RED HOUSE SURGERY
PPG
PATIENT PARTICIPATION GROUP

Patient Participation Group Meeting held on 13th November, 2018

Agenda Item 1: Present

Steve Bates (Chair), Jill Hussein, Vanda Gould, Bob Gould, Gordon Lovell, Mark Pitman, Jan Lloyd, John Neale, Fay Read, Clive Robinson, Christine Cartwright, Judith Westell, Mary Sadler, Peter Sadler, Jan Lloyd, Bruce Battams, Gabi Leeson, Nigel Vaughan, Dr Nigel Fagan (GP), Jane Hanlon (Practice Manager) and Angela Lovell (PPG Secretary).

Agenda Item 2: Apologies

Toni Rampello and Sheila Dale.

Agenda Item 3: Minutes of October 2018 meeting

These were circulated prior to the meeting and it was agreed that they are a correct record of the meeting. They will now be included on the surgery's web page.

Agenda Item 4: Matters arising

a) Horticulture: Bruce and Clive have been busy removing the 2 diseased shrubs from the front of the surgery and once the ground has been prepared new shrubs will be planted. It was agreed that the soil would benefit from some manure. An amount of £100, £50 from the surgery and £50 from the PPG will cover the cost of the new shrubs. Thanks were extended to Bruce and Clive.

b) Future speakers: It was suggested that Gill Bennett from Patients2People would be an interesting speaker. Jan will talk to her. Another suggested speaker is Nicky Barrett, from MK Neighbourhood Watch.

c) Newsletter: Steve thanked all who contributed items for the newsletter, Toni our Editor and Nigel's son David for printing the newsletter the cost of which was £491. Also a big thank you to Jane for her involvement.

d) Flu Clinic raffles – report: Steve announced that the two raffles raised £587.47 after expenses were deducted. Everyone who donated prizes and those who were involved on the day were thanked.

e) Remembrance Sunday: Several PPG members and surgery staff took part in the Remembrance Sunday commemorations at the War Memorial in Queensway. A wreath was laid from both the PPG and Red House Surgery.

f) Visit of Chinese Delegation report: Steve reported that 3 PPG members were asked to be involved in the Chinese Delegation's visit to the Surgery on 8th November. During the day the visitors had meetings with the doctors, nurses, administration and the PPG members to gain an insight into general practice in the UK. Steve mentioned that he was impressed with their interpreter.

g) Premises meeting update:- We were informed that at present there is nothing to report.

Agenda Item 5: Our guest speaker – Professsor Joe Harrison, CEO of Milton Keynes University Hospital.

PLEASE SEE ADDENDUM.

Agenda Item 6: Data Protection Policy Update

Steve informed us that this Policy has been updated.

Agenda Item 7: Christmas Card List for PPG

Steve asked us to think about who the PPG should send Christmas cards to and let him know.

Agenda Item 8: Surgery Update

Jane informed us that:-

At present there are about 60 patients wanting to join the PPG. It is taking time to do as our Administrator has moved and is no longer a patient at Red House Surgery. Mark is kindly helping out revising the letter that is sent to new patients and updating our PPG list. With many thanks to Mark. We will need to appoint an Administrator as soon as we can find someone.

Nigel has donated 10,000 appointment slips to the surgery. On the reverse are contact details of the PPG. Thanks were extended to Nigel.

Due to time limitations, ie giving Professor Joe Harrison plenty of time for his talk, there was additional information the surgery wished to include in the minutes as follows.

Remembrance Day Wreath *- John Neale should be thanked for ordering, collecting and delivering the Remembrance Day wreath and he also produced the centrepiece stating it was from the Red House Surgery and Red House PPG. Jane has a photograph if anyone wants to see it.*

Lee Gillam *- paramedic has returned to undertake some further work at Red House. He will be assisting the GPs with home visits and some triage.*

Chinese Federation *– were very grateful for the time afforded them at the practice and to all they came in contact with. They presented us with a very nice miniature screen depicting the Three Cities and we hope to have this on display in the surgery sometime in the future.*

Tea & Time / Coffee & Conversation *– was a great success on Tuesday with many more attendees. MK neighbourhood watch and TV Police were in attendance.*

Singing Group *– will be performing on Thursday the 13th of December at Parkside Medical Centre at their Christmas concert. Tickets are available if anyone wishes to come along. Funds are being raised for Age UK*

Walking Group *– on the 28th of November it will be the second anniversary since Ian took over the running of the Red House Rovers walking Group. Our thanks to Ian for his tireless enthusiasm for promoting walking.*

National Patient Safety Alert Committee *– are looking for patient and public voice representatives. Information has been sent to the PPG email for circulation to members. Alternatively, ask Jane for details.*

Patient Insight – readmissions *- MKUH – meeting Friday 23rd of Nov 1-3pm at New Education Centre, MK Hosp – looking for patients or carers of patients who have been readmitted to MK Hosp to attend a focus group to gain views how they can improve services and reduce readmissions. Info has been sent to PPG email and is available from the surgery.*

Garden *– thanks to all for continued up-keep but particularly Bruce and Clive for removing diseased bushes and obtaining and putting down manure ready for the new plants.*

Agenda Item 9: Any Other Business

None

Agenda Item 10: Dates of next Core Group and PPG meetings

Core Group	-	Wednesday, 5th December, 2018 at 12.30 pm
PPG Christmas Meeting	-	Tuesday, 11th December, 2018 at 6.15 pm (please note change from Wednesday to Tuesday.)

ADDENDUM

Agenda Item 5: Our guest speaker – Professsor Joe Harrison, CEO of Milton Keynes University Hospital.

Introduction for Professor Joe Harrison by Chairman Steve Bates

In December, 2015 the NHS published a document which introduced the concept of 'Sustainability and Transformation Plans' or STPs. The country was divided into 44 STP regions, each required to produce plans for the future provision of healthcare. During the discussions in our region there was talk about our hospital, should we have one? If we do keep ours should it have an A&E Department? In MK, a city with one of the fastest-growing young populations should we have a Maternity Department or would it be in Bedford or Luton.

Things have gone quiet on the STP front but anyone visiting the hospital now cannot fail to notice the smart new building and the improvements and changes to the existing buildings, so what is going on?

When I walk round the hospital, along the seemingly miles of spotlessly clean corridors, past the many wards and past departments I cannot pronounce, let alone know what they do, I wonder what it must be like to manage this vast, complex building. Without patients the challenges must be enormous but add in patients with a million and one different conditions and it really must seem like a real 'mission impossible'. Our speaker this evening is the man who wakes up every day to face those challenges. He is Professor Joe Harrison, the Chief Executive of the Milton Keynes University Hospital and he is here to tell us about our/his hospital and his vision for the it's future. Sir it is my privilege and pleasure to welcome you to our PPG – the floor is yours.

Professor Joe Harrison

Let me tell you first a little about me. I'm married to wife Sam who was a Paediatric Nurse. We have twin 9 year-old sons and both of my elderly parents have significant health challenges.

I have worked for 30 years in the NHS, all of that time in hospitals where I love the environment. I have been at Milton Keynes Hospital for 6 years and before that was CEO (Chief Executive Officer) at Bedford Hospital for 21/2 years.

When I first moved here there were some fundamental problems and the hospital did not enjoy a good reputation to the extent that I would have thought twice about taking any of my family there. The hospital was failing on national targets and on the quality and number of successful health outcomes. My challenge then was to turn the hospital round and today I would now be very happy to take any of my family there. In fact the only national target we are missing is the A&E target of treating 95% of patients within 4 hours.

You are right that during the STP discussions the future of our hospital was raised. There is a rule of thumb that says that a hospital should serve a population of half a million. In our STP region, (Milton Keynes, Bedford and Luton) there are about 800k people and we have currently three major hospitals. The maternity situation has changed over the years from considerable growth, then in the last 6 years it has remained static to about 3,800 per year here in Milton Keynes. During this time the number of children of school age has increased by over one third! Looking forward into the future the population of this area will increase to over the half million necessary to sustain a hospital so the future of our hospital is safe. Many of the people will be elderly with the health problems they often suffer.

The NHS has moved inexorably from general knowledge to specialisms so that now you have a consultant who specialises in hips and another specialises in knees. The idea being that if you are a patient you want to have the best treatment and the best outcome, which you do get if your consultant specialises in the problem you have. When I moved to Milton Keynes we had 102 Consultants. Because of this specialisation we have had to recruit more Consultants and we now have 169. Another problem for the NHS is the lack of qualified staff. This has an effect on areas like A&E. In Milton Keynes we have 10 Consultants in A&E, in other hospitals they have between 3-5 substantive consultants. They are broad-based experts, and are rather like Doctors in General Practice, knowledgeable and experienced in a wide range of conditions which can be both an advantage and a disadvantage.

People coming to A&E should really be emergency cases but often they are not. One thing we are planning is a new unit which we are calling The Pathway Unit. This unit will carry out a quick triage and direct patients to the right place without pushing them through the registration process all patients presenting to A&E have to endure now. Thus, if an elderly person suffering with cancer arrives at the hospital they will go quickly to the right place so we are not adding to their suffering.

With regard to the shortage of trained professionals it is good that there are six applicants for every place on a Doctor's course and eight for every place on a Nursing course. Our link with Buckingham University is proving a real success. Next year the first set will qualify with 76 new doctors. Each year after that there will be one hundred new doctors qualifying. Being a teaching hospital has tremendous advantages and attracts high quality of applicants and clinical teachers. We now have some top-quality experts who are recognised as being amongst the best for their specialisms. Being a teaching hospital also attracts general health staff so from having to work very hard to attract quality staff to Milton Keynes we now find they are seeking to come here.

A hospital can be a dangerous place so we only want patients who are really ill to be in for the shortest possible appropriate time. We want to get them in, treat them and discharge them as soon as they no longer need medical attention. It costs £300 per patient per day so we are always looking to see if there are better ways of managing people outside of hospital. Some patients cannot be discharged if they need community support or social care which is not available. As an example we have a patient who is medically fit but cannot be discharged as he is homeless. He has been in the hospital for 18 months. The average time patients spend with us is four days. Imagine how many patients we could have treated if this one patient could have been

discharged, (actually about 137!) Personally, I reject the term ‘bed-blocking’ as patients are not at fault. I would also like the NHS to spend more money and effort on prevention. The anti-smoking campaign has been very successful and I hope the anti-sugar campaign is as successful. I would far rather prevent people developing conditions which result in them being admitted to hospital than having to treat them once they are admitted. Also, treating people in their own homes can often lead to a more satisfactory outcome both for the patient and the NHS.

The hospital does have a very good relationship with the local council which provides social care. The council have donated £10million towards the (£14.9m) cost of our new Cancer Centre. This new development will be at the north-east corner of our 64 acre site. It will have its own car park and provide a wide range of cancer treatments for patients in Milton Keynes. As I said, we do have a large site and are being very cautious about how we use the space. We do not want to constrain advantageous future development through injudicious development now.

One constraint on us is equipment for tests. These days we have access to incredible testing kit but it is very expensive. With MRIs, CT Scanners, X-rays etc. we are limited so that they can often be a choke-point when planned scans are bumped by emergencies. So often we need these scans to be sure of our diagnosis and our proposals for action. Without them the plan is less clear so delayed until we can scan. We are therefore looking to develop a diagnostic centre at the hospital to increase our capacity to scan those patients that require it.

At this point our speaker invited questions:

Q. There is often a demand for the NHS to be given more money. I am not in a good position to judge but do think that it should not get more money without knowing if it will be spent wisely. Do you think that it needs more money, that if it gets more money it will be spent wisely and for the benefit of patients?

A. No. No and No. That is me speaking from a hospital with a £15m deficit. I think that we need to spend the money that we have more wisely. There are too many examples of bad management where we as taxpayers are not getting best value. We need to learn from commercial companies like Tesco who award contracts involving value for money and build relationships with their suppliers covering future deals. If Tesco can move millions of toilet roles round the country economically, we should be able to and safe money. Let’s sort out the waste in the current NHS without spending lots more, easy to say and very, very hard to do!

Q. The NHS seems to lag behind industry on the use of technology. There is so much you could do to improve communication and save money. Do you see this happening?

A. I agree that we are lagging behind. For example, it costs us £1 to produce each letter and another £1 to post it. That costs us over £1m each year. Saving £1m from a budget of £240m is definitely worth having. Nearly everyone under 50 has a mobile phone using emails and text messages and we should be taking advantage of that to save money. We do have to ask patients how they wish to communicate and if they say by email that is how we should contact them and save £2 every time. We know

there are examples of us sending out two letters or more when one would do but that is the result of some of our internal systems, which we are reviewing to change.

Equally we should use IT to communicate between our internal departments and with surgeries in our area. Whichever GP requests an examination or test, they should get the result every time, quickly. Within the hospital results are posted and are visible to any authorised person straight away. We are not so good with outside bodies.

We are actually ahead of every other hospital with the planned introduction of three initiatives involving IT this year. They are:-

1. Emailing letters to patients

2. Giving access to clinical letters

3. Linking GP practices with our systems so that GPs can see hospital data more easily

Q. Why is access to the main body of the hospital from the old main entrance closed off? It can be very frustrating to find you have to go back out of the entrance and round to the new front entrance to gain entry.

A. This is an anomalous situation we are looking at. Most people now know that the main way in to the hospital is through the new front entrance where there is always someone to guide and advise visitors and patients, but some still do come to that old entrance. I have been known to allow people through the locked door but it does take them into areas we really don't want patients walking through, for example, the A&E waiting room where sick people are waiting to be seen. We are working on a plan to ensure that everyone enters the building at the closest point to which they seek admission and hope to have a solution soon.

Q. Are you happy with the charges for car parking at the hospital and do staff have to pay for parking there?

A. I knew this would come up. Yes, staff do have to pay, as do I, but contrary to popular belief I do NOT have my own space. We do have designated spaces for staff separate from the public. We are too close to the city centre not to have controls and charges for parking. We have security which is paid for by car parking charges. Anyone prepared to walk for five minutes can park free of charge in Peartree Bridge. We have considered offering incentives to people who live relatively close to the hospital to use other means of transport to work but many do need their cars to go off-site when working.

Q. How do you feel about patients having access to their medical records?

A. I am all in favour of patients having access to, and possession of their medical records. They are records about individual patients, thus are your data, although technically the Secretary of State owns the medical records. My view is that you should have possession and control of your records. In America they have given all patients their records which we should do here. Concern by the NHS that it could lead

to litigation have proved unfounded in America so there is no reason to think it would happen here.

Q. How do you feel about patients recording their consultation with a doctor or consultant?

A. There is evidence that about 80% of what a doctor says is forgotten by normal people so I am in favour of allowing it. Where it has been done has proved that patients respond more thoroughly with a doctor's advice and they are more closely involved in their treatment and outcomes. It is too easy to sit there nodding thoughtfully throughout the consultation then forget nearly everything when you walk out of the surgery. I do it and most people do, so, yes, I am in favour of it though I can understand some doctors may feel uncomfortable about it and might need support to get the best results

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