red house SURGERY

Minutes of the Patient Participation Group Meeting Held on Tuesday 10th February 2015

Agenda Item 1. Registration and Badges

Prior to the meeting registration badges were distributed.

Present: David Lloyd (Chair), Clive Robinson, Pat Whalley, Nigel Vaughan, Christine Cartwright (Treasurer), Dorothy Lloyd, Gordon Lovell, Jan Lloyd, John West, Michael Whitehand, Tony Rampello, Maureen Gladwin (Minutes), Monica Catelinet, Dr Nigel Bunting (GP) and Jane Hanlon (Practice Manager)

Agenda Item 2: Speaker – Dr. Sophie Ellis – GP Appraisal for Revalidation

David introduced Dr Sophie Ellis who had very kindly agreed to give a presentation on GP Appraisals.

Dr. Ellis began by advising that she is a GP at the Red House Surgery, and has been appointed as Senior Appraiser for GPs in the Milton Keynes area by Herts and South Midlands Area Team, and has completed training to carry out this role. The Royal College of General Practitioners (RCGP) introduced the Principles of GP Appraisal document in 2008.

The RCGP is a professional membership body working to improve care for patients. They work to encourage and maintain the highest standards of general medical practice and act as the voice of GP's on education, training, research and clinical standards.

All GPs have had appraisals for about the last 10 years. They are now required to have appraisal to achieve revalidation – Licence to Practice. They have to have 5 yearly appraisals before they can achieve revalidation. The appraisal process is about improving patient care.

The Appraisal process is to ensure good medical practice in line with the General Medical Council document 'Duties of a Doctor'.

The GP meets with the Appraiser to produce:

Personal Development Plan (PDP) to meet the GP's needs in line with the local practice and the patient's needs.

- The GP will have to provide general information about their scope of work such as how many patients they have and health conditions.
- Provide Declarations of Probity and health.
- Evidence of Continuing Professional Development.
- Reflection on learning and improving practice.
- Quality improvement over a 5 year revalidation cycle - to take part in Significant Event Audit, Quality Improvement Audit, review of feedback from patients and colleagues, review of complaints and compliments.

During the talk Dr Ellis touched on "whistleblowing" and how this may work within practices.

David thanked Dr.Ellis for a very interesting and informative talk and presented her with a token of appreciation

Agenda Item 3. Apologies

Judith Westell, Rosi and Sam Shunmoogum, Fay Read, John Neale, Sheila Dale, Mark Pitman, Angela Lovell (Secretary).

Agenda Item 4. Adoption of the minutes of the meeting held on 12th January 2015.

The minutes were circulated prior to the meeting and were adopted as an accurate record of the meeting and will now be published on the surgery's website.

a) Red House Rovers

The walking group members departed from the Surgery and walked along the Canal, past Fenny Stratford Station, along the way they discovered a Sheep Statue which not many people know is there. They eventually ended up in an Italian Restaurant for coffee, which was very welcome as it had been a cold but dry day.
The next walk will be on February 12th.

b) Patient Congress Meeting: Steve gave us a brief outline of the meeting held on 19th January. *See Addendum for report.*

c) Red House Horticulture: David congratulated Angela and the Team for the lovely display of snowdrops in the raised flower beds, and thanked them for their all the work they do to keep things looking lovely.

d) Future Speakers: Jan advised that no further speakers had been arranged as we have bookings for the next months ahead.

Agenda Item 6. News of possible visits.

David had visited the Welcome Museum in London on a recent Saturday and the place was so crowded that he was quite unable to get into the current exhibition. There was not an empty chair in the café. He will visit the Museum again in the

future, on a weekday, and try to find out what exhibitions there are, and if they are likely to be of interest to members.

Agenda Item 7. MK and Bedfordshire Review

a) Health Watch have arranged a meeting at Age UK Peartree Centre for all PPGs on 25th February at 5.30pm. Donna Derby and Nicola Smith will be attended. Several members of the PPG will be attending.

b) To report that the MK Commissioners have agreement to have a meeting of our PPG with representatives of all of the other PPGs in MK with Paul Dinkin at Sherwood Place in March. Donna Derby has said she would be pleased to help organise the meeting on 25th March at Sherwood Place at 6.30pm. Other PPGs and Health Watch are to be invited.

Agenda Item 8. To report the outcomes of the PPG working Party on the DES review.

David gave a brief summary of this working party.

Component 1: Establish and Maintain a PPG

The PPG has been established for a few years now and the practice and PPG members have been trying to ensure that the PPG membership is representative of its registered patients. This has been done by various methods; the most recent idea is that a registration pack is given to all new patients with information about the PPG and a sign-up sheet. There is information on the website and around the surgery premises.

Component 2: PPG and practice staff to review patient feedback and agree on changes to the services.

We reviewed and discussed patient feedback including the Family and Friends Test, National GP Survey, comments/suggestions and complaints received. The information from the FFT was anonymised.

Component 3: Agree with PPG key priority areas and action plan.

We discussed 3 proposed key priority areas and these will be investigated by the practice.

Component 4: Practice implements improvements and publicises action taken with updates on progress and subsequent achievement and completes report template.

David has agreed to produce a standard reporting template in time to go on the Website by the end of March.

Agenda Item 8. Report from the Surgery

Jane advised that the Practice is still recruiting for a further GP to replace Dr Omar.

Red House is one of 11 practices in MK who have been asked to "go live" with a new bowel scope screening for 55 year olds. From March 15 patients aged 55 will be invited for a one off flexible sigmoidoscopy. They will then be included in the current biennial bowel screening programme from 60-74 years. There is an initial "catch-up" programme for people aged 56 and 59 years if they wish to refer themselves (only if they are registered with one of the 11 practices) and they should telephone 0800 707 60 60.

Agenda Item 9. Any Other Business

A member of the PPG raised a mix-up over an appointment with a District Nurse, Jane explained how the District Nurse's workload from day to day can be difficult to manage and apologised for the mix up.

Christine Cartwright asked if when we have a Speaker planned for our meetings, we should try to have less business items on the agenda so that there is more time to ask questions etc. This was thought to be a good idea.

Michael W informed the meeting that one of the founder members of our PPG is unwell and at present in hospital and it was agreed that a get well card would be sent.

Information Pack for Patients – Jane asked if anyone would be willing to help put an information pack of self- help leaflets into a Folder, which they would keep updated. The Surgery has lots of leaflets which could be included. Gordon Lovell offered to do this.

Agenda Item 10: Date of next meetings

Core Group Meeting	-	Wednesday 4th March 2015 at 12.30 pm
PPG Meeting	-	Wednesday 11th March 2015 at 6.15 pm

ADDENDUM

Patient Congress Report – Meeting on 19th January 2015

Steve Bates

The main item of this meeting was a presentation by Terry Dawes, a Congress representative for Bedford Street and Furzton Surgery. It was about Medical Alert Dogs, a Volunteer based organisation based in Great Horwood. They take almost any breed of dog and make use of their extremely sensitive noses to help people with often crippling ailments. Apparently dogs have at least five-times as many sensory units in their noses as humans and apparently have two noses, or at least one obvious nose and another set of sensory units behind their ears. This allows them to process two entirely different sets of smells at the same time!

These dogs take about two years to train from the start. They are fostered with families and trained to act as a 'pet with special skills'. When allocated the dogs go to a family and live as the family pet but have been trained to respond to one of the family's health needs. For example if a child has a tendency to suddenly suffer a diabetes crisis the dog can detect this twenty minutes before it will happen. The dog will then get the necessary kit and give it to that child. If the child does not respond as expected the dog will go to the parent and alert them.

The dogs can detect cancers in people, even specific cancers. There was an example given taken from a TV program. A patient with prostate cancer was not diagnosed for several months but when they were taken to the Great Horwood base their cancer was picked up within ten minutes. This involves a simple urine sample which is placed on a carousel of samples. The dog goes round sniffing all the samples but if it detects a sample from someone with cancer it will sit by that sample indicating it has detected something it has been trained to find.

Referral has to be via a GP or the base fears it will be over-run by people asking to be checked.

Altogether it was a fascinating presentation and one that I suspect many here would find very interesting.

Care Pathways and Primary Care Program Board Meeting 13th January.
A presentation on Co-Commissioning Primary Care, where there is choice of three models:

i. as now where NHS England commissions GPs in consultation with the CCG,
ii. joint decision making, requiring more formal governance, and
iii full delegation of GP commissioning to the CCG.

The CCG are inclined to move to the second option, not having the resources to consider the third.

There was a review of what is happening with the Better Care Fund work, and an update on future commissioning plans - more on mental health has been added.

Report From Urgent Care Program Board Meeting on 21st January, 2015

a. A&E – Seen within 4 hours – December 2014 = 90%
b. Trolley Waits over 4 hours – December 2013 = 130, 2014 = 375
c. Amb. Hand. Nov 30<60 minutes = 120 Over 60 minutes = 18 (40 last year.)
d. Ambulance Service Hours Lost through Delayed Handovers Over 15 Mins.
   Nov. 2014 = 110 hrs.
e. Transfer of Care – Days Lost Through Delayed Discharge of Patients. 2014
   Jan. =758 Feb. = 630 Mar. = 840 Apr. = 571 May = 475
   Jun. = 593 Jul. = 627 Aug. = 771 Sep. = 1177 Oct. – 1198
   Nov. = 1311
   Comment. Compare this with two nearby hospitals – Bedford and Northampton General. Bedford varies between 68 and 301 per month while Northampton varies between 593 and 2500 Days Lost!
   I asked the simple question, "Who is looking at why Bedford appears to be so good at discharging patients while Northampton seems to be so very bad, so that we may learn how to improve Milton Keynes Hospital?" I have to say that I received no answer and will 'keep in view' for the next meeting and will ask again.
f. A&E – Number of Attendees
   Nov. 2013 = 4800 Nov. 2014 = 4900 (Interestingly, July 2014 = 5300.)
g. 111 NHS Calls = Approx 900 calls per busy week. When they have a shortfall of clinically trained staff they know that they will suffer higher than acceptable number of abandoned calls (caller ring off without being answered.) They do not know what the caller does if that happens.

2. MK Hospital

Has Hospital recovered from Christmas pressures with associated postponed operations? Answer – No not yet and it is not known when it will have done so. The postponed operations have to be re-scheduled which is causing problems as they are time-monitored. Another problem is delayed discharges occupying beds. Each Tuesday the CCG has a meeting with appropriate parties to discuss patient discharges. The idea is that each unit should be in a position to be able to specify how many patients can quite properly be discharged that week, then later in the week review how many of those will actually have been discharged by the end of the week. That process is not working at the moment.

3. Prime Minister's Challenge Fund

Twenty-Two of the 27 Milton Keynes surgeries have signed up and nearly £2m has been awarded. This is a one-off grant so there are questions about future funding for which there is no answer.

The surgeries involved will support Saturday opening until 2pm and weekdays opening until 8pm. It is suggested that this will provide 21k extra appointments, (though that probably does not take account of the fact that this greater time-span will be met by the same number of GPs. Will they have to work more hours to cover these additional appointments or will they work less hours at other times of the day, thus reducing the appointments they can cover during 'normal office hours'?)

4. Emergency Care Intensive Support Team

A whole system review has revealed a number of areas for improvement:

i. Start planning for the discharge of the patient earlier – involve appropriate people earlier.
ii. Avoid the duplication currently experienced in the discharge planning procedure.
iii. Clinicians should refrain from telling patients what will happen until the whole process has approved the correct discharge plan.
iv. The flow-through of patients should be more thoroughly monitored.
v. Frail and/or elderly patients should be seen by a therapist earlier in the process. (This will avoid, for example, patients being required to be able to mount stairs before they can leave hospital, when they actually live in a bungalow!)
vi. Efforts should not be devoted towards getting a patient beyond the point at which they are admitted. In other words, focus on dealing with the medical issues.
vii. MK needs more staff trained to help elderly patients now, but also in anticipation of the expected increase of elderly patients is about 10 years time.
viii. Elderly patients can lose muscle tone very quickly in hospital so this need should be given attention – mild exercise.

These points were the main points of an early release of the report. More to follow later.

5. Healthcare Review

There is a lot of work being carried out and still lots to do. I asked when they anticipated starting the public consultation and was told net before late autumn 2015 or Spring, 2016!