur again. There are intermittent faults on the outbound lines and this has again been identified as a line issue and therefore we are once again in the hands of BT Open reach to resolve this. The Practice Manager has written to the MP Simon Hoare to raise concerns regarding service received from BT Open Reach and her disappointment of the 0utcome of the recent OFCOM review of the service
* The Practice met with Boots and NHS England to discuss the issues that Boots have been experiencing and to explore how the Practice can support Boots and improve working relations. It was a very positive meeting and further meetings are planned.

**2. PMS Contract Review**

The Practice is now receiving slightly more funding than in previous years. It still however continues to provide more NHS services than it is commissioned to provide by Dorset CCG. This is continuously being reviewed and will continue to be addressed as the Primary Care Service Review and Integrated Work progresses.

The Practice has managed to reduce the amount of funding that the NHS were going to take away and the Practice is on an ‘even keel’ financially. CT is in the process of updating the Practice activity based costing model, which tracks where the Practice’s services cost more provide than it is being paid for. The Practice does some private work. An example of this is HGV medicals which is not an NHS contracted service. The Practice has decided to stop providing this so that the Surgery can focus more resource on NHS services. Understanding costs is key to making accurate decisions for the future of the Practice.

The Practice is very lucky to have a good team and it is successful in recruiting good calibre GPs and other staff and making the Surgery an attractive place to work. We are fortunate to have very skilled Nurse Practitioner and another one starting in October too.

1. **Election of New members to the project sub – Group**

This group meets once a month, as no one came forward from the meeting to join the sub group; this will be sent out to other PPG members to see if they wish to join.

1. **Report – Project sub-group**

The well and connected event went well and Hazel thanked Sara and felt it was good to have a member of staff there. Hazel also thanked Karina for the work she did with Cholesterol and BP tests; she felt this went really well and we should look at having someone present to do this on both days in the future. The PPG also promoted a couple of useful leaflets with information such as the Choose Well leaflet, and the ‘Don’t run out or your medication’ information (which are now both on the front desk at both surgeries). There were also laminated notices on the tables informing patients of our wasted appointments and statistics about the surgery being run as a business 9so people understand that it has to balance its books and is not ‘bailed out’ it if overspends or gets into financial difficulty).

The next phase for the PPG sub group is to look how it communicates with the local community and how to promote these messages more widely. The plan is to get articles into the Village newsletters, Blackmore vale, Forum Focus and Parish council web sites. This would also inform patients that don’t attend the surgery very often.

A suggestion form was also at the event for patients to fill in and some were:

The text service is not reliable. This could be down to human error or the incorrect mobile number on our system for the patient, but generally works well for informing patients that their medication is ready and appointment reminders.

Reception could direct patients to MIU – This does generally happen depending on the nature of the ailment.

It was felt that this event was not advertised enough as there didn’t seem to be many people coming in. Keith Harrison was involved in supporting the Sturminster Newton event at the Exchange, but the DT11 group took on organising on their own; but maybe it could have more involvement from the PPG Groups. It would also be good to have a directory of all organisations involved in the event for the public to take away with them so they can contact them if needed. This worked really well at the event in Sturminster.

**Part 2: The Wider Health Community**

1. **Dorset PPG Chairs Forum Update**

Gwyn and Hazel attended the Dorset wide meeting that Keith facilitates. The guest speak Steve Howes explained about Shared Dorset Care Record, this is where patient records are integrated with all health professionals. There is work being done to commission a large piece of software to provide the ability to access records across organisations, where there is patient consent. There will be further news in October regarding the software. This will be invaluable clinically. Some patients think Practices already share information but this is only done if consent is given. The only information shared is medications, diagnosis and recent visits to the GP. Carol Tilley (Practice Manager) is the Caldecott Guardian for the surgery and is responsible for all clinical patient data held; whilst data access is important - it must be used appropriately.

1. **Liaison with Eagle House PPG**

As the Practice and the PPG groups work closely with Eagle House it would be good to have a representative from each PPG to attend each other’s meetings. This will help with working together in the wider community. Eagle House’s next meeting is on 6th September which Keith will be attending and he will ask if this is something they would like to be involved in. Dr Evans said how we do work well with them and in the future all GPs may need to work together more closely. Hazel will arrange a meeting with the Chair from Eagle House PPG and also invite the Friends of Blandford Hospital.

1. **Clinical Services Review**

This has reached the stage of proposal and has been bought together; it will now go to NHS England for a public consultation now in November.

The communication bus was in the low part of Morrison’s Car Park. The CCG representatives came into the town and encouraged members of the public to go down to the bus and air their views.

In summary; in North Dorset could have 2 community hubs with a wide range of facilities including, outpatients, diagnostics and community beds at Sherborne and Blandford hospitals and a local dynamic community hub without beds providing services such as outpatient, ambulatory care, diagnostics and co0location of community teams in Shaftesbury and Gillingham, with access to care home beds to provide step up care and palliative care beds with enhanced in reach support in this area. Discussions have been made with Wiltshire regarding potential for collaboration in commissioning future provision for the population who are on the Wiltshire/Dorset borders. This will strengthen the need for higher specification non bedded community hub in Shaftesbury. The future site for the local hub in Shaftesbury will be considered (and may be between Shaftsbury and Gillingham). In recognition that Shaftesbury hospital has significant limitations, a new site may be looked for as it would not be suitable as a future hub and intermediate care beds may also be purchased in care home settings.

The governing body of the NHS Dorset Clinical Commissioning Group recommendations are:

* An additional 10,000 people a year being supported in a community setting, who are currently being admitted to an acute hospital with urgent care needs, relieving the pressure on the three acute hospitals in Dorchester, Poole and Bournemouth.
* An increase in the total number of community beds in Dorset by 69
* More than 100,000 additional out patients appointments moving from the acute hospitals to community settings, including Diabetes.
* 7 day a week urgent care services for local communities – available via community hubs with beds.

More information is online via <http://www.dorsetsvision.nhs.uk/update-following-governing-body-meeting/>.

Concerns were raised by the PPG regarding the commissioning of beds in Care homes and Nursing Homes. It was felt they are always full and they have staffing problems and are already unable to cope. Who will look after the patients medically? The staff are only care home staff; so this will then fall on the Practices. It was felt that this has been poorly thought about and a lot of the funding will go to Bournemouth hospital for the changes, leaving little to commission the community care services needed. The work load will not be manageable for staff that are not medically trained.

It was suggested that the PPG invite a member of the Dorset CCG to one of our future PPG meetings during the consultation period to ask questions regarding this, and also include members of Eagle House and Friends of Blandford Hospital. (Keith Harrison to co-ordinate this)

**Part 3: Developing a Community Active Group**

1. **Dementia Friendly Blandford**

A meeting was held on July 8th which was very well attended and was chaired by the MP Simon Hoare. Blandford Dementia Action Alliance continues to meet regularly and to organise events.

1. **Carers Group**

There is funding that can be applied for to support local carers. Stephan Morawiec is keen on working on this and has been in touch with the Carers lead Debbie Collins regarding this. Jane Bristow would also be interested in joining in with this. There is also a very good leaflet called ‘My Life My Care’ where patients can find out information and advice about care and support in the community for adults in Bournemouth, Dorset and Poole. [www.mylifemycare.com](http://www.mylifemycare.com) .

1. **Medicines Amnesty**

This has now been renamed as the Medicines Waste Campaign. This will encourage patients to bring back any unused medication and letting patients know the cost of these medications. The Campaign will start in October Keith Harrison will make sure that lots of information will be advertised in Surgeries and Pharmacies. Patients don’t understand the costs of health care in Dorset there is £4 million wasted. It was felt patients should be informed of the cost of health care/medications. A press release would be a good way of highlighting this and to educate patients to be responsible and inform them of why and what they are taking and the cost. The PPG will get active with promoting this campaign in October within the Flu clinics which are 1st October at Child Okeford and 8th and 22nd October in Whitecliff.

1. **Next Meeting –** Wednesday 5th October 2016 at 6pm.