**Whitecliff Group Practice Participation Group**

**Minutes of the meeting held at the surgery**

**On Wednesday 01 October 2014**

**Part 1: Practice Matters**

1. **Welcome and apologies**

Present: Freddie Bannock, Mary Bealey, Gwyn Bates, Joyce Lee, Elizabeth Lee, Peter Newall, Hazel Haigh, Jane Bristow, Kim Bateman, Carol Tompsett, Sarah Pickering, Grahame Downer, Carol Tilley (CT – Partner / Practice Manager), Sara Stringer (Reception Team Leader), Dr Sarah Nixon (GP Partner).

Apologies: Ingrid Lonsdale, Ted Moss, Alan Bromley, Susan McCahy, Susan Benefer.

Gwyn advised the group that Mary Illiopoulus had resigned from the group due to ill health and CT had written to thank her for her past involvement. Gwyn welcomed the 4 new members who were in attendance and said Susan McCahy was also a new member. This makes a total of 21 meaning we have 3 more places. Gwyn asked committee members to let us know if they knew of others who may be interested bearing in mind we could do with a few more men and younger people.

1. **Actions from last meeting**

Electronic prescribing – The Practice was hoping to implement this in on 14 October. However, other surgeries have had a few teething problems, and the Practice has therefore taken the decision to delay roll out as it didn’t want any service disruption for our patients and will wait for the other surgeries to iron out the problems first.

Blandford Hospital – the new clinical space is rapidly being filled up and a broader range of services is again being made available locally for patients.

CQC visits – The Practice has not yet been notified when it will have an inspection visit, but this will be in the next 18 month. The Practice will use the next protected learning afternoon next week as part of the ongoing staff training regarding good housekeeping for CQC.

Practice Newsletter: Gwyn Bates suggested the inclusion of contact names from the PPG in the newsletter so patients can contact them to raise any issues on their behalf. Joyce Lee asked if guidelines would be given to patients regarding this. Freddie Bannock suggested that if the patient in question was in doubt they should refer to surgery. It was suggested to offer patients at the flu clinic to join the VPG.

1. **Practice Report**

The main report was circulated prior to the meeting.

The Practice has taken the decision to cease providing private travel services. The provision of this service takes up a lot of nursing time that can be better used to focus on core NHS services which would benefit more of Practice patients. Patients can get travel health advice on line or from Boots or Asda. It was suggested that this is publicised in reception to let our patients know we will no longer offering this service. This will also be publicised on the website and a hand-out will be written to explain to our patients that we will no longer provide private travel services and will cease to be a yellow fever centre.

From the end of October the Dorchester Hospital Midwives and the Steps to Well Being Counsellors will no longer run clinics in the Practice at Blandford. By freeing up these rooms it will enable the Practice to offer more doctor and nurse appointments.

The Practice has changed its approach to the complimentary dispensary delivery service that it provides. Deliveries to the shops at Iwerne Minster, Okeford Fitzpaine, Stourpaine and Pimperne have ceased. The reason for this is that when the service was originally set up it had fewer users and managing the governance aspect was less complicated. As the service has grown, it has become clear that the shops found it increasingly difficult to store the medication appropriately and to ensure that customer confidentiality was maintained. It was felt that this could present a risk for our patients; and therefore the Practice decided to end this service. All of the shop patients were contacted and those who could not collect their medication from the shop now receive a complimentary home delivery service.

The Practice has a recruited to a new post. Alicia Trowbridge is a community based Health Care Assistant Nurse. She will be going out to see patients (mainly initially the over 75s) who may find it difficult to come into the surgery or who may like a health check. Alicia will also be the signposting expert in the surgery and is familiarising herself with the voluntary and community health and wellbeing organisations that can be used to support patients alongside the direct medical input. This is a new innovative role that we are piloting. It was agreed today that the other 10 surgeries in North Dorset will also recruit to similar posts and that this service will be funded by the Dorset Clinical Commissioning Group for the next 2 years.

The Practice’s website is now being developed to include community information on it and this will be added to over time. There are now additional information screens in the surgery waiting rooms, again providing a range of information for patients.

Today there was also an evaluation of some software that will bolt on to the patient system, to help GPs quickly find more information that can be given to patients during their consultation.

CT updated the PPG regarding the next patient survey. In August CT, the Assistant Practice Manager met with Peter Newall from the PPG regarding how to get the best use of Practice surveys. Advice received from PN has been used to help design the mandatory Friends and Family Test (FFT) that the Practice has now implemented (although not mandatory until December). Feedback for the free text section of this will help identify questions for the more detailed patient survey. The FFT will be handed to patients at the flu clinic. Gwyn suggested that a small number of PPG members could perhaps help with the design of the next detailed survey and help to plan how they could best be distributed in order to get a higher response rate than on the previous survey.

There was a discussion regarding how the Practice ensured that it communicated and received feedback form all age groups. Face Book was recommended as a good way for engaging young mums to keep up to date on what is happening within the surgery.

With regard to well-person checks CT advised that the surgery follows NHS guidance and calls patients for free checks in certain categories from time to time. Experience has however shown that there is often a poor response to these offers.

The Dispensary phone. This matter was raised by several patients. CT advised that the Practice does not have the phone Access directly to the dispensary is because the workload has become much more complicated as most patients are on a complex cocktail of medication. Therefore much more concentration is required and each order takes much longer to prepare and requires more checking. It is no longer safe for dispensers to be constantly interrupted by the phone (as this was causing errors) so the doctors reluctantly decided to stop this practice in the interests of patient safety. If a patient needs to speak to a dispenser the reception team will take their details and a dispenser will phone them back later when they have protected time to deal with phone messages. We now also have a text messaging service for patients with mobile phones to advise when their medication is ready as we get a lot of calls asking if medication is ready.

Carol Tompsett queried the scope of the Practice dispensary (as Blandford residents cannot use it). CT explained that we can dispense to patients living out of the town, but as there are chemists the town patients have to collect from there which is a national rule issued by the Dept. of Health. The Practice can however dispense to town based patients in an emergency during extended surgery and they will be issued with sufficient medication to cover them until they can get to the pharmacy the next day.

A question had been raised concerning patients with dementia and memory problems and how matters could be improved so that concerned friends and relatives could be aware of medical advice given and medication prescribed in order ensure appropriate support for such patients. Dr Nixon explained how the doctors discuss medication / medical issues with patients with memory impairment. The doctors are trained to deal with this. Firstly if the patient has given permission to discuss their care with a relative, friend or carer, then this will happen. Details are also written down on headed paper for people to take away to remind them of what was said. Patients are also sometimes encouraged to bring someone with them to appointments. Jane Bristow said she would feed back to the group she attends at Blandford Hospital and CT said she was happy for that group to contact her about this issue.

A question had also been raised about whether higher seating in the waiting rooms could be provided for people who cannot easily get up from a chair. CT advised that there is a high rise chair at Child Okeford. Ct has contacted the OTs at Blandford Hospital to get advice regarding adaptations at Blandford as there is no suitable location for a standalone chair in the waiting as it is currently configured.

**Part 2: The Wider Health Community**

**Clinical Commissioning Programmes** - CT updated attendees regarding the latest CCG Programmes. These can be viewed in detail on the Dorset Clinical Commissioning website.

**Clinical Services Reviews** - The PPG are concerned that Dorset CCG plan to spend £2 to 4 million on hiring consultants to undertake a service review / re-configuration. Graham Downer met with the newly appointed Director of Transformation responsible for the project and has also made contact with Jane Pike (Head of Service Delivery) and Paul Vater (Finance Director). They spoke about figures and expected expenditure and income; and the forecast funding gap of services in Dorset. The time scale for the review is 6 months by which time a blue print to reduce costs will be presented. 4% efficiency savings have been made already. Dorset is the first CCG in the country to commence the review and monitor NHS England are looking at the outcome as a pilot for other parts of the country. Jane Pike advised that the CCG wish to involve PPG members in the process as ‘Design Buddies’. There is a public engagement event regarding this on the afternoon of 22nd October at the Bournemouth International Centre. SS will send out the details again by email (originally sent last week).

**Better Together** - the project is progressing, but to date there has been little engagement with the Practice. The Practice already works very productively with other health and social care providers and is committed to working proactively with other agencies and with the DT11 Forum.

**Dorset PPG Chairs' Forum** - There is a PPG Networking Event on the 19th November at the Exchange, Sturminster Newton. (There are 6 places available for Whitecliff PPG members – please contact Gwyn bates if you wish to attend)

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

The DT11 Health and Well Being event took place in the town 18 - 20 September. This was successful as an inaugural event and it is hoped that this will be repeated again next year. Learning points were that it is best not to clash with another major event (Inside Out Event). Despite this about 250 people through passed through the doors at the Crown. There was no negative feedback, only positive from those attending. In addition to the event at the Crown, there was activity ‘taster sessions’ run on the Saturday. These were also well supported with 14 patients joining the Park Run for the first time and 15 on the cycle ride.

**Date of next meeting 07 January 2015 at 6pm**