

Patient Participation Group – Dr Campbell’s Practice

**Minutes of the meeting held at 2:30pm on Tuesday, 17th July 2018,
at the Health Centre, Tarporley.**

Attending:

Paul Bujac (Chair), Ron Chisnall (Secretary), Keith Barker, Peter Dobbs, Stan Blundell.
Secretary’s note: Mrs Wendy Parker had offered to join the PPG during the Tarporley Carnival just three days earlier. She had a prior diary commitment but joined the meeting at four o’clock to introduce herself and meet group members. Paul welcomed her to the group.

Dr Campbell and Sue Dewhirst attended from 3:00pm.

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

Secretary’s note: Jon Levenson and his wife have relocated to Somerset. He has left the PPG.

2. Minutes of the previous meeting (17th April 2018):

The minutes were agreed to be a correct record and were signed by Paul as the Chair.
(Note to Sue: These can now be published.)

3. Matters arising:

3.1 The Health Box had been removed from the agenda since it was assumed that nothing was happening. However, when Ron contacted them, they said that a course was just coming to an end in Tarporley Community Centre. No one had seen any promotional material about this course but those attending had been referred by local GPs. Dr Campbell said that he had referred two candidates some time ago but had had no feedback. No ongoing course seemed to be planned in the area, probably due to a lack of funding which it was believed to come from CWaC.

Members can look at the current status of the Health Box and what it is doing by searching on ‘health box’. It is a ‘Community Interest Company’ (CIC).

4. On-line systems including e-consult – a progress report:

4.1 Sue reported that there continued to be steady use of the EMIS system for making appointments and requesting repeat prescriptions. However, a recent ‘upgrade to the system had introduced some operational problems – a not unusual set of circumstances. Since the system was obtained from a commercial supplier she had no way of influencing any improvements and this was influencing usage statistics. Use of the eConsult system remained relatively high among the Cheshire West practices. She described the process that takes place when a submission is made via the system and who decides whether a GP appointment is needed - or some alternative action. Members commented that the invitation to use eConsult dominated the opening page of the practice web site. But if you never went to the web site you might not know that the system exists. Sue said that she was considering moving it and advertising it elsewhere.

It was noted that different systems allowing patients to submit symptoms to their practice are now available, but Cheshire West had made an early decision to use the EMIS system across the region.

4.2 Members should note that it was Primary Care Cheshire and West Cheshire CCG, in collaboration with all the member practices that was awarded almost £3.8M from the Prime Minister's Challenge Fund in May 2015 and that has funded many of the electronic systems now being implemented in the region. Primary Care Cheshire is a federation of the 34 independent GP practices covering over 250,000 patients. PPG members should look at: 'www.primarycarecheshire.co.uk'.

4.3 It was noted that there are invitations on the web to join purely 'electronic GP services' where almost immediate consultations could be arranged. However, to join such a service a patient had to leave his current practice before registering with the new one. It was not clear how certain services are organised in this model. Sue noted that there is always a certain amount of movement between practices as families relocate. Not everyone resigns from their current practice before registering with a new one. She is told that patients have left the practice – but not where they are now registered. So, she had no idea how many patients had left to join an 'online GP service'.

5. Requirement for more demonstrations of on-line systems:

5.1 More demonstrations should be delayed until the EMIS problems are resolved and the inevitable staffing problems during the summer holiday season have improved. It was suggested that the early winter 'flu clinics in October would be a good opportunity with a high throughput of patients in the practice. Patients waiting for their 'jab' would inevitably have a few minutes to wait before being called and this would be a good time for a quick demonstration. We shall be working with Sue in September to finalise plans for more on-line demonstrations.

6. Progress report on practice development:

6.1 As is usual, there was no progress on the subject of new premises although NHS Property Services had visited the practice. It also seemed possible that developments under the heading of a 'Rural Alliance' might make a local development inappropriate. Dr Campbell commented, however, that some limited funds had become available which could be used to ease the current parking problems at the current site.

6.2 Sue noted that the number of DNAs was up considerably during the period covered by the World Cup and the tennis at Wimbledon. There had also been some unfilled appointment slots. She noted that their 'terms of service' contract did not allow them to charge for DNAs – even though many commentators had said that this would be a useful deterrent. It was noted that other suppliers of medically-related services, such as dentists, were now charging for DNAs.

7. NAPP – progress report and conference:

7.1 Paul reported that no one had attended this year's NAPP conference – but the published papers and the NAPP newsletters gave a valuable insight into what was happening in other PPGs around the country. He had received the paperwork for the renewal of our membership and passed these to Sue with a request that they be processed.

8. Rural Alliance and Cheshire CCGs:

8.1 The Rural Alliance, as defined by the CCG, comprises the practices in Kelsall, Tarporley(2), Bunbury, Tattenhall and Malpas. Paul and Ron had each attended meetings with the PPG chairs at these practices to discuss what benefits might accrue. With little

information to help from the CCG, we have written to the CCG asking for a meeting on this specific subject. This has yet to be arranged. The development of clusters is a major plank in the strategic plan for Primary Care services in our area of the North West and comes out of the CCG planning proposal: '*Changing Health and Care in West Cheshire.*' However, there is a feeling that a number of subjects are in limbo while the issue of merging CCGs is resolved. This involves the merging of the CCGs in West Cheshire, South Cheshire, East Cheshire and Vale Royal. Apart from any new staffing arrangements, there are issues to be resolved such as the financial capitations in the four existing CCGs are different and some resolution of this will be required.

9. Report on Tarporley Carnival:

9.1 The event overall was successful although with slightly reduced attendance due to the World Cup and Wimbledon. Our stand was next to Tarporley Hospital's second stand (the first being their traditional tombola) and we made useful contacts with the Operations Director and the Matron. Attendance at our stand was at its usual low level but we did recruit a new PPG member, as reported above. So, overall we judged it to be successful.

10. Report on the PPG Chairs meeting:

10.1 This was a special meeting to coincide with the 70th anniversary of the NHS. Chairs, and other PPG members, were invited. Paul, Ron and Keith attended. Apart from the availability of some cream cake, at a somewhat inappropriate time, it was hard to differentiate this meeting from other Chairs meetings. Little information was given to us and, during the workshop sessions, CCG staff were asking how we thought 'joined up care' should best operate. The meeting included an item on Well-being Coordinators. However, there continues to be a vacancy for one in this area.

11. Proposed new care home in Tarporley:

11.1 The discussion here was about whether the new care home would generate extra work for the Tarporley practices. To some extent this depends on whether future inhabitants are existing members of either practice. Assuming not, then there was an assumption that there might be a requirement for up to three clinics a week which could lead to an increased staff requirement. However, there was a funding mechanism in place to deal with such an increased demand.

12 Any other business:

12.1 Sue needs to employ a painter and decorator to do some work in the practice and asked for information about any reputable contacts.

12.2 Sue said that she had a RoSPA video that could be shown on the practice TV screen and wasn't sure whether it 'talked down' too much to viewers. She said she would load it but asked for feedback from members.

13 Date of next meeting:

Tuesday, 16th October 2018 in the Health Centre, Tarporley.
PPG to meet at 2:30 pm. Practice staff to join at 3:00 pm.

The meeting ended at 4:30 pm.