

**HORSEFAIR SURGERY
PATIENT PARTICIPATION GROUP MEETING
MONDAY 14th OCTOBER 2013 7.00 PM**

Present: Donald Mobbs, Marie Buzzard, Anthony Newman, Ken Hawtin, Eric Woodhouse (Chair), Mark Rhys Thomas, Annie Phillips, Elaine Cantwell, Dr. Tim Cherry, Andrew McHugh, Practice Medical Director and Karen Ford, Deputy Practice Manager.

	Action
MINUTES OF LAST MEETING Were agreed as correct.	
MATTERS ARISING EW reported that following the last meeting Karen Russell had resigned from the PPG. KR had felt that the meeting had got a little boisterous with regard to matters not directly pertaining to Horsefair Surgery and had decided that this was not for her. Both EW and AM had attempted to persuade KR to change her mind to no avail. EW had discussed this matter with the relevant members and had requested that future meetings kept to matters directly relating to Horsefair Surgery.	
AGENDA	
<p>1. Can Horsefair Surgery have permission to give The Care Quality Commission contact details of PPG members? EW explained that the CQC now inspect GP surgeries – there is a booklet that outlines details around this. When a surgery is inspected CQC Officers like to speak to members of the PPG specifically with regard to the surgery. EW as Chairman is happy for his details to be given – other members present also did not object to their names and contact details being given.</p>	MT and EC were not present at this discussion
<p>2. Dr. Cordner Leaving - AM reported that Dr. Cordner will be leaving the surgery on 3/1/14. He will be returning to the Navy where he will be taking up an Occupational Health Post dealing specifically with diving.</p> <p>AM also informed the group that Dr. Koralage will be going on maternity leave in December 2013.</p> <p>There was a discussion around the current difficulties in recruiting GPs. Young doctors do not want to commit to general practice. This is a nationwide problem and will ultimately mean that the current system of family doctors will come to an end. GP practices are undergoing many changes and it is feared that eventually various consortiums will take over for specific areas of patient care. Many questions were raised as to how the Government will deliver the individual General Practitioner care for elderly patients that they are currently promising – nobody had any answers to this! TC read out a letter that he had received from Mr. Hunt, Health Secretary, which it was felt did also not answer these questions!</p> <p>AM explained that Horsefair Surgery had:</p> <ul style="list-style-type: none"> • Recruited Dr. Michelle Fletcher to join us 3 days a week as a salaried GP starting mid November 2013. • Recruited Dr. Sarah Onions to join us 1 day a week as a salaried GP starting shortly. Dr. Onions currently has other commitments in the palliative care speciality. • Recruited Dr. Jeremy Menage to join us 3 days a week as a Locum GP starting in January for 6 months. 	

<ul style="list-style-type: none"> • Recruited Dr. Elena Galt to join us 3 days a week as a Locum GP starting towards the end of the year for 9 months. Dr. Galt currently has other commitments in the field of Psychiatry. • Dr. Liz Dawson, Partner will be taking over the running of the Diabetic Clinic. 	
<p>3. Repeat Prescribing moving to Gold Standard Framework – AM told the group that Horsefair Surgery had feared that it would not be able to satisfy the Care Quality Commission with regard to its’ repeat prescribing system. To address this issue the surgery had commissioned a report from Sue English, Pharmaceutical Advisor. Sue had spent some time observing our system and then made recommendations within her report for good practice:</p> <ul style="list-style-type: none"> ➤ To employ a Pharmacy Technician to assist with streamlining the system ➤ To aim towards not accepting repeat prescription requests over the telephone (Horsefair Surgery is one of only two practices out of eighty three in Oxfordshire that accept these requests over the telephone). <p>The Surgery felt that this was good advice and intend to implement both of these recommendations.</p> <ul style="list-style-type: none"> ▪ Mary Palmer has recently joined the surgery as Pharmacy Technician. ▪ The Surgery intends not to accept repeat prescription requests over the telephone from 1st April 2014. Alternative methods of requesting repeat prescriptions will be via the internet, via the postal system, by handing in the completed right hand side of prescriptions which now prints out all items on repeat, or via the patient’s chemist repeat prescription management system. <p>It is recognised that this will not be popular with all patients and AM invited the group to raise their fears and submit suggestions to assist with this aim:</p> <ul style="list-style-type: none"> ✓ Concern was expressed for the elderly population with no internet access. ✓ Concern was expressed on how patients would be informed about this process ✓ Concern was also expressed by the Surgery that whilst this would initially be unpopular with some patients – patient safety had to come first and the current system has too many inherent risks. ✓ It was suggested that a message be put on the telephone system informing patients on the intended change ✓ It was suggested that a patient information leaflet could be produced to give out with all repeat prescriptions for a period of time before the intended change. This was felt to be an excellent suggestion and AM will draft a leaflet and circulate to the PPG members for their perusal. 	<p>AM Draft Leaflet for circulation</p>
<p>4. NOLG Public Meeting/Maggie Dent 22/10/13 – EW explained that following on from the last meeting of the PPG in April 2013 when Maggie Dent, Equality & Access Manager, North and West Locality, Oxfordshire Clinical Commissioning Group had attended and invited members of the PPG to engage in the development of a new locality Forum, he had attended a Workshop in July. There is now a further public meeting on 22/10/13 between 14.00 – 16.00 at South Bar House, Education Suite.</p>	

<p>5. Information Screen in Waiting Room – DM felt that the information screen in the small waiting room was too small. AM will look into the cost of a larger screen.</p>	AM
<p>6. Cameron Promises more GP Hours – Financial Implications – There was much discussion around this item. AM explained that funding was available for 100 practices across the country to pilot this scheme. It was felt however, that this was a ‘vote recruiting scheme’ for the next General Election and that in reality significantly more GP input would be required to run this service. It was also felt that the Out of Hours service is available evenings and at weekends for patients that require treatment.</p>	
<p>7. Flu Vaccination Clinics/Stock Availability/Uptake – The first Flu Clinic took place on Saturday 12th October and was very successful with a good uptake. Another clinic is booked for Saturday 26th October. There is no problem with the vaccine supply this year. We are actively attempting to improve our coverage this year to ensure that all at risk patients have access to flu vaccination. All nursing home patients are vaccinated for flu and pneumonia. It was acknowledged that patients have a right to refuse vaccination. It was also acknowledged that very rarely there can be complications after vaccination such as a swollen arm. The Department of Health is running a shingles vaccination programme this year for 70 year olds and 79 year olds – however there is currently a vaccine shortage and we have only 5 vaccinations!</p>	
<p>8. Newbury PPG – Could we learn anything from them? Newbury Street Practice Patient Group have produced a newsletter and it was debated as to whether or not Horsefair could produce one. It was felt that there was some value in this – MT felt that mental health could be an item that could be publicised as he feels that currently there is little in the way of help for people with mental health problems. If Horsefair were to produce a PPG newsletter, a lot of the work involved would need to be shared amongst the group as currently surgery staff do not have capacity to take on further responsibilities.</p>	
<p>9. Healthwatch and CCG – KH reported that he had attended a Healthwatch meeting along with EC – they had been the only PPG members present. This seems to be another organisation that is going nowhere fast and is not properly established in Oxfordshire yet. AM reported that Oxfordshire Clinical Commissioning Group had an 11 million pound deficit. This was largely due to overperformance of the Oxford University Hospitals contract. There is no promise that it will be any better next year.</p>	
<p>10. Public Involvement Network (not Patient Identification Number as stated on the Agenda) – KH explained that this was a Health and Wellbeing Board incorporating Social Services, education, housing and the NHS. There is a place on the Board for a patient representative. There is a meeting in Banbury Town Hall on Monday 21 October 2013 at 13.30 – 15.00. KH is on the Board at the request of Social Services.</p>	
<p>AOB EW reported that whilst waiting in the chemist to collect a prescription he encountered two ladies who were full of praise for the surgery. AN reported that whilst on the premises at the Flu Clinic he heard patients commenting on how efficient the Flu Clinic was. KH queried that OCCG had not solved the bed blocking in Oxfordshire – AM explained that this was a multi factorial problem and can come down to who</p>	

<p>the OUH decide is a bed blocker. In addition Oxfordshire has one of the highest levels of self-funders for care homes which limits places. We do however have Hospital Home which is very successful at looking after patients within their own homes thus freeing up hospital beds. AM also reported that OCCG have been looking at putting in place an Emergency Multidisciplinary Unit.</p>	
<p>Date of Next Meeting: To be arranged April/May 2014</p>	