

**ST LUKE'S & BOTLEY SURGERY PATIENTS PARTICIPATION GROUP (PPG)**

**A record of decisions and actions to be taken from the St Luke's & Botley Surgery PPG held on Thursday Feb 2<sup>nd</sup> 2017 at St Luke's Surgery**

<u>Item</u>	<u>Subject</u>	<u>Action By</u>
1.0	<p><b>Welcome &amp; Apologies</b> Teresa Griffin welcomed and thanked everyone for attending.</p> <p><b>Present:</b> Teresa Griffin (Chair) Bronia Hallum (Practice Manager) Clare Gray Jenny Little Angela Brombley Joanne Taylor (Taking Minutes) Christine Robinson Pauline Matthews Jenni Fletcher Jane James</p> <p><b>Apologies:</b> Carol Duncan Barry Griffin Diane Slater Maggie Parker</p> <p><b>In Attendance:</b> Dr Samantha Humphries (Partner) Rebecca Thornley (Project Manager)</p> <p><b>Action:</b> <b>Record any changes to members or contact details</b></p>	Teresa Griffin
2.0	<p><b>Minutes of the AGM 2016</b> Minutes of the AGM 9/11/16 were approved, with the note that Andi Saunders had stepped down as Vice Chair and Joanne Taylor had been duly elected</p>	
3.0	<p><b>Matters Arising</b> Website: Sarah Taylor was not present so unable to update Occasional PPG representation at practice meetings: With merger PPG across all sites will need to be developed as currently only a virtual PPG at other surgeries.</p>	
4.0	<p><b>St Luke's &amp; Botley Surgery Update:</b> Presentation given by Rebecca Thornley, Project Manager, detailing the upcoming changes to the practice and the role the PPG can play. Rebecca explained her career background in management, her work in the DoH advocating and supporting general practice, and her experience of merging practices in Devon.</p> <p>Rebecca started by recognising the importance of PPGs, and a reminder of their function. The opinion of the PPG was sought as to how we felt the PPG had worked so far. Discussion was had regarding previous PPG positive outcomes, such as the patient walk through in 2016 improving the patient experience, especially at Botley, as well as the challenges for the PPG such as creating interesting and well-attended events. It was felt</p>	

**Item Subject****Action By**

by some members of the PPG that Botley surgery and its local patients were ignored by the practice, and Rebecca was quick to reassure that Botley was important to the future plans of the surgery, and encouraged some members of the PPG to become 'Botley champions'.

Rebecca emphasised that the challenges facing primary care were felt nationally, not just locally. These included increasing patient demand and expectation, recruitment and retention of GPs and nurses, and the reduction of budget, amongst others.

Dr Humphries noted that the practice withdrew from negotiations with IMH at the last minute, as they found two other local practices willing to merge: Ladies Walk, and Weston Lane. They were like-minded surgeries that were patient focussed offering good quality care. The practice are looking to formalise the merger, anticipated timescale for completion of this process is July 2017. The merger will see three surgeries operating across six sites (Ladies Walk in Thornhill and Midanbury, Weston Lane, Harefield, and St Luke's and Botley in Hedge End and Botley). As a patient it won't look very different, but behind the scenes there will be a merging of services, staffing, support staff, which will have efficiency savings.

Rebecca explained that the long term benefits include patients being able to access more timely services, which could be in other practices (if patients in a position to travel). Best practices will be shared & the increased scope of staffing & processes should ensure better access to healthcare that suits the patients individual needs. The merger will result in a cohort of 40,000 patients managed by 12 partners, salaried doctors, trainee doctors and nurse practitioners and a management team. This will enable the capacity to release resources to develop the staff skill mix & improved processes of working. The merged practices should become more attractive to newly qualified GP's.

Jenny Fletcher raised some concerns about taxi's being used as ambulances, and it was agreed that this would be raised as an item at a future PPG meeting.

**Action: Teresa Griffin to table 'taxi's being used as ambulances' for future meeting.**

**Teresa Griffin**

Rebecca was keen to point out the strengths St Luke's and Botley have over the other practices, such as a strong Advance Nurse Practitioner Nursing Team, combined 48 years of experience amongst the GP's, the asset of owning Botley Surgery, and having an active PPG (as opposed to just virtual). She said the PPG would play an important role in highlighting the positive impact of the merger.

Rebecca said that publicity would commence once the agreement had been formalised in July. Teresa Griffin, supported by other PPG members, raised concerns about any delay in communications to the patients as there had been some talk of the merger outside the PPG already. Rebecca wanted to ensure that moving forward communications with patients would be open and timely to ensure patient support over the upcoming changes. It was suggested that a co-ordinated Communications meeting be arranged between Rebecca, the practice and the PPG, to draft a patient message/newsletter for dissemination to patients regarding the upcoming merger plans.

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	<b>Action: Teresa Griffin to liaise with the practice regarding set up of a Comms meeting</b>	<b>Teresa Griffin</b>

**5.0 INR testing – how PPG can assist raising money for this piece of equipment:**

Presentation (circulated to PPG members) given by Jaggy Khela, Practice Pharmacist & Primary Care Quality Improvement Fellow, regarding new projects and the Dementia Friendly pilot. Jaggy detailed his experience in community pharmacy for 19 years, having been based in Hedge End for the last nine years. He is starting a prescribing course and will hopefully be qualified by October, running clinics as well as the quality improvement projects.

Batch Prescription pilot:

The practice are starting a pilot scheme where you don't have to put a repeat prescription into the surgery every time you need to renew medication – if your medication does not change the surgery can sign off a 'batch' of electronic prescriptions (up to a year's worth) in one go. These are sent to your local pharmacy for collection in instalments. This would make it more convenient for patients, and improve the quality of service offered. Visits to the surgery should be reduced, as well as admin hours for staff. Jaggy has spoken to a number of local pharmacies, and batch dispensing is provided in many already. It has improved stock control and means pharmacies can manage staff time more effectively.

Angela Brombley relayed a positive experience with a pharmacist regarding a medicine review that had been conducted. Jaggy said that the aim was to offer patient medicine reviews held in surgery once qualified.

Jaggy said that control would be given to the prescriber to amend/cancel the batch as required, and any new medication prescribed would be flagged for contra-indications prior to dispensing. Limitations would be put in place to ensure patients were having regular reviews and not receiving endless medication.

Near Patient INR Testing Service:

As it stands patients taking Warfarin need to regularly check their blood for INR levels. This is currently done every 4-6 weeks via venous blood sample in the surgery. Results are typically available the next day, involving a phone consultation with the GP. This means frequent, painful samples being taken. Patients also have to wait for the GP phone call, which then often involves complex instructions and changes to doses, which are difficult for those with hard of hearing, This is a safety concern for the practice.

The new method would involve patients seeing the practice nurse or pharmacist and having a finger prick test with a new 'meter'. A drop of blood on a test strip is analysed within 2-3 seconds. Results are immediate, and a face-to-face discussion can follow and a new dose of Warfarin issued there and then. The benefits of this method are almost painless testing, convenience for the patient, and reduced safety risks with an 'in person' consultation and improved control of dosing.

The barriers to his new method are chiefly that the CCG does not fund for this service. The start up costs are £950 + VAT per meter (one required initially), and a rolling yearly cost of £1000 + VAT for an annual software

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	<p>license fee. Where can funding be obtained? Donors need to be sought and that's where the PPG comes in.</p> <p>Teresa Griffin revealed that she had secured an anonymous donation of £1000 towards the new INR service, and the PPG agreed to donate an additional £400.</p>	
	<p><b>Action: Teresa Griffin and Pauline Matthews to arrange transfer of funds to practice.</b></p>	<p><b>Teresa Griffin/Pauline Matthews</b></p>
	<p><u>Space Dementia Pilot:</u> A year ago the practice signed up to a pilot to help the practice to become a 'Dementia Friendly' practice. Jaggy is taking this project back on as lead. Jaggy was advised that Carol Duncan from the PPG is a 'Dementia Friends Champion' having received training from the Alzheimer's Society. Jaggy said that Blackthorne surgery has their programme up and running and this is where we want to be as a surgery.</p>	
	<p><b>Action: Teresa Griffin to put Jaggy in contact with Carol Duncan.</b></p>	<p><b>Teresa Griffin</b></p>
<b>6.0</b>	<p><b>Standing Items</b></p> <p>Website – PPG Area – Sarah Taylor not at meeting</p> <p>PPG Board/Newsletter Update – Teresa thanked Jo for keeping boards current &amp; tidy. Surgery to set up small coms team which PPG will have membership of to develop a regular newsletter to ensure patients kept updated with changes</p> <p>Appointment Update – online consultation service appears to be easing pressure on appointments. Hopefully after the merger which will increase capacity, there will be the ability to deliver services differently which will result in easier, more convenient access to healthcare professionals</p> <p>Website – PPG Area – Sarah Taylor not at meeting.</p> <p>PPG Board/Newsletter Update – Teresa thanked Jo for keeping boards current &amp; tidy. Surgery to set up small Comms team which PPG will have membership of to develop a regular newsletter to ensure patients kept updated with changes.</p> <p>Patient Feedback Update – No feedback to report</p>	
	<p><b>Action: Teresa will contact Sarah Taylor outside meeting about developments of the website.</b></p>	<p><b>Teresa Griffin</b></p>
<b>7.0</b>	<p><b>AOB</b></p> <p>Teresa requested that going forward could communications with patients be more frequent with regard to important practice changes e.g. changes to the release of appointments, e-consult FAQs.</p> <p>Teresa asked if blood results would be available online via patient access in the future. Dr Humphries hoped that they would but that the practice need to think about how the queries regarding results are managed.</p>	

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	<p>With regards to staffing, Bronia stated that one of the practice nurses is leaving. The practice are interviewing for a replacement practice nurse, as well as two apprentice placements (1 x reception area, 1 x admin/IT).</p> <p>Congratulations from the PPG were offered to Bronia on her new role as 'Practice Manager'.</p> <p>Jane James offered high praise to the Navigator Team – she found them extremely helpful and informative, and singled out having a home care package sorted out in hospital before being discharged. Jane wanted this to be passed on to the relevant people.</p>	
<b>8.0</b>	<p>The future PPG meeting date in May has been changed to Thursday 25<sup>th</sup> May.</p>	

### **Next Meeting**

The next meeting will be held on March 21<sup>st</sup> 2017

**Meeting closed at 20.45**