

ACTION POINTS FROM CEDARS PATIENT PARTICIPATION GROUP

TUESDAY 11TH JUNE 2013

6.00P.M.

Attendance at the Meeting: (JE) (Chair), Debbie Revell (DR), Sharon Bentley (SB), John Swales (JS), (JS), Diana Byatt (DB), (AS), (RT), (DT), (JF), (MH), (PB), (JG), (JD), (KH), (DS).

Apologies: (HB), (SH), (NS), (JN), (JL).

Serial	Title	Description	Who is responsible	Target Date	Remarks
	Matters Arising from last meeting	<p>JE (Chair) Welcomed everybody to the meeting.</p> <p>From Previous meetings there were 3 pieces he wished to discuss and hoped progress had been made on those:</p> <ol style="list-style-type: none"> 1. Update on Notice Boards in surgery. PB stated that whenever she has looked they are up to date. She suggested it would be a good idea to update with the minutes of the meetings along with Deal Group and SKGG minutes. Was suggested that the minutes be added either side of notice board and anything which needed to stand out could be high lighted with stars etc. 2. Information Folder for Hospital Admittance. SB said the basic folder foundation was there to work on. There were notes on the cover and notes in the folder with titles and what each consists of. The folder currently is in red and black and it was suggested if anybody was good at clip art so as to catch the eye – KH suggested her daughters may be able to do this. JG mentioned discharges from William Harvey and QEQM and was advised that they do their own thing. SB advised that JD had bought some information in and that had been used – a photocopy of what would be given to patients was shown and passed to everybody to view. MH thought it would be a good idea to put on PPG notice board to say that the folder exists. KH said her service – KCC Enablement at Home would like to come in and explain what their service consists of e.g. people looking after person who has been discharged from Hospital. JE said this would make life easier for patients, targets to be put into place which will be sorted by the GP's via Dr and SB. MH asked if this could go on the website DR said there could be a reference on there. 	<p>PB/other members</p> <p>KH</p>	<p>1 month</p> <p>2 months</p>	

		<p>3. JE mentioned that last time there was a discussion about trying to engage with the young with technology knowledge and facebook was suggested. KH said she could do this but it needed to be done and set up here, possibly a Cedars page with a link to update the facebook page – use as an information page only. DR will contact KH to come in to action this.</p> <p>Minutes agreed.</p>	KH/DR/SB	1 month	
		<p>JE advised he had just come from SKCCCG meeting along with Deal liaison group where we sit too. As many of us have been told by Brian Walsh about the group coming on board and services to patient's entrance is here and then fed up as per diagram (copies passed for viewing). Manager and Senior GP sit on clinical side and liaison group feed back from here to try to get commissioning group to donate money so that we can grow. JE asked to go up a group so that he can take things further so GP and medical on one side and JE on other side to group chaired by Darren Cocker – part time GP trying to get SK up and running.</p> <p>For first time will have direct influences on types of clinics/services available which we are unaware of .</p> <p>JG asked who is in Clinical Cabinet and was advised by JE GP's and D Cocker Chairman of the Board, DB said also the nurses elected in from their numbers. It is about communication with PPG and with staff of practice to action what we would like to see and drive the practice forward. Groups to work with help of a professional, one group which has a Chairman from PPG not from Practice Manager.</p> <p>This has only been up and running since April and shadowed the previous authority detailing skills profiles e.g. what each GP may bring to the table which could bring surgery and hospitals closer. Also look at the skills profile around the table, fill in a proforma which you can obtain from SB and drop into the surgery. We should look at our skills as well as the GP's. MH asked about specialities of GP's and whether that would encourage people to go to clinic or GP surgery. JS said there was a system called GPwSI (GP with special interests) where a GP with a specialist interest e.g. Dr Sharvill – cardiology, Dr Rutherford – dermatology are listed. The CCG are keen to provide a service that responds to local need.</p>			

		<p>MH commented that if all patients were referred to GP then this would take away from their surgery time to which JS replied that the surgery could allow GP's to follow this and get a locum GP in to cover the surgery. JE said it was not the intention to take GP away but to have GP's follow their expertise locally and GP's should keep their skills up to date. JS said GPwSI was cost effective and had recognised high results. JE said this should be built on and enhanced but would need more money to move this closer. JG endorsed what was said but said people choose a surgery for a reason and may be unhappy if referred elsewhere to which JE replied it is patient choice but people do prefer local services.</p>			
		<p>Action Planning</p> <p>JE advised that this needs to be pushed out and that an action plan should be set in motion. Everyone needs to give ideas on action to move things forward. The minutes will change and consist of description, will have who said what and target dates (format shown) to show action plan is moving forward, this is PPG actions not surgery actions, JE will put in a skills profile section. This is for what the PPG want to achieve and with new buying power we have an opportunity to move things forward.</p> <p>DR advised that facebook could show the services provided in the surgery and SB also said this could be displayed on notice Board. MH asked if surgery booklet lists all services available and DR said this does need updating with lists and clinics etc, a subgroup could advise on what to change etc.</p> <p>JE – flu clinics are supported every year – 2/3 people could do this.</p> <p>MH – list GP specialism – DR agreed. JS advised most female patients see female doctors anyway but will see males too. SB advised patients do ask when ringing in sometimes for what they need.</p>	Group members	2 months	
4.		<p>Newsletters</p> <p>DR said these are now in larger print in the waiting room</p>			
5.		<p>DR also mentioned that JS was retiring officially on 1st July 2013 and there would be 2 new partners starting in August Dr S de Giorgio would be part time and Dr A Blease would be full time.</p>			
6.					

		<p>Telephones</p> <p>A new telephone system is being installed on 20th June 2013 which will have the facility to record telephone conversations which will safeguard staff and patients. The telephone number will remain the same. This will not be automated.</p>			
7.		<p>DNA's</p> <p>The number of 'did not attends' has come down since the text service became available.</p>			
8.		<p>Ultrasound Scans</p> <p>These will now be available at the surgery every fortnight on a Tuesday morning which will cover all but antenatal scans and will be run by an outside provider at a fixed fee which is cheaper than the hospital and results will be available within days. SB advised 6 people had had scans at the surgery today.</p>			
9.		<p>Out of hours – 111 Service</p> <p>JF asked how response times were in this area. KH had said she had rung 6 times and there was a long delay but the result was quick. JE – system was improving. MH said they had read an article where surgeries around the country had opted out – did we have a choice? JS advised no individual choice as a practice. KH also advise when ringing from a mobile need to put a 9 in front – SB said she would put this information on notice board.</p> <p>Self Help Groups</p> <p>JE would like to target young carers as these people are felt to be withdrawn and do not necessarily tell anyone they are carers. It was felt that they do not generally get much help from school etc so how do we reach these people? SB suggested contacting schools to put signs on notice boards and facebook was also suggested. JE suggested an action group to be set up here. As advised of carers group which was 80 High Street and sends out a yearly magazine – query over address used to be Victoria Rd but now Middle Street? This information would be checked and also put on surgery notice board. JE asked if anybody would be interested in doing a poster? DR suggested advertising on notice board for volunteers.</p> <p>Deputy Chairman</p> <p>JE said a Deputy Chairman is required to work alongside himself. If nobody volunteers then the group could halt. JG asked JE to outline what he does. JE advised that he is involved in</p>	<p>SB</p> <p>Group members</p>	<p>1 week</p> <p>1 month</p>	

		PPG feeding through to locality group and as of today Health reference group and if he cannot attend a meeting then there is no-one to step in for him. A deputy could listen and go through agenda and minutes at a locality meeting which are held on Thursdays 10-12. KH would be interested but for her work commitments. JE emphasised the need for this to happen. Anyone interested to contact JE on mobile number 07778067749 or e-mail him.	Group members	1 month	
10	AOB	<p>AS – on July 3rd at the Astor Theatre a talk regarding Arthritis – posters will be put up.</p> <p>RT – would like to mention PSA – JSS advised we have a patient who is very involved in this and he could be contacted re : holding a talk if required.</p> <p>MH – any other male issues? DR/SB commented re : testicular cancer. RT – early diagnosis the cure and these things should be brought to the fore.</p> <p>JE concluded there was a lot of things to do.</p> <p>SB handed out CPPG handouts.</p> <p>JE Thanked everybody for their attendance.</p> <p>CLOSE</p>			