

Western Elms Patient Participation Group Meeting

24th January 2018

MINUTES

Present	
Alan Porton – Chair	Deborah Sander
Lisa Trimble – PM	Sally – Pharmacist
Susan Porton - Treasurer	Hazel McCullough
Moya Rolls – Secretary	Colin McCullough
Susan Arstall	Ben McCullough
Val Pretlove	Sophie Boss - Admin
Rita Moren	Jackie – Deputy PM
Ken Tudgay	Sally McMahan - Receptionist
Valerie Tudgay	Apologies
Rosemary Whitehead	Alice Gostomski
Eric Smith	Marilyn Edmunds,
Richard – Pharmacist	Meyrick Ward,
Mark Batista	Murray Alum
Patrick Moren	

Item	Comment	Action
1	Apologies for absence were received as noted above.	
2	The minutes of the last meeting were voted as accurate apart from the missing apologies of Deborah Sander and Ken Tudgay. Matters Arising <ul style="list-style-type: none"> • Apologies were made regarding the exclusion of DS & KT on the last minutes. 	
3	Financial <ul style="list-style-type: none"> • SP reported that the account was £2443.32 plus £26.73 from book sales and £70.00 from the Christmas raffle. Other sums have come in but a final definitive total was not available on the day. • £1999.20 had already been released to the Surgery to pay for the new ECG machine. 	
4	Surgery News	

Care Quality Commission Inspection

- LT advised that the CQC had inspected the practice on 10th January 2018 after giving two weeks prior notice. LT was interviewed extensively for nearly six hours throughout the day. Doctors Newsham, Hopkins, Chauhan and other GP's were also interviewed along with nurses Fernie and Sarah Grech. In addition, AP & SP spent time with the inspectors. Time ran out before a further seven people could be interviewed.
- The last inspection resulted in a 'Good' rating and LT is looking now for 'Outstanding'. (Only 4% are rated Outstanding throughout the UK). The final decision is being awaited but as the surgery has such a diverse patient group of 18,000 people and is being compared to smaller surgeries, this needs to be taken into consideration by the CQC. Western Elms is unique in that it is currently expanding while other surgeries are closing. The final decision should be made available within 4-6 weeks.
- A full report will be sent to Western Elms who will then have ten days to question any perceived inaccuracies.
- LT offered to send a copy of the presentation made to the CQC to PPG members.
- Western Elms has a lot going for it with the employment of pharmacists and paramedics and AP thinks it has the best GP's ever.

Extension Update:

- LT advised that planning had been approved and the architect has put the work out for tender. The responses are due back on 31st January.
- LT, the architect and GP's will make the decision on who is retained as the builder. It is vital that building commences by the 31st March in order to keep everything running smoothly.
- DS asked, with reference to the collapse of Carillian, whether whoever does the building work has a sound business. LT has asked the architect for assurances and insurance policies can be taken out to minimise any issues, but there is no guarantee.
- AP suggested that a month before the work is due to commence, there should be an open meeting to establish what is happening when and arrangements for patients during the works.
- It was decided that the February meeting would be in the evening and open to all.
- LT outlined the extension plans to new members who were unfamiliar with them.

New Practice Nurse:

	<ul style="list-style-type: none"> • LT advised that a new practice nurse, Nicky, would be starting on 26th February. She is a specialist in childhood immunisations and reaching out to those who may otherwise be missed. • A nurse practitioner and another nurse are also being sought to join the team very soon so they are up to speed by the time the extension is completed. • RM asked if there were any GP's who specialised in diabetes and whether it is possible to book an appointment directly with them rather than her named GP. Both Dr Akhter and Dr Shakur are specialists in diabetes and it is possible to ask for them when making an appointment. • LT confirmed that all the nurses specialised in different areas: DI – COPD, Family Planning & Female Health Fernie – Diabetics Emma – Asthma Pharmacists also have specialist interest in Diabetes, Women's health, Cardiovascular and Respiratory illnesses. 	
5	<p>PPG Issues</p> <ul style="list-style-type: none"> • AP confirmed that the Christmas raffle was a huge success and well worth doing. • AP asked for suggestions for guests at future meetings and DS suggested Steve McManus, new chief executive at the Royal Berkshire Hospital. The RBH has gone from 'Requires Improvement' to 'Outstanding'. • DS went to a Cancer Meeting at Madjeski and national statistics suggest that a patient has to visit their GP 4-5 times before being referred to hospital. Maybe there should be more awareness and a cancer focus at meetings? Dr Batista was asked for a response and he said that in primary care lots of symptoms are vague and they have to use the two week criteria. There are training sessions locally re different CCG's and consultants visiting to share information in daily meetings. GP's can also liaise with consultants prior to referring patients formally. If a misdiagnosis is suspected, the GP's look through as a team and analyse the medical decisions to see if anything was missed. There are currently campaigns for Bowel Cancer screening, Breast Cancer screening and smear tests widely available. However, there are always non-responders and there is someone chasing these and trying to increase the uptake of tests. There are cultural issues involved too. A new test called a Flexible Sigmoidoscopy in addition to the stool test is soon being introduced. This should pick up any bowel cancers that have 	

	<p>been missed due to a high false-negative rate.</p> <ul style="list-style-type: none"> • Andy, the new practice Paramedic, was introduced to the group. He has been seeing patients at home and he has had positive feedback so far. Patients seem to be more comfortable with their homes as background. He uses an unmarked car with blue lights. He spends the mornings with the Practice and with the Ambulance Service in the afternoons. So far patients are happy and interested and he has had no negative feedback yet. 	
<p>6</p>	<p>Patient Voice</p> <ul style="list-style-type: none"> • There has been a Prescribing Audit and Richard asked if there were any questions for the Pharmacist team. He was asked if the system can be synchronised to do one prescription for several medications. He suggested calling the Pharmacist and they can do an interim prescription to allow catch up of other medication. • DS asked about generic drug prescribing – apparently GP’s are supposed to use generic drugs as they are generally cheaper. Some chemist pharmacists are only prepared to give cheaper drugs regardless. DS asked if it was up to the pharmacist or can the GP be specific? Richard explained that branded drugs can sometimes be cheaper. There is a meds management team who decide what drugs to be used. Cancer medication is not prescribed in primary care. • Normally, generic products are very similar to branded. PM stated that he could not get his prescribed insulin, so ended up getting a double dose from the chemist. There should be an option of going to a different pharmacy if they are unable to supply the correct items. • LT asked for a box to pursue issues. • DS stated how good it was to have in-house pharmacists who have a good relationship with local pharmacies. • Workshop: LT has had an email from Patient & Public Involvement in Healthcare. LT offered to send this to members of the group if interested. Some members expressed interest. • AP asked how the practice had coped with the flu epidemic. LT responded by saying that the surgery had been very busy with five staff members down. The RBH coped very well due to prior planning. • However, there have been no emergency admissions from the practice to hospital despite the poor uptake of vaccines. For those invited for the flu jab, the patient is contacted up to three times if there is no response. • DS asked if at the August meeting we could help get better uptake by promoting the flu vaccine. LT asked for ideas. She also said that there is a walk-in clinic for the flu jab – patients do not need a prior appointment. GP’s can give them a card to use right after their appointment. 	<p>LT</p> <p>ALL</p>

	<ul style="list-style-type: none"> • AP asked for all members to read the Reception Questionnaire for discussion in the next meeting. 	
7	<p>Any other business</p> <p>Car Park:</p> <ul style="list-style-type: none"> • AG had asked about the dip at the entrance to the car park and whether a temporary fix could be made as this was a health and safety issue. The surgery has risk assessed the area as it is an ongoing problem; the cars shift the gravel when driving in. It would cost about £2000 to fix and with the building works due to start soon, there will be a crane in that car park so it would not be cost effective prior to completion of the works. <p>Patient Registrations:</p> <ul style="list-style-type: none"> • AG requested that there be a set time for new patients to come in and register but LT explained that it was not possible to tell people when to come in. With the proposed limited space with the building works the practice needs to be able to accommodate patients. After the extension, it will be more organised. With lots to do at registration, LT stated that the prescription box was being moved and clipboards were now available at reception, so patients can complete the registration documents in the seating area. There is also a patient room for privacy if needed. <p>AOB:</p> <ul style="list-style-type: none"> • KT asked if a slide could be introduced on the screen for the number of people who did not attend appointments, or to have this on the ticker tape board. • It was suggested that arrows for the location of different GP rooms could be introduced for the benefit of new patients. LT explained that once the extension had been completed there would be new signage throughout, including colour coding and braille. 	
8	<ul style="list-style-type: none"> • AP thanked everyone for attending and closed the meeting. <p style="text-align: center;">Date of next meeting: Wednesday 28th February @ 7pm (Open Meeting)</p>	