

Patient Participation Group – Dr Campbell’s Practice

**Minutes of the meeting held at 2:30pm on Tuesday, 16th October 2018,
at the Health Centre, Tarporley.**

Attending:

Paul Bujac (Chair), Ron Chisnall (Secretary), Peter Dobbs, Stan Blundell, Liz Johnson, Wendy Parker, Nathalie Gresty.

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

1. Apologies: Margaret Waltier, Janet Appleby, Keith Barker.

2. Minutes of the previous meeting (17th July 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:

There were no matters arising not otherwise covered on the agenda.

4. On-line systems and demonstrations – a progress report:

4.1 Sue reported that over seventy patients had enrolled for Patient Access following the demonstrations at the Tarporley and Tarvin flu clinics. But how many would actually use the system was uncertain. Nevertheless, she was pleased with the outcome and thanked the PPG. The next clinic was at Waverton and she did not think that the environment was suitable for further PPG support. However, further clinics are planned at Tarporley and at Tarvin and PPG involvement would be welcomed.

4.2 Ron noted that he also brought the practice web site to the attention of those interested and that this was the place to get access to the e-consult system. He observed that not many patients were familiar with the practice web site although it contained much useful information. Sue noted that the section advertising access to the e-consult system had been reduced in size and prominence and this had resulted in a lower uptake.

4.3 Sue said that the Patient Access system would most likely remain accessible to patients without charge to the practices. However, practices would be charged at some future date if they wished to continue using the e-consult system and would have to make a judgement about its cost-effectiveness for them.

5. Progress report on practice development:

5.1 Dr Campbell reported that discussions were still ongoing between the practice and NHS property Services. Progress was slow, however, because of other proposed changes in the way that GP services should be provided. He noted discontent in Scotland with the new proposed contract with GPs in which the trend was away from GPs operating as independent partnerships. Some saw this a move towards a nationalised primary care service.

6. Parking at the practice:

6.1 Sue reported that £25K had been made available to the two practices by Tarporley Parish Council to improve parking for patients. This followed from the volume of new building in the village. The initial plan had been to create more formal parking in what is currently the unused but uncultivated area. However, initial estimates put the cost at about £50K. The possibility of each practice contributing £12.5K to complete the scheme is not attractive given the chance that a bigger move might still be a possibility. Policing and managing the existing space was discussed but, as in the past, no scheme was attractive.

7. Report on the PPG Chairs meeting:

7.1 Liz had attended the meeting as neither Paul nor Ron was available. She reported that much discussion had centred around a presentation on the 'Frome model of enhanced primary care'. This focussed on the problem of social isolation and loneliness which produces an increase in GP visits and hospital admissions. The work going on in Frome certainly seemed to be having a beneficial effect on the need for medical interventions. It was noted that the local 'Well-being co-ordinators' were tackling this problem in basically the same way. Other local initiatives along the same lines were noted as is the 'Brightlife' project – see section 11 below.

8. Developments with the Rural Alliance and Cheshire CCGs:

8.1 Liz reported that there had been little discussion on this topic at the PPG Chairs meeting. It appears that a number of initiatives such as this are temporarily stalled while the issue of merging the CCGs is resolved. Liz reported that interviewing is taking place to recruit a new Chief Officer to head-up the new organisation although Dr Campbell said that the controlling members of the existing CCGs had not yet agreed to support a new structure. The financial health of the Cheshire West CCG is better than for the others and it is reluctant to see this more secure position compromised in an ill-considered merger.

9. NAPP:

9.1 Members agreed that the newsletters issued by NAPP were valuable and frequently identified initiatives being taken by other PPGs which were thought provoking and worthy of local consideration.

10. Proposed new Care Home in Tarporley:

10.1 There was nothing specific to report on this project. The view of members was that the project had moved to a more detailed planning stage.

11. Brightlife:

11.1 This is a project aimed at tackling the problems arising from loneliness and social isolation. It seems to be similar in scope to what is described above as the 'Frome project' and the work being done by U3A and similar organisations. Brightlife aims to identify those who might benefit by enlisting the support of GPs whom it considers are best-placed to identify candidates. Their approach has been described as 'social prescribing'. Brightlife will be talking soon to Drs Campbell and Adey and then to representatives of the two PPGs.

12 Any other business:

12.1 A question was raised by Paul on behalf of Keith Barker. It concerned requests for items, via Patient Access, not on the 'repeat prescription' list but on the 'previous

medications' list. These were not being provided but no information about the lack of provision was provided. Only when the item wasn't in the bag from the pharmacy did you know that it hadn't been provided. Sue explained that items on the 'previous medications' list were probably prescribed for an acute condition and a doctor would need to see the patient again to prescribe them. However, the patient should be told that such items could not be routinely provided. She had extended the 'repeat prescription' procedure and the patient should now get some notification.

12.2 Ron asked if the practice is now providing NHS Health Checks. He understood that funding for these now comes from the CCG – although the CCG subsequently recovers the cost from Public Health in CWaC. Candidates who meet the criteria should be called, at infrequent intervals, for a health check but eligible patients should be able to request a check-up in the usual way via reception. It was noted that the criteria for eligibility were designed to get at patients who did not have any ongoing chronic conditions.

12.3 There was discussion about the webinar provided by the NHS to help PPG members promote the benefits of systems such as Patient Access. We had some difficulties running the system although it seems to be the method used routinely for NHS in-house training. We thought that the systems inside the NHS and the availability of technical support would have helped with these problems. In addition, however, we were not impressed with the presentation itself.

12.4 It was confirmed that the practice had not implemented 'messaging' in the Patient Access system. It was thought that this facility might provide an unmanageable load on the administration staff. It was noted that some patients are using e-consult to send messages.

12.5 The facility now exists for patients to access 'guest WiFi' in reception. Sue is waiting for further information from the provider before making this service generally available.

13 Date of next meeting:

Tuesday, 29th January 2019 in the Health Centre, Tarporley.
PPG to meet at 2:30 pm. Practice staff to join at 3:00 pm.

The meeting ended at 4:50 pm.

WRC 17.10.18