

Cross Deep Surgery
Patient Participation Group
Thursday 13th November 2014 @ 6pm

M I N U T E S

Present: Paul Pegden Smith PPS (Chair), Michael Phelps MP, Anne Harper AH, Pam Coveney PC, Ron Chappell RC, Carmel Brady CB, Tina English TE, Denise Carr DC, Stephanie Cheshire SC, Clare Hurle CH & Lacy van der Sloot LvdS

Apologies: Clare Phelps, Diana Pringle, Ian Westcott, Hilary Adamson.

1. Welcome

2. Minutes of Last meeting – 11th September 2014

Accurate and agreed.

Actions for Review:

- Late Night Pharmacy – PPS has a contact at the LPC (Terry Silverstone) and will enquire if there is any patient information available.
- Meet the practice event – LvdS has arranged to have a PPG/Practice Event on Wednesday 17th November 2014 Between 1pm-2pm. All practice staff and PPG Members are invited to attend.

3. Chair's Report

PPS attended an Open Event/Workshop on the use of Outcome Based Commissioning for Community Care (see attached). PPS Explained that the Commissioners (Richmond CCG) are looking at the current community care contract held by Hounslow and Richmond Community Healthcare (HRCH), which is due to end on 31/03/2015. However due to the limited timeframe available, the new contract will not start until 01/04/2016.



Fw Richmond CCG
progress update #2

PSS presented as explanation to the PPG, a list of community care services provided currently by HRCH- See attached below:



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CH explained that Cross Deep are generally satisfied with certain community services. However there are some issues, in particular the District nursing team were apparently unstaffed and there was a lack on Health visitors available.

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

PPS started by reviewing the explaining the purpose. This is summarised on the attached slides below:



LvdS explained that although Cross Deep uses various methods of patient feedback, in general it is extremely positive. In her opinion it is consequently difficult to identify material areas for change within the Action Plan.

The most recent Friends and Family Test drive, for example, received over 100 reviews for Cross Deep Surgery – this was the second most review for any GP practice nationally.

Click the link below to review the feedback to date:

<https://www.iwantgreatcare.org/gpsurgeries/cross-deep-surgery?&page=2>

NHS Choices is also a good method of providing feedback - generally very positive.

PC also referred to the GP Patient survey which should be taken into consideration when looking and reviewing feedback. Click the below link to review these results.

<https://gp-patient.co.uk/practices/H84039>

PPS had also provided some ideas which he believed could form the basis for a longer term strategy for Cross Deep given their local patient environment and demographics. These also link in with local authority/CCG and national priorities, particularly the Frail and Elderly and Children and Young People.

The meeting endorsed the national agenda on keeping patient out of A&E which linked closely with the social care/community services endorsed by PPS.

It was agreed (as per reports on the news) that some patients just do not know where to access services when the practice is closed. There are several options (Walk in Centre at Teddington and Queen Mary's Roehampton; the Urgent Care centre at the West Mid; NHS111 and GP Out of hour Services etc). This was both a local and national priority and as an area the PPG could focus on.

Action Point 1: Communication – What to do when the practice is closed.

In order to reach as many patients as possible the practice should aim to have this information available:

- At The practice
- On the Website
- Emailed to patients
- Included in Quarterly practice bulletin

The role of Carers was reviewed and the need to identify them. LvdS and CH explained that we do have Carers and proactively record if a patient is a Carer or is Cared for on their record. It was noted that some carers who would normally be eligible for additional help and support were difficult to reach, as they do not know what was available. This could for example be a husband caring for his wife or a child caring for a parent.

Richmond Carers Centre can support Carers and could be tied into our planning.

Action Point 2: Carers Identification and Education

This should include targetting information and proactive recording on patient records. Cross Deep could produce a specific leaflet where details of Carers could be completed and returned to the practice for easier provision of support services.

The page on the practice website should be updated and include links to specific Carers' websites, including the Richmond Carers Centre.

The Practice is also looking for Carers to join the PPG although it was accepted that this may not be practical given their role. However, we should offer Carers the opportunity to join on a virtual basis if this were technically possible.

CH said that Cross Deep Surgery were fortunate in that their patient 'pool' tended to be very well educated in knowing when to come and see their GP. As a result this has an impact on available appointments, reducing inappropriate appointments for minor ailments.

It was agreed that patient education is critical for appointment effectiveness should be addressed in any planning on a regular basis.

Action Point 3: Improved Patient Education / Health Promotion

It was agreed that this should include other information for targeted patient groups such as:

- Parents - Details on Health Visitors, including the school service etc.
- Elderly - Dementia Awareness including contacts with Age UK
- General - Health Promotions such as vaccination programmes etc.

As a consequence, **LvdS would circulate** the draft PPG Action plan template incorporating the above activity, for comment and feedback.

PPG Demographics

Part of the PPG DES is to ensure that the group is representative of the practice populations. LvdS has prepared the below attached practice profile vs. PPG Profile which demonstrates the current demographics.



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This is an area which will not be used as an action point but as a constant reminder of the need to recruit patients to the PPG from the lesser represented groups such as, Carers and Mothers with young children. We also need to recruit more males.

Details in the attached about how we have attempted to contact these groups.

5. AOB

CH advised the PPG that Dr Graeme Robertson will be retiring at the end of 2014. He has asked this information is not formally circulated until next week.

From 19th December LvdS will be on maternity leave. Your point of contact will be Stephanie Cheshire who will take forward the PPG from January.

Stephanie.cheshire@nhs.net

It was felt that other GPs from the practice should attend the PPG group in the future to maintain a regular relationship between clinicians and the patient caucus. This will be done on rotation.

DATE OF NEXT MEETING – 22nd January 2015 @ 6.00pm