

Prices Mill Surgery Patient Participation Group

Minutes of Meeting 13th September 2011

In attendance:

| | |
|-----------------|---|
| Liz Green | |
| Angela Hathaway | |
| Jo Hofman | |
| Sally Millett | LINK & Forest Green Residents Association |
| Duncan Mann | Practice Manager, Prices Mill Surgery |
| Marilyn Miles | Chair, Nailsworth NHP |
| Ros Mulhall | GP at Prices Mill Surgery |
| Nick Peters | Vice Chair, LINK & Forest Green Residents Association |
| Betty Young | |
| Paul Young | Treasurer, Nailsworth NHP |

Apologies:

Susan Railston-Brown
Richard Easthope
Kate Kay
Maureen Law

1. Welcome & Introductions

Duncan welcomed all present to the meeting, and everyone was asked to introduce themselves.

2. Matters Arising

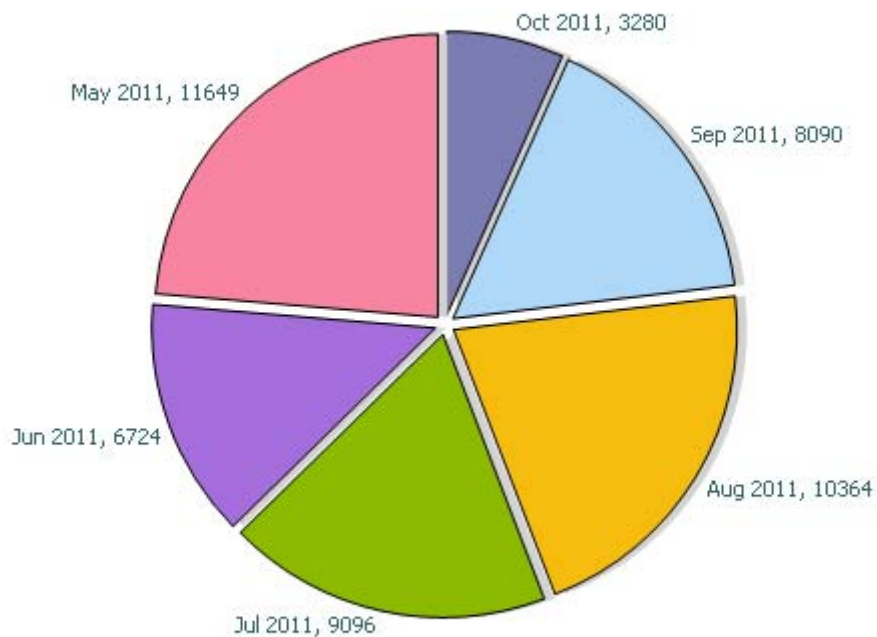
i) Lloyds Opening Hours

It was queried as to when the Lloyds Pharmacy at Old Market extended their evening opening hours. Duncan noted that he was aware that this had happened some months ago, though thought that this might have been done on a temporary basis in the first instance, to review the throughput of patients. It was felt that it might be a good idea to have this on the practice website, though Duncan noted that the practice could not effectively advertise on behalf of any specific pharmacy.

ii) Minutes & Agendas

Duncan drew the attention of those present to the section of the practice website at www.pricesmill.co.uk dedicated to the Patient Participation Group (PPG), and also noted that in future Agendas and Minutes of PPG meetings would be posted to this section of the website, both for convenience and also for reference by other patients interested in the work of the PPG.

The question was raised as to how many hits the practice receives. Duncan noted that some months recently had seen 10,000 hits. [NB See latest usage statistics below]



Duncan noted that the website was relaunched in February 2011, and has been designed to provide a wide range of online services, such as:

- Repeat prescription ordering
- Appointment booking and cancellation (Routine appointments, GPs only)
- Change of address
- Pre-registration for new patients
- Feedback Forms
- Access to Travel advice, with the option to submit travel plans online
- Subscription to the practice newsletter

Duncan noted that the availability of appointments online was limited to routine appointments with GPs only – this is because the practice provides a triage process for urgent appointments, so this needs to be accessed via the telephone. At the moment, appointments cannot be booked for blood tests.

iii) Minutes of Last Meeting & Matters Arising

Angela noted that she was present at the last meeting on the 7th July, though the minutes did not reflect this in the attendance list. Duncan apologised for this oversight.

NHS Health Checks

Nick queried the process for uptake of the NHS Health Checks service discussed at the last meeting.

Duncan noted that since there are approximately 2,300 patients in the age group 40-74, it will take the practice several years to invite them all in to access the service – the agreement with the PCT is that this may take up to five years.

It was also queried as to how the practice is tackling this age group – Duncan confirmed that the practice was doing this starting with those aged 40 years and working upwards in age, which is what most practices offering this service are doing. The logic underlying this is that identifying chronic disease through this service at a relatively young age will allow the greatest potential impact in terms of preventing cardiovascular problems in future.

It was noted that whilst the NHS Health Checks service is a national program, not all practices choose to offer it, as it is not part of the core GP contract.

The practice sends out two letters to patients to invite them in for the service, the letters being approximately a month apart. The uptake is currently about one third of patients choosing to take up the offer for screening.

Ros noted that the intention of the service was to screen patients with a view to preventing the onset of such conditions as diabetes and cardiovascular events such as strokes. [NB see leaflet about the service attached at Appendix A]. She noted that this was particularly valuable for men, since many men did not attend surgery until their middle years, when chronic disease due to lifestyle had already been established – in contrast to women who attended much more often, for example for contraception and childcare related issues.

Liz noted that the letter may achieve a better response if the wording included the term “MOT” – to communicate to patients that the NHS Health Check service was analogous to a comprehensive check of a car. It was also thought that we should emphasise the fact that many people pay for this kind of service in the private sector (i.e. BUPA), and that we could emphasise the fact that this was a free service to patients.

Ros did however note that the “MOT” service offered by such providers does provide a number of tests over and above what the NHS Health Check sets out to provide, as this focuses specifically on cardiovascular risk – so patients may be disappointed if they attend expecting the service provided by the practice to be equivalent to this.

For example, current NHS guidelines allow GPs to refer patients with whom they have specific concerns for an Exercise ECG – but the BUPA style service would provide this for all patients, whether they were specifically at risk or not.

It was suggested that perhaps an article in the Nailsworth News or similar may be a good option? Duncan noted however that we would need to regulate the flow of patients through the service, and creating significant demand in the community through the media would simply frustrate patients, as it would have the potential to create a demand the practice would be unable to fulfil. It was noted that the service involves potentially three separate appointments:

- with the phlebotomist for the initial blood tests
- with a member of the Nursing Team to do the initial screening
- with a GP if risk factors requiring investigation are identified

so there are significant resource implications for the practice if demand for the service is not managed.

It was confirmed that if a patient was not able to take up the offer immediately (perhaps due to work commitments), he/she would still be able to access the service in the future – in other words the invitation to use the service was not time-limited. Duncan also noted that as this was a five year programme, patients would potentially be sent a further invitation in five year's time (assuming that the NHS still supported the programme at that time).

Flu Campaign

Duncan updated the meeting in respect of the practice's flu campaign planning for winter 2011/12.

He noted that unlike in previous years, where open clinics have been held that are advertised in the community, this year the practice will write to all patients in at-risk groups to invite them to book an appointment attend. Thus, clinics will be by appointment only. Saturday clinics will continue to be offered on the following days:

- Sat 15th October
- Sat 22nd October
- Sat 5th November

In addition, a significant number of appointments would be made available during the week.

Duncan noted that he had liaised with Nailsworth News to ensure that the flu campaign was widely communicated to the community (in the October edition), and of course details are available on the practice website. He confirmed that the flu vaccination would be available to the patients with any of the following risk factors:

- 65 years or older
- Chronic respiratory disease
- Chronic heart disease
- Chronic renal disease
- Chronic liver disease
- Chronic neurological disease
- Diabetes
- Immunosuppression
- Pregnancy
- Residents of long-stay residential care home or other long-stay care facility
- Carers (who are registered with the practice as a carer)

iii) Health & Social Care Bill – Local Healthcare provision

It is still not entirely clear how the Bill (which is still wending its way through Parliament) will affect provision of Primary Care Services – i.e. GP practices, though the assumption is still that the Primary Care Trusts (PCTs) will cease to exist, at least as we know them currently, and in their place will be created Clinical Commissioning Groups (CCGs).

Duncan noted that a CCG has been set up for the whole of Gloucestershire, but that there are local groups which feed into this. Prices Mill Surgery falls into the Stroud & Berkeley Vale Cluster, as a sub-group of the CCG. The CCG is operating in shadow format until the formal transfer of responsibilities from the PCT, which is likely to be in April 2012.

Concern was expressed about the possibility much touted in the media that CCGs would need to employ the services of private companies to provide expertise that they lacked, and a request was made that should this possibility arise locally, the PPG be informed. Duncan noted that he sits on the Executive of the Stroud & Berkeley Vale Cluster of the CCG, so would be happy to feed back developments. He also noted that the Cluster group was actively seeking a patient representative to seek patient views, though this appointment had not been made as yet.

A query was raised about the contentious development of the Social Enterprise by Gloucestershire Care Services in Stroud; Marilyn noted that this was an entirely separate development from that of CCGs. Concerns were raised about the prospect of this service being devolved to the private sector, given that the Social Enterprise was not technically an NHS body. Duncan noted that GPs were also private providers, and had been since the inception of the NHS in 1948, so this development should be seen in context. That having been said, it was understood that a legal challenge was thought to be in the offing, insofar as due process may not have been followed by the PCT in the devolution of this contract to the Social Enterprise.

Ros made the point that the last Labour government had a policy of encouraging greater involvement in the provision of NHS services through the Independent Sector Treatment Centres (ISTCs) – for local example, look to the establishment of the UKSH treatment centres in Cirencester and also at Emerson's Green in Bristol – so this was nothing new. GPs have had little if any influence over this policy direction, which had been determined by Department of Health Ministers.

All note

Paul raised a query about Choose & Book, and how this may affect the viability of local providers – for example, a patient opting via the Choose & Book system to travel to a less local hospital may mean that Stroud Hospital is less well patronised, and would this affect its income? Duncan confirmed that this is indeed the case, and that a balance needed to be struck between the wish for people to retain local facilities. Ros noted that Choose & Book relates specifically to Outpatient referrals, and that many patients prefer to see a specialist in a local setting even if they subsequently go on to have surgical or investigative procedures done elsewhere, as Stroud Hospital does have limited facilities.

Forums

Liz raised the possibility of using an online forum as a vehicle to promote the exchange of ideas between meetings of the PPG – Duncan agreed that this would indeed be useful, and undertook to investigate the options. It was noted that there was a manpower overhead associated with this, since any public forum would need to be moderated. There would probably need to be a private forum, in addition.

3 Patient Participation – Agreement with PCT

i) Next Steps/Representation

It was noted that the PPG was not entirely representative of the population it serves, and the PPG should consider making overtures to other groups that may allow us to widen our representation. Duncan did note, however, that the Virtual PPG runs concurrently, thus allowing all patients to sign up on the website to participate in patient surveys. In addition, the practice has for some time been asking all newly registered patients for their e-mail address, and asking them to confirm that they would accept correspondence from the practice via this route. It will thus be increasingly feasible to directly canvass patients electronically via this route.

Duncan noted that he had circulated a paper entitled “Next Steps”, which itemises the process towards producing the PPG’s first survey. As part of this document, he had included some pertinent demographic information (see Appendix B). This indicates that the practice is very largely servicing the health needs of White British patients (98%), with the remaining 2% being split among a range of other ethnicities. In terms of age, this has twin peaks of 0 – 16Y and 45 - 54Y.

All note

This might imply that we should try to seek the views of parents using children’s services provided by the practice – and also perhaps at teenagers, though this may prove a harder nut to crack.

Sally noted that there was quite a bit of useful information on the MAIDeN website (see <http://www.maiden.gov.uk/index.asp>). This is a multi-agency database of neighbourhoods in Gloucestershire, and might also be useful as a resource.

All note

Priorities/Election of Officers

Nomination forms have been circulated via e-mail. It was queried as to whether a Treasurer was required. Duncan noted that some PPGs get involved in fund-raising, though he acknowledged that this was not an aspiration for the PPG in the short term. However, if the group did get involved in fund raising – akin say to the Minchinhampton Surgery PPG which has bought quite a large amount of equipment – then a Treasurer would be essential.

Liz raised the issue of the establishment of a web forum for the PPG; Duncan noted that this would need to be funded, and there would also need to be a process whereby this was maintained and moderated. Nick floated the idea of having a joint forum for the NHP, with the NHP side of it being a public forum, and the PPG side of things being perhaps a closed forum for PPG members only. Duncan undertook to research this and bring some details back to the next meeting.

DDM

All members of the group were asked to consider whether they were interested in standing for election to the various posts – Duncan undertook to circulate forms to all members not present at the meeting – with a view to formalising these posts at the next meeting.

All note

Betty asked whether there were any rules about multiple members of a household standing for election.

Duncan confirmed that the practice had now made arrangements to affiliate the group to NAPP. He had taken a template constitution from NAPP, and had circulated copies via e-mail. He felt that members should digest this draft, and consider what adaptations need to be made to it for the next meeting. This might be the time therefore to address Betty's concerns about such constitutional issues.

All note

iii) Patient Survey

Gloucestershire PCT have now published their guidelines in respect of the patient survey that the practice & PPG will need to undertake in 2011/12. The *Next Steps* document outlines the timescales.

Nick noted that it would be a priority to ensure that the survey conducted by the PPG did not merely replicate the MORI poll done nationally every year by the Department of Health.

Duncan noted that there are a range of surveys available which have been accredited and for which a licence fee would need to be paid – but the advantage of these would be that the returns from these would be relatively easy to analyse and statistically reliable. The PCT are not proscriptive about the means by which the survey is carried out.

It was noted that the public may not draw a distinction between the services that Prices Mill Surgery and healthcare provision in the locality, where there are widely held concerns about the stability of future provision of services through the soon to be established and highly contentious Social Enterprise company. The concern is that this may adversely affect the patient's responses via the survey. This danger was acknowledged, and therefore we need to ensure that the survey when published makes it clear that patients are being asked for their views about the services provided by Prices Mill Surgery **only**. Marilyn thought that having a free text box on the survey that patients could complete might be helpful.

The timescales are outlined in the *Next Steps* document, but essentially will result in a report being published on the practice website by 31st March 2012 that confirms the outcome of the patient survey, and the practice/PPG's response to it, together with any proposed actions. To meet this objective, it was agreed that the following milestones need to be met:

October meeting – Discuss & approve content of survey

November meeting – Review other PPG Issues

January meeting – Review results of patient survey and consider response

March meeting – Publish report containing recommendations for action

Duncan noted that in order to gain a statistically reliable response (95% confidence interval), the practice/PPG would need to send out about 750 questionnaires. In order to ensure that a random sample is obtained, these would be sent to patients, rather than leaving them in the waiting room, as suggested by Nick. It would also be possible to send the same survey electronically to patients who have signed up to Virtual PPG.

4. AOB

Marilyn raised concerns about the way in which the Old Market branch of Lloyds pharmacy was being run – she has received concerns by a members of the community about inefficiencies which result in scripts going missing and concerns about the stock levels held by the pharmacy.

All note

Duncan acknowledged that where an arrangement exists between the pharmacy and the surgery for scripts to be ordered through the pharmacy for named patients, there was always scope for a breakdown of communication – and he was ready to accept that the practice may not be blameless. However, he did feel that this did seem to affect this pharmacy more than others, and there was a perception that there was a readiness within the pharmacy to blame the surgery for delays with orders where this may not always be appropriate. It is clear that more work needs to be done to pin down the origin of the problem.

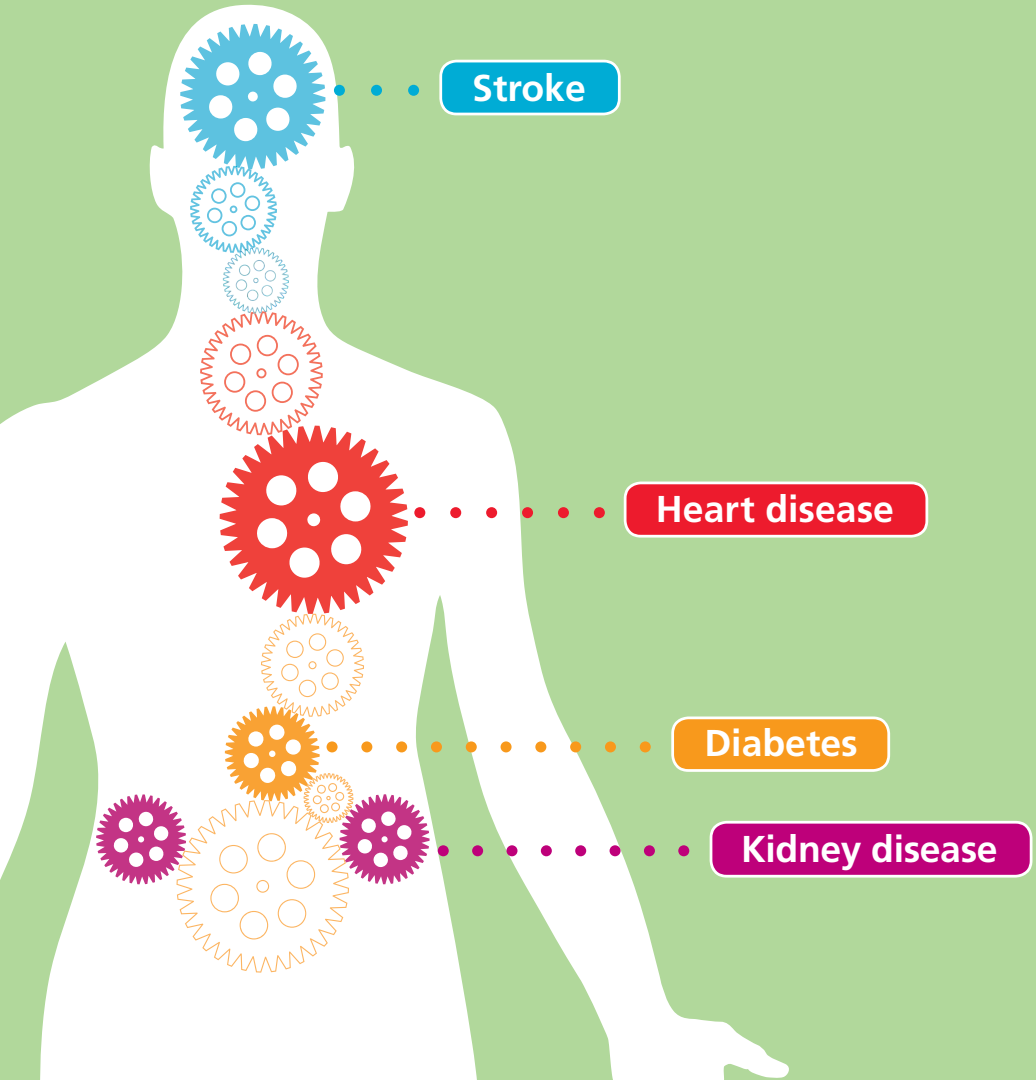
Liz noted that part of the problem may be due to the constant turnover of locum pharmacists.

It was agreed that this matter would be discussed in more depth at the next meeting, or the meeting in November, as time allowed. It would be helpful to get someone from Lloyds Pharmacy to come to the meeting to give us their take on the matter.

5. Dates & Times of Future Meetings

Tuesday 25th October at 7:30 PM

Monday 21st November at 7:30 PM



Free NHS Health Check

Helping you prevent heart disease, stroke,
diabetes and kidney disease.

Working together to improve your health

Everyone is at risk of developing heart disease, stroke, diabetes or kidney disease.

The good news is that these conditions can often be prevented – even if you have a history of them in your family. Have your free NHS Health Check and you will be better prepared for the future and be able to take steps to maintain or improve your health.



Why do I need an NHS Health Check?

We know that your risk of developing heart disease, stroke, type 2 diabetes and kidney disease increases with age. There are also certain things that will put you at even greater risk.

These are:

- being overweight
- lack of exercise
- smoking
- high blood pressure
- high cholesterol.

Both men and women can develop these conditions, and having one could increase your risk of developing another in the future.

- In the brain a blocked artery or a bleed can cause a stroke.
- In the heart a blocked artery can cause a heart attack or angina.
- The kidneys can be damaged by high blood pressure or diabetes, causing chronic kidney disease and increasing your risk of having a heart attack.
- Being overweight and a lack of exercise can lead to type 2 diabetes.
- If unrecognised or unmanaged, type 2 diabetes could increase your risk of further health problems, including heart disease, kidney disease and stroke.

Even if you're feeling well, it's worth having your NHS Health Check now. We can then work with you to lower your chances of developing these health problems in the future.

What happens at the check?

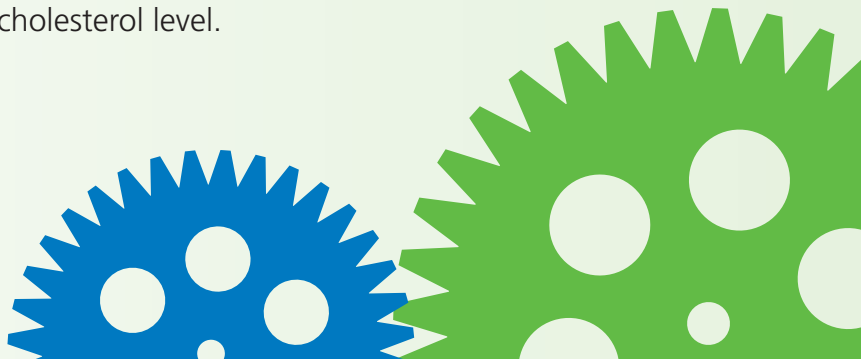
This check is to assess your risk of developing heart disease, type 2 diabetes, kidney disease and stroke.

- The check will take about 20–30 minutes.
- You'll be asked some simple questions. For example, about your family history and any medication you are currently taking.
- We'll record your height, weight, age, sex and ethnicity.
- We'll take your blood pressure.
- We'll do a simple blood test to check your cholesterol level.

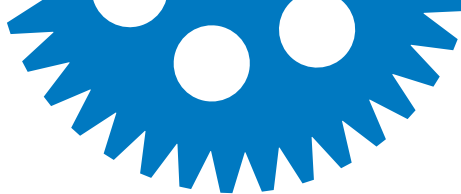
What happens after the check?

We will discuss how we can support you to reduce your risk and stay healthy.

- You'll be taken through your results and told what they mean. Some people may be asked to return at a later date for their results.
- You'll be given personalised advice on how to lower your risk and maintain a healthy lifestyle.
- Some people with raised blood pressure will have their kidneys checked through a blood test.
- Some people may need to have another blood test to check for type 2 diabetes. Your health professional will be able to tell you more.
- Treatment or medication may be prescribed to help you maintain your health.



Questions you may have



Why do I need this check? I feel fine!

The NHS Health Check helps to identify potential risks early. By having this check and following the advice of your health professional, you improve your chances of living a healthier life.

But don't these conditions run in the family?

If you have a history of heart disease, stroke, type 2 diabetes or kidney disease in your family then you may be more at risk. Taking action now can help you to prevent the onset of these conditions.

I know what I'm doing wrong, how can the doctor help me?

If you would like help, we will work with you to find ways to reach your healthy weight, take more exercise or stop smoking. You may be prescribed medication to help lower your risk.

If I am assessed as being at 'low risk', does this mean I won't develop these conditions?

It is impossible to say that someone will or won't go on to develop one of these conditions. But taking action now can help you lower your potential risk.

Will everyone have this check?

This check is part of a new national scheme to help prevent the onset of these health problems. Everyone between the ages of 40 and 74 who has not been diagnosed with the conditions mentioned will be invited for a check once every five years. If you are outside the age range and concerned about your health, you should contact your GP.

For more information visit www.nhs.uk/nhshealthcheck or call the NHS Health Check helpline on 0845 850 9850

Calls cost a maximum of 5p per minute from a BT landline. Mobiles and other networks may vary. You may be charged a minimum cost per call.

Local NHS Health Check provider stamp here:

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Produced by COI for the Department of Health

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Prices Mill Surgery

Patient Participation Group

Next Steps & Survey Actions for 2011/12

Step 1 - Develop a PRG

- As representative as possible of practice population (see Age/Sex & Ethnicity data attached)
- Consider engagement with any under-represented groups (i.e. carers, patients with Learning Disabilities etc.)
- Consider creation of formal constitution

Step 2 – Agree areas of priority with the PPG

Agree areas of priority with PRG

Based on key inputs, e.g.

- patient priorities
- practice priorities (including feedback from complaints)
- feedback in suggestion box/comments box
- feedback from comments received at Reception desk
- planned practice changes
- national GP patient survey issues

Step 3 – Collate patient views through the use of a survey

Plan to carry out a properly constituted survey of a sample of the practice's patients looking at a broad range of areas - which could include convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the treatment and service they receive, the physical environment in the surgery and other issues as deemed appropriate.

- Survey to be undertaken at least once a year
- Questions based on priorities identified
- Survey tools not prescriptive
- Survey questions can be asked by paper or electronically
- Practice must demonstrate that the proposed methodology is credible for population

Step 4 –PPG to discuss survey findings and reach agreement on changes to services

- Set timescale for this review meeting
- Reach agreement with the PPG on significant changes to services

Step 5 – Agree action plan to implement any changes

Prices Mill Surgery

Step 6 - Publicise actions taken and subsequent achievement

Produce a local Patient Participation Report (to be published on practice website) which includes:

- Profile of PRG members
- How patient views were sought
- Findings of survey
- Details of action plan
- In Year 2, details of the actions taken from Year 1
- Opening hours and access details

Proposed Timescale for achievement of the above steps

Sep 2011 – Define priorities and methodology for survey

Nov 2011 – Sign off and send survey

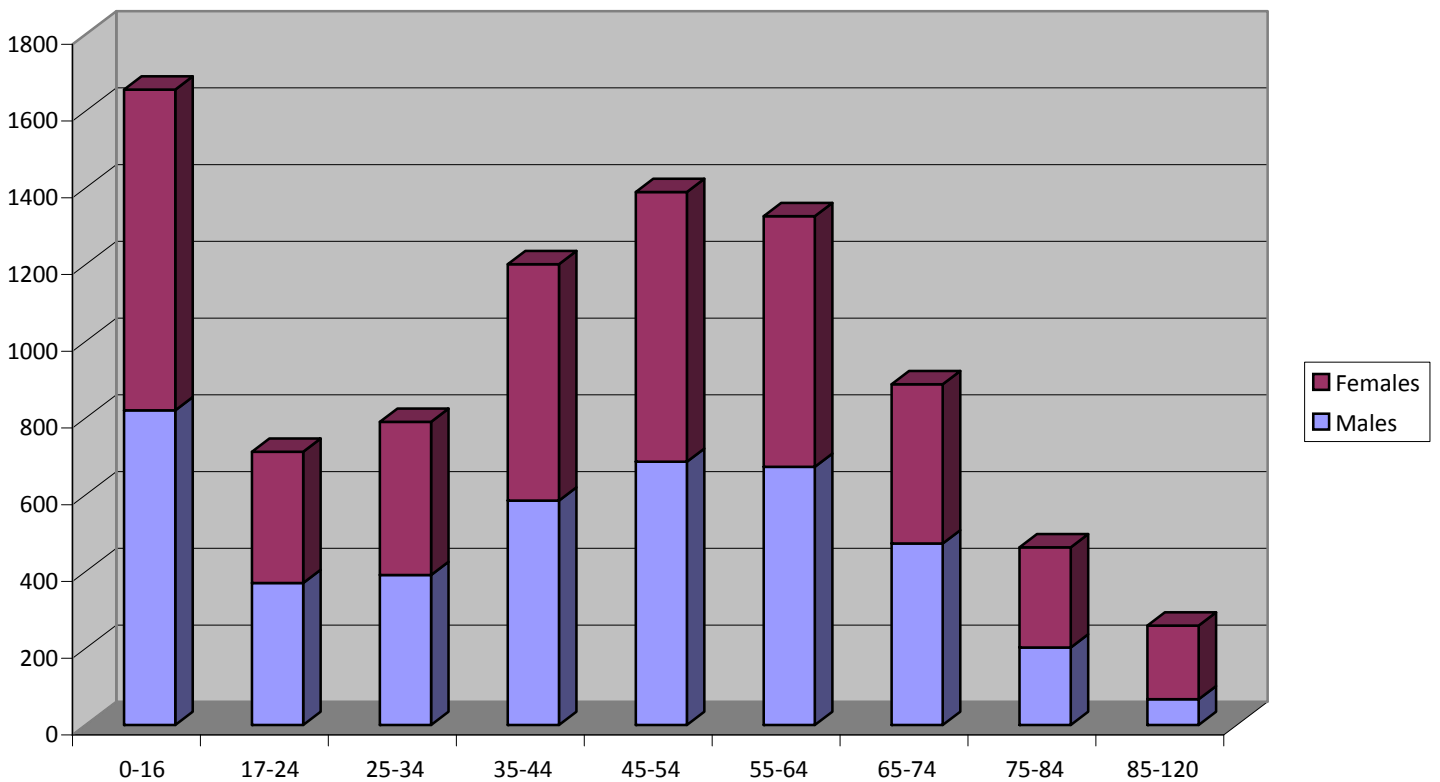
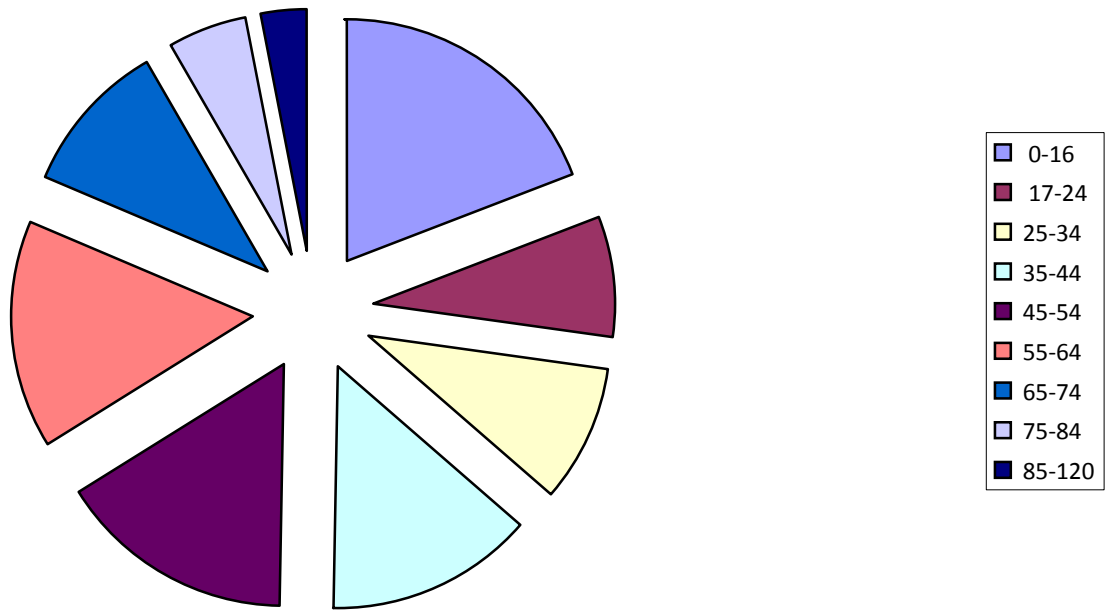
Jan 2011 – Meet to review results of survey

Mar 2011 – Publish Report to practice website

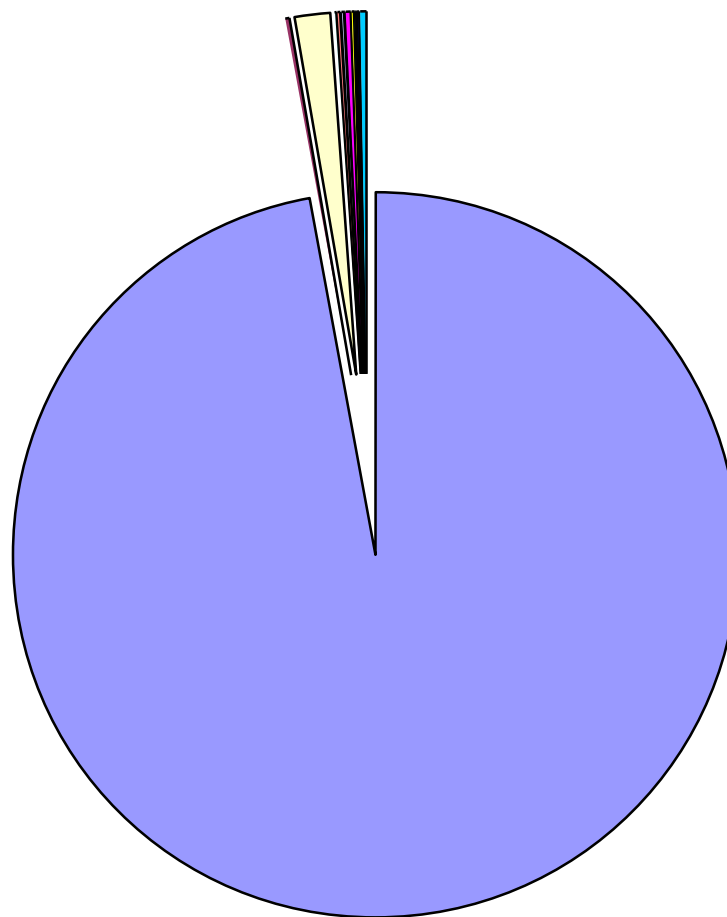
Prices Mill Surgery Patient Age/Sex Analysis

| | 0-16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85-120 | Totals |
|----------------|-------------|------------|------------|-------------|-------------|-------------|------------|------------|------------|-------------|
| Males | 820 | 370 | 391 | 585 | 686 | 673 | 473 | 202 | 67 | 4267 |
| Females | 836 | 342 | 399 | 616 | 703 | 653 | 415 | 261 | 192 | 4417 |
| Total | 1656 | 712 | 790 | 1201 | 1389 | 1326 | 888 | 463 | 259 | 8684 |

Prices Mill Surgery - Patient Age Breakdown



Prices Mill Surgery - Ethnicity



- British/mixed British 2001cens
- Irish - ethn categ 2001 census
- Other White - eth cat 2001cens
- White & BlackCaribbean 2001cen
- White & Black African 2001cens
- White & Asian eth cat 2001cens
- Other Mixed - eth cat 2001cens
- Indian/British Indian 2001cens
- Pakistani/Brit Pakist 2001cens
- Bangladeshi/Brit Bangl 2001cen
- Other Asian - eth cat 2001cens
- Caribbean - eth cat 2001census
- African - ethn cat 2001 census
- Other Black - eth cat 2001cens
- Chinese - ethn cat 2001 census
- Other - ethn categ 2001 census
- Ethn cat not stated 2001census