

**HORSEFAIR SURGERY  
PATIENT PARTICIPATION GROUP MEETING  
MONDAY 15<sup>th</sup> APRIL 2013 7.00 PM**

Present: Donald Mobbs, Karen Russell, Marie Buzzard, Anthony Newman, Kelly Cornish, Ken Hawtin, Eric Woodhouse (Chair), Dr. Tim Cherry, Andrew McHugh, Practice Medical Director and Karen Ford, Deputy Practice Manager. Maggie Dent, Equality & Access Manager, North & West Locality, Oxfordshire Clinical Commissioning Group.

Apologies: Mark Rhys Thomas

Action

<b>WELCOME</b>	
AM opened the meeting by welcoming Maggie Dent, Equality & Access Manager, North & West Locality, Oxfordshire Clinical Commissioning Group to the meeting. Oxfordshire Clinical Commission Group (OCCG) is now the legal body which has taken over from the Primary Care Trust (PCT). Maggie explained her role and plans to make acquaintance with various GP Practice Patient Participation Groups to aid the development of the North Locality Forum. An ‘engagement’ event is planned for the future (date to be advised) with the aim of involving people in a wider representation across the locality into this new forum. Maggie would be delighted to hear from anybody who would like to be involved. Her contact details are Maggie Dent, Equality & Access Manager, North & West Locality, Oxfordshire Clinical Commissioning Group, Jubilee House, 5510 John Smith Drive, Oxford Business Park, Oxford. OX4 2LH Tel: 01865 336874 Mobile: 07771 576486 Email: <a href="mailto:Maggie.dent@oxfordshireccg.nhs.uk">Maggie.dent@oxfordshireccg.nhs.uk</a> Web: <a href="http://www.oxfordshireccg.nhs.uk">www.oxfordshireccg.nhs.uk</a>	
<b>MINUTES OF LAST MEETING</b>	
Were agreed as correct.	
<b>MATTERS ARISING</b>	
There were no matters arising.	
<b>AGENDA</b>	
<b>Networking Event 28<sup>th</sup> November 2012</b>	
EW reported back on his attendance at this event. This was attended by representatives from fourteen other PPG’s from across the county. Discussions had centred round how the different groups work and how they set up. EW felt that it had been an interesting experience but he did not feel that he had learnt anything new. He was impressed that notes regarding this meeting had been supplied promptly.	
AM informed the group that a PPG page had now been set up on the Horsefair Surgery website. He invited members to use this – please let him know if you would like to put anything on this page.	
Our Patient Satisfaction Survey had been very good. The only real negative points had concerned the perennial problem of parking. The Police are now randomly enforcing parking regulations on New Road. The Highways Agency do have plans to resurface New Road and the yellow lines will be enforced. AM reported that he has brought to the attention of the Highways Agency the risk of an accident on the corner where patients need to cross the road to get from the car park into the building.	
<b>Update on progress of ‘Hospital at Home’</b>	
AM reinforced what a good service Hospital at Home is. Horsefair GP’s use this service significantly. From 80 referrals to Hospital at Home, 56 had avoided acute	

admission to hospital. This service offers good outcomes for patients and is cost effective. The service is usually accessed when a GP visits a patient at home and determines that rather than admit the patient to hospital, a referral to Hospital at Home would be beneficial. Hospital at Home usually respond within 2 to 3 hours.

AM also updated the group on other areas where savings can be made and benefits to patients are sought to be all embracing:

Physiotherapy – there is currently an 18 week wait for physiotherapy. There is now a ‘self-help physiotherapy’ section on the Horsefair website. Patients can access this directly or GPs can signpost patients to this. (For those with no internet access leaflets can be printed off). A patient presenting with an anterior cruciate ligament problem can now have access on the same day to self help solutions rather than wait 18 weeks for a physiotherapy appointment.

ACE – Appropriate Care for Everybody – this is a pooled budget where Oxfordshire Clinical Commissioning Group and Oxfordshire County Council are working together. Historically there has been a problem for Horsefair patients in Northamptonshire being able to access Oxfordshire County Council Social Services. AM has been pushing for a solution to this as we have 2000 plus patients registered. All patients in Northamptonshire registered with an Oxfordshire Clinical Commissioning Group practice should have access to the same services.

#### **The Provision of Interpreters for Deaf Patients**

This was raised by KC who had recently been made aware of problems encountered by a deaf lady who was using her 12 year old daughter as an interpreter. All agreed that this was not satisfactory. AM explained that there is service that provides interpreters that the surgery uses. This is available 24 hours a day 7 days a week. They can provide interpreters for deaf people and we are currently looking into having Skype links with this service. Maggie Dent reported that there is now an OCCG contact for this and will send details.

#### **The Effect of Suspension of Emergency Abdominal Surgery at The Horton**

TC stated that this has had a big effect on Banbury patients.

- All emergency abdominal surgical problems now have to go directly to Oxford.
- If ambulance transport is required and the patient is not admitted then the ambulance service will not bring the patients back to Banbury.
- Booked surgical procedures are still being carried out, however this is limited as there are only 3 surgeons based at the Horton.
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It was recognised that there is a heavy political involvement in this area and that Banbury has always been the ‘poor relation’. Whilst it is outside the direct control of Horsefair Surgery AM explained that certain steps have been taken:

- Stephen Richards, Chief Executive, Oxfordshire Clinical Commissioning Group, has written to Sir Jonathan Michael, Chairman, Oxford University Hospital Trust, saying he wants to see the future of the Horton guaranteed.
- Attempts are being made to ensure that South Central Ambulance Service recognise that if a journey starts in Banbury to Oxford then the patient should be brought back to Banbury.

Dr. Cherry commented that he was not happy with the way the decision had been taken but was satisfied that the change had improved patient safety. There was further conversation regarding what is delivered at the Horton has to move with the times. Where a service is limited it is inevitable that the majority of work will be

<p>transferred to the larger unit. There was also a discussion regarding Ramsay Health contracting to the Oxfordshire Clinical Commissioning Group.</p>	
<p><b>Involvement of Horsefair Surgery with Principal Medical Services –</b> AM explained that this item had been raised following an article in the National Press suggesting that GPs were making excessive profits from private companies. Horsefair Surgery is involved with Principal Medical which is a private company set up by a group of local GPs in 2004 when the Out of Hours provision was moved outside the General Medical contract. Principal Medical Services had tendered for and won contracts for the Out of Hours Provision, Hospital at Home and Case Management Services. It provides an excellent service and no dividend has been received from the shares. The money to run the OOH service comes from a charge to the SP surgery income.</p> <p>AM felt that we should be worried about large private companies such as Virgin Healthcare and United Health Care for Europe becoming involved in General Practice.</p>	
<p><b>AOB</b></p>	
<p><b>Measles Epidemic</b> There was concern regarding this epidemic. TC stated that the epidemic was centred in South Wales and that the vaccination rate in this area is very good. He hoped that we would not be affected by this.</p>	
<p><b>Electronic Prescribing</b> We will be moving to this in due course, however we want to ensure that we have a robust network. Recently there was an NHS broadband failure that affected 22 practices.</p>	
<p><b>Podiatry Service</b> KH expressed concern with regard to the facilities from which the Podiatry Service operates. He felt it was an excellent service but was not operating from safe premises. AM explained that the service has actively been looking for alternative premises to operate from. Currently they are also running clinics at West Bar Surgery. The Podiatry Service is provided by Oxford Health.</p>	
<p><b>Out of Hours Provision</b> KH expressed concern that the Out of Hours service is chaotic and there are problems with Drivers and Receptionists. TC was surprised at this as he has worked many shifts at OOH and has not come across this. He said that there are times particularly at weekends when it can get very busy, but not chaotic. He was not aware of any problems with Drivers and Receptionists. It was felt that this was outside the remit of the Horsefair Surgery PPG and it was suggested that KH should take this to Mr Akhbar Hussain, Patient Services at Oxfordshire Clinical Commissioning Group (formerly PALS). 0800 052 6088 Freephone.</p>	
<p><b>Pathways</b> KH enquired as to the pathway from Patient Participation Group to Surgery to Oxfordshire Clinical Commissioning Group. AM explained that the Oxfordshire Clinical Commissioning Group consists of 6 localities. We are part of the North Oxfordshire Locality Group who meet every 4 weeks. Horsefair has 2 representatives on this group Andrew McHugh and Dr. Hugh Gillies. The line of communication is that Horsefair take issues to the NOLG who then take to the OCCG board. AM has raised issues previously. AM stated that would raise issues at board level if he felt they were real issues. He stated that he would not raise KH's concerns about increasing staffing at OOH as he disagreed with KH.</p> <p>Maggie Dent stressed to the group that overall the PPG is here because it is your practice. There is a chance to get involved in wider representation across the</p>	

<p>locality with the planned new Forum. However this is not necessarily about linking PPGs. It may be that individuals will get involved or some PPG's may prefer to elect a representative.</p> <p>The important factor is that all patients of this practice should be represented.</p>	
<p><b>Requests for Copy Medical Records</b></p> <p>There was a query regarding the policy for access to medical records. Patients are able to view their medical records. An appointment is required. If copies are requested there is normally a charge for this.</p>	
<p><b>Friends of The Horton Hospital</b></p> <p>There was a request that the surgery held copies of leaflets for distribution.</p>	
<p><b>Date of Next Meeting:</b></p> <p>14<sup>th</sup> October 2013</p>	