

Cross Deep Surgery

Patient Participation Group

Thursday 11th September 2014 @ 6pm

MINUTES

Present: Paul Pegden Smith PPS (Chair), Hilary Adamson HA, Ron Chappell RC, Carmel Brady CB, Tina English TE, Clare Hurlle CH & Lacy van der Sloot LvdS

Apologies: Michael & Clare Phelps, Diana Pringle, Anne Harper, Ian Westcott, Pam Coveney, June Mulroy

1. Welcome

New Member – Ian Westcott – sends apologies for this meeting.

Further interest from Louise Walsh to join – she is now added to the distribution list.

2. Minutes of Last meeting - 19th June 2014

Accurate and Agreed.

Actions for Review:

- Late Night Pharmacy – LvdS contacted the CCG Pharmacy team and they advised that practice should direct patients to NHS Choices for this information however this only shows the location of the pharmacy and their opening times.
- Meet the practice event – Discussed option of having an event closer to xmas which will evolve all staff members and the PPG Group. LvdS to organise and advise.
- LvdS has spoken to other practices and none have yet started social networking e.g Twitter. There were concerns about how this would be maintained and that it might be open to abuse. All agreed not to pursue for the time being, albeit PPS felt it will be an inevitable process in the future.

3. Chair's Report

PPS attended the CCG Network meeting 15th July.

Minutes and papers attached below:



PPG Minutes
15.07.14 (Final).pdf

PPS would circulate all papers when received.

Main Items on the Richmond Clinical Commissioning Group (RCCG) Network Agenda:

- **Integration of health and social care** – Keeping patients out of hospitals with better care in the community.
Richmond has a low rate of A&E attendances per head of population compared with the national average. However, the Joint Strategic Needs Assessment (JSNA) describes an 'asset rich cash poor' elderly population who need good social care mechanisms in place to keep them out of hospital.
- **Community Healthcare** – RCCG currently commission Hounslow and Richmond Community Healthcare (HRCH) to provide these services and are in the process of

reviewing performance management with a view to introducing Objective Based Commissioning from 1st April 2015 when the present HRCH contract runs out. PPS represents X Deep and the Network on the review body overseeing this change.

4. Friends and Family Test FFT.

LvdS thanked all for taking the time to complete this survey. Several Richmond practices are using the 'I want great care' organisation to complete this exercise. It had been circulated to all patients with email addresses for completion and subsequently to all patients in the practice..

97 reviews had been received to date – the practice will continue to advertise.

Follow this Link to view all feedback to date:

<https://www.iwantgreatcare.org/gpsurgeries/cross-deep-surgery>

5. NHS Choices

The practice has 5 positive reviews so far.

It was agreed not to push for more response given the FFT activity and the danger of 'feedback fatigue'.

6. Complaints

Review of complaints to date: Total of 3 since April 2014.

- 2 Communication – Both cases were in relation to how the patient was spoken to
- 1 Medical – Unable to specify

7. Annual Action Work Plan / PPG 'Enhanced Service Specification (DES Requirement

LvdS and PPG explained the requirement by NHS England for the practice to draw up an ACTION PLAN with the PPG for 2014/5, known as an 'Enhanced Service Specification' (ESS).. PPS had tried to produce a user friendly presentation of the process which was circulated to the Group before the meeting and is shown here as:



ESS for
PPG.pps.11.9.14.ppt

Also for clarity – see below attached Reporting forms which will give everyone a clear breakdowns of the requirements we need to answer:



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Capp\nGMS\Enhance

There are several points that need to be addressed for completion::

PPG Demographics – The practice needs to demonstrate that the PPG is representative of the Practice population demographic. LvdS explained that once all XDeep PPG Contact forms are completed, she can put together a profile which will compare the PPG to the overall practice demographic and demonstrate how representative the PPG is of the Practice as a whole.. LvdS will also source data from public health as a comparison.

PPS provided a deprivation map and the JSNA report on Richmond's population for background – attached below:



Richmond JNSA
2014.15.pdf



Deprivation map of
richmond.source LBRi

From this we can determine who we should contract/recruit to the PPG. **LvdS to complete this by the next meeting at the latest and circulate in advance.**

In the meantime the practice would continue to invite and advertise the PPG to all patients who may have an interest to join.

Action Plan

Some Richmond Practices already have action plans – PPS presented two examples he had via the PPG Network. Attached below:



Hampton Wick
Surgery PPG Action P



SLHC PPG newsletter
Summer 2014.docx

There is a requirement from NHS England for the group to have an action plan with “at least three key priority areas”.

The PPG needs to have signed off on each of these areas, agreed as a result of discussion and review of patient feedback. Current sources are:

- GP Survey - <https://gp-patient.co.uk/practices/H84039?term=Robertson+%28Cross+Deep%29+%28TW1+4QP%29>
- FFT - <https://www.iwantgreatcare.org/gpsurgeries/cross-deep-surgery>
- NHS Choices - <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=35965>
- Complaints reviews
- Local Groups inc Health watch
- RCCG
- Previous practice Surveys - http://www.crossdeepsurgery.co.uk/Patient_Participation_Group.php

An initial discussion took place on how we can determine the three priority areas. Feedback has been mainly positive making improvements less visible. However, did this feedback represent the whole Practice population? Were significant groups such as the Frail and Elderly adequately represented – particularly as electronic access was limited? TE suggested having a PPG member being a representative specifically for elderly patients?.

Another idea was to link this up with the flu clinic – TE suggested asking AGE uk to come and set up a stand whilst the flu clinics are running to give out useful information and ask patients what they would like to see developed .

LvdS to follow this up with TE as Flu clinics are scheduled for 4th & 19th October 2014.

The elderly population would also fall in line with the National and Local priorities relating to keeping Frail and Elderly patients out of acute hospital. Targeting these groups and perhaps seeking feedback and education could reduce the likelihood of emergency A&E treatment.

This could also tie in with practice specific health and wellbeing campaigns. i.e. obesity, smoking, alcohol etc. These could be lifestyle related or medical. A yearly campaign calendar

could be designed to cover various campaigns throughout the year. Targeted clinics could also be organised to tackle some issues i.e. weight clinics with HC.

The practice is required to put together an action plan, agree this in harmony with the PPG and publish this for patients to view by March 2015.

To progress the three priority areas in the Action Plan, it was proposed to have a PPG Action Plan Workshop in Mid October to focus on the necessary outcomes

Please can you confirm if you are able to attend an Action plan Workshop at the Practice on Thursday 9th October @ 6pm.

In the mean time (or if you are unable to attend) the group are asked to review the patient feedback which is available via various sources (listed on the previous page).

These discussions will then form the basis of a PPG Action plan which can be reviewed at the **next PPG Meeting on Thursday 13th November 2014 @ 6pm.**

8. Newsletter

Big Thank you to Pam for putting together the August Newsletter. Copies given to all to review. Attached below:



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Patient Newsletter\Is

LvdS asks for feedback by 19th September – Planned release 25th September 2014

9. AOB

DATE OF NEXT MEETING – 13th November 2014 @ 6.00pm