***The Tickhill & Colliery Medical Practice***

[www.thetickhillsurgery.co.uk](http://www.thetickhillsurgery.co.uk/)

www.thecollierysurgery.co.uk

Notes of the Meeting

Of the

 Patients Participation Group

**Held on Wednesday September 26th 2012**

**At The Tickhill Surgery**

**Present**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mrs N Carr | Tickhill |  | **Apologies:** Dr Ian Saunders  | GP Principal |
| Mr S Johnson | Tickhill  |  | Dr Tim Sheehan  | GP Principal |
| Mrs M Sheriden | Tickhill  |  | Dr Kadambini Kumari | GP Principal |
| Mrs E Hobson | Tickhill |  | Dr Manju Pande | GP Principal |
| Mrs P Scarrow | Tickhill |  | Graham Daniel | Practice Manager |
| Mrs J Wilkinson | Tickhill |  | Mrs A Hill | Tickhill |
| Mrs J Hart | Tickhill  |  |  |  |
| Ms C M Barnes | Tickhill  |  |  |  |
| Ms H Burke | Tickhill  |  |  |  |
| Mr D Robinson | Colliery |  |  |  |
|  |  |  |  |  |
| Dr David Fearns | Senior GP Partner |  |  |  |
| Mrs Julie Dodd | Ass Pract Manager |  |  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Comments** |
| **1.****3.** | The meeting was opened with David Robinson, the Chairman, welcoming everyone and thanking them for attending.As the Guest Speaker had not arrived item 3 (Minutes of the last Meeting) was brought forward.Minutes of the meeting held on August 15th 2012Jan explained that she had passed on the fact that The Committee did not wish to accept the resignations of Mr and Mrs Elliott and had spoken to Bill, Thelma and Mary following the last meeting, on more than one occasion, to express the feelings of the committee. She had left the situation open, asking Bill and Thelma to come to the next meeting and had passed on nomination papers for re-election. The committee reluctantly agreed to accept the resignations but asked that letters be sent thanking Mr and Mrs Elliott for their attendance, support and work for the group. A vote of thanks to both of them was passed unanimously.There being no further matters arising the minutes were unanimously accepted as a true record. Proposed M Sheridan Seconded S Johnson |
| **2.****Action****Julie****Action Pat****Action** **Members as listed****Action members as listed****Action Practice****Action Chair****3a****Action Jan****For Agenda****Action Practice****4****Action Jan****4.****Action Graham and Jan****Action Practice****5.** | **Curtis Henry Equalities and Patient Experience Manager NHS Doncaster**Curtis began by explaining that he would be engaging with all PPG’s across Doncaster and was aware that at this stage there was a wide variation between PPGs.. He felt that this particular PPG was involved with a good level of participation and engagement.He stated that the PPG and The Practice can not offer a wish list especially as so much is unachievable and there must be realistic expectations of what can be done.In general he felt our PPG had addressed the day to day issues and should now consider becoming involved in the New Structure of The NHS in Doncaster.He briefly explained that The PTC who had been commissioners and worked with Doncaster and Bassetlaw Hospitals (DBH) and Rotherham Doncaster and South Humber (RDASH) was being replaced in terms of commissioning care by Local GPs who are more informed as to the needs of their patients,From 2013 there will be Clinical Commissioning Group made up from local GPs They aim for better value for money, more efficiency and have less funding.The Patient is at the heart of the system feeding in information and the PPG can be part of this.Curtis is developing a structure to mirror that of the GPs with representatives from each PPG attending area groups and then members from each area attending Doncaster meetings and passing information to the CCG. This plan has yet to be endorsed by the CCG and other providers.In order to pass on information from our PPG we need to involve other people in our community and get information out to them. We have already started to do this by:-* Articles in The Today magazines for Tickhill Wadworth and Harworth
* The Practice Newsletter
* The Website
* Leaflets
* Posters up around the Villages
* Our noticeboards in the Waiting areas
* Questionnaires

We had hoped to do more via Tickhill Gala with our stall, banner made by Margaret, handouts and volunteers talking to people and giving out information leaflets re Health Issues.It was agreed that we would do this at next year’s gala and in the mean time we could expand on this by:-* ensuring the website address was on our list of opening hours and other notices, information sheets as they are renewed.
* Highlighting our notice board with a Banner Header to draw attention.
* Simplifying our hand-out to a flyer so that both were available.
* Considering the use of one off questions and tokens for yes/no in reception areas. Or by visiting groups such as Mother and Toddler (with permission) and asking simple one off questions.
* Handing out flyers to target groups such as parents at playgroups, mother and toddler groups, and patients at the flu clinics. Members volunteered for this as follows.

Methodist Mother and Toddler Group when flyers are available - Helen Flu Clinic Tickhill Sat Oct 13th (9.00 – 11-30) - Stan Helen Pat and MargaretFlu clinic Colliery Friday Oct 12th (9.00-11.30) – JanVolunteers needed for the Flu clinic on Friday Oct 5th 2012 at the Colliery Practice.Curtis explained we were looking at patient experience from an holistic viewpoint of access, experience of the appointment and referral if requiredNorma asked about the Patient Satisfaction Survey currently being carried out in each surgery. It was explained that the questionnaire asked about the patients’ satisfaction with their experience at their appointment that day. This is why it could only be done in the surgery by those people with an appointment.Norma had noted on her last visit that patients logging themselves in on the board in the porch were not being asked to complete a form. Dr Fearns and Julie said they would check on this.Patients have the right to opt out of completing a form.Membership of NAPP (National Association of Patient Participation Groups) was discussed and it was agreed that joining could help us access materials and give us support.Curtis then suggested that as a PPG we needed to understand the demographics of our group and become aware of the percentage of patients not only in each age range but within each treatment / illness group.Emily pointed out that people tend to focus on Illness not on healthDoncaster CCG has agreed the following key local challenges:-1. Alcohol related harm
2. Reduction of cancer mortality rate
3. Improving Children’s Services
4. Continuing Healthcare and Personalisation
5. Transformation of Community Rehabilitation Services

The practice has the data on each of these groups and that will help us as a PPG focus on engaging with one group at a time..Curtis closed by informing us that we could draw on his support if we needed to do so when and if the system was in place for feeding into the CCG. The proposed structure if endorsed by the CCG as well as by the practice will have the Lead person for Equalities having the overview for PPG input.David thanked Curtis for his time and input and for engaging us in an interesting and informative session. The committee as a whole endorsed these thanks.**Input from The Practice**Dr Fearns asked if there should be a mechanism for the PPG to take complaints and suggestions and if we as agroup could encourage patients who wished to complain to give their contact details. There was brief discussion and it was agreed to put this item on the first agenda after the AGM.David also informed us that the Practice has to be registered with the CQC who will aim to inspect practices every two years and will give notice unless responding to a specific concern. They will talk to staff and patients and to monitor compliance may collect data from patients .The CQC has the power, under The Health and Social Care Act, to access Documents and information including patient records **BUT** their code of practice states that it will only obtain personal confidential information when it is necessary to do so. Accessing such data could be necessary to protect and promote the health safety and welfare of clients. However they will try to involve people in decisions to access their information, giving where possible and practical information as to how, why and when they use information. In many cases the information will be used in an anonymous way eg questionnaires with patient details anonymous or removed.It was suggested that the website and the patient information booklet be altered to include information about data sharing with The CQC.**AGM update**The venue of The Methodist Church School Room was booked by Bill. Jan has now booked the Kitchen from 6pm for tea and coffee. David and Norma have volunteered to provide Tea, Coffee, Milk Sugar and Biscuits.The Committee thanked everyone for their part and Stan and Helen said they would arrive at 6 to help with refreshments.The chair reported that he has approached an auditor who looked at the accounts and has declared them to be in good order.Advertising posters have been put up in Tickhill, Harworth and Wadworth as well as in both surgeries and on the website.A mini survey of our work so far this year has been done and the results will be presented at the AGM.We had received 12 nominations for committee but Margaret has decided to resign and give her time to the Alzheimer’s Society, as this is a more hands on roll, so we now have only 11 nominations. As we have 15 places on the committee there will be no need for formal voting. People can be co-opted on to the committee to bring us up to quota. We will ask at the AGM.**Any other Business****SGM**After discussion about the Constitution and the fact that there was not time to put any changes to the AGM it was agreed to call for a SGM on Wed 31st October to discuss changes to clauses 7 and 12 of the constitution.A request was drawn up and duly signed by 9 members of the committee.There are now only 12 members of the committee.Two thirds are required to sign for an SGM and 9 signatures were submitted.The SGM will therefore be held on that date.The practice will advertise this on the website and in each surgery. Jan will produce a simple notice and Email it in**Healthy Doncaster**Julie showed us a magazine ‘Healthy Doncaster’ which had been produced as a consultation document by NHS Doncaster Clinical Commissioning Group.This sets out 4 broad aims within the Health and Wellbeing strategy for Doncaster. These are:-* Everyone takes a greater responsibility for their family’s health and wellbeing.
* Everyone has the best start in life
* Everyone treated fairly and has the opportunity to fulfil their potential and be part of Doncaster’s success
* Adding years to life and life to years

These consultation magazines have been available in both waiting areas and have invited feedback. The closing date has now passed but the issues around this will form part of the PPG agenda on Oct 31st 2012 at Tickhill.If any committee member would like to see a copy please contact Jan Hart.**SMS Messaging**Julie updated us on this proposed system of reminding people about appointments. The practice has investigated and is now aware of the protocol around this system. They will need to have a formal policy and procedure around the system and gain permission from patients to text them. The process is starting but will take time before the launch date can be set.**Date of the next meeting**sAGM Wednesday Oct 3rd 2012 TickhillSGM Wednesday Oct 31st 2012 TickhillCommitteeMeetingCommittee Wednesday Dec 12th 2012 CollieryMeetingMeeting closed at 8 10 pmThank you for attending.  |
|  |  |
|  |  |
|  |  |