

Patient Participation Group – Dr Campbell’s Practice

Minutes of the meeting held at 2:30pm on Tuesday, 26th January 2016 at the Health Centre, Tarpoley.

Attending:

Paul Bujac (Acting Chair), Ron Chisnall (Secretary), Peter Dobbs, Keith Barker, Janet Appleby.
Sue Dewhirst attended from 3:00pm. Dr Campbell was unable to attend.

1. Apologies: Nathalie Gresty, Margaret Waltier, Liz Johnson.

2. Minutes of the previous meeting (11th December 2015):

These were agreed to be a correct record of the meeting and were signed by the Chair.
(Note to Sue: These can now be published.)

3. Matters arising:

3.1 There was discussion about the Well-Being Co-ordinator. Sue explained that this person is funded by the CCG but employed by Age UK. Her time is not dedicated to this practice. The job is about helping people, above the age of 18 with long-term medical conditions, to build personal resilience in self-managing their own health by putting in place social action support. This is intended to reduce potentially unnecessary demands on GP and hospital services for non-medical reasons. This is not a ‘medical’ job so a patient must consent to a referral.

It was agreed that a short presentation from the WBC would be appreciated at a future meeting.

3.2 It was agreed that Paul should get an update from Pam Smith on current CCG thinking regarding future funding for Well-Being Co-ordinators – and also for Physio First staff, who are similarly funded.

Action: Paul to ask Pam Smith about future funding for these initiatives.

4. Election of new Chair:

4.1 It was agreed that, considering the importance of this item and the reduced attendance, this item should be deferred to the next meeting. Paul said that he would continue to act as Chair until the post is properly filled.

5. Paul – proposed e-info presentation:

5.1 Paul said that, following Phil’s departure, he wasn’t sure where he was going with this topic. Ron said that while we (PPG members) all used various electronic systems, it wasn’t clear whether we all used them in the same way and got maximum benefit from them. Once this was established we might then be able to demonstrate these systems to other groups (U3A, OPAL, Probus, etc) to extend their use in the wider community. A problem in doing this is that we need a ‘dummy patient’ – one who can be recognised by the various systems and given an interesting medical background. We need to be able to book appointments for this ‘person’ and get repeat prescriptions – without, of course, anything actually happening.

Ron noted that such a data base of dummy patients must already exist for software development and training purposes within the manufacturer or the NHS.

6. Report on postponed PPG Chairs meeting:

6.1 Paul reported that the Chairs meeting planned for 14th January had been postponed. Jonathan Taylor had been recruited to lead the Communication and Engagement team which forms the interface with PPGs and he was being allowed some time to settle in. At the next meeting he will be telling us how the CCG will be supporting PPGs in the future.

Action: Paul to update Pam Smith about personnel changes in this PPG.

7. Progress report on web site to be shared between us and next door's PPG:

7.1 Paul reported that he and Ron had met with Jim Hill and Sue Masterman. A programme of work had been agreed and a further meeting planned.

8. PPG Funding application:

8.1 Jonathan Taylor had sent Ron new forms which we can use to apply again for grant money. It appears that there is sufficient money, in the current funding round, to cover all applications from PPGs – so time scales are not a problem. However, the forms demand more detail than expected about the need for money and a request for 'general purpose' funds would not be acceptable. First impressions are that the system is 'administration heavy'. So far, the PPG has only spent money on room hire at the cottage hospital. The practice has covered these expenses. We need to consider how our plans may need funding which we could apply for.

9. Review of patient confidentiality issues in the NHS:

9.1 Sue explained the NHS rules about protecting patient data including information about the actual practice a patient may be registered with. She had expressed concern that our minutes give the names of members present and who had sent apologies. Initially, our minutes had referred to 'members present' without using names – and this practice is still followed by some PPGs. However, it was agreed that using 'real names' is acceptable if the member gave explicit consent. The members present consequently noted their formal consent. It was noted that those absent should do likewise. It was noted that these rules complicate the ways in which a PPG can communicate with patients and that, in principle, just sitting in the waiting room with others breaches these guidelines.

Action: Margaret, Liz and Nathalie to be asked to consent.

10. Any other business:

10.1 Sue reported that on-line access to medical records has to be provided by 1st April – by contract. She added that the system is now available but she needs the formal consent of the Partners before switching it on. The data will be held on a server in the practice but may subsequently be migrated to a bigger CCG or NHS system. It was noted that patients need to have registered for on-line access before they can access the system. Having to ask at the waiting room window for access codes ensured that it was indeed the actual patient who got the necessary codes. Sending codes through the post, or by text, could create a security breach. There was some discussion about the extent to which historical paper-based records would appear on the data base.

10.2 The previous system for organ donation required that a potential donor carry a card saying that he was a willing donor. Since the system went on-line there is no requirement for anyone to carry a card. It was noted that there is no information in the waiting room about organ donation. Sue has since reported that the practice accepts requests to join the scheme when new patients join and she will get resource material which can be displayed in the waiting room. She offered the following link: <https://www.organdonation.nhs.uk/faq/organ-donor-register/>. Ron subsequently noted that this system still sends out donor cards and will replace any that are lost.

10.3 Following a question, Sue reported that it is very difficult for a practice to 'close its list' to new patients. The practice has to consult with the NHS which has a legal responsibility to provide access to medical services to all citizens.

11. Date of next meeting

Sue will consult with Dr Campbell to find a date when he can attend a meeting. A target date is the 15th March.

Action: Sue to inform the secretary.

The meeting closed at 16:30.