

TADLEY PARTICIPATION GROUP (PPG)

Minutes of a Committee meeting held on Wednesday 15th March 2017 in the Conference Room at Holmwood Health Centre

Present Paul Woodgate, Val Turnbull, Gill Tomlins, Claire Chambers, Alan Chambers, Heidi Williams, Alison Jenner, Dr Hogan and Hazel Metcalfe.

1. **Apologies:** Chris Backwith, John Davis, Kate Wright, Graham Wright.
2. **Minutes** of the meeting held on Wednesday 7th December 2016 were accepted as a true record.
3. **Matters arising**

A representative of CAB met with HW regarding applications for the Disability Allowance but has not contacted the Practice since to follow this up.

PW hadn't heard anything further from Dr Prince (Area Lead) regarding the Sign up to Safety pledges. HW enquired whether a generic set of pledges will be provided by the CCG to avoid all practices spending time on this. Other QA processes, already in place, overlap with the proposed pledges.

AJ explained that Dr Prince will be moving to work nearer home.

Action HW to find out who her replacement Lead will be.
Action PW to investigate Sign up to Safety planning.

AJ explained that Dr Prince's patients have been allocated to the salaried doctors. The Partners' lists are temporarily closed. Dr Prince's patients will be informed by letter who their new doctor will be.

The Partners are considering options for the replacement of Dr Prince

4. **Patient Frailty (see attached document)**
PW explained that this topic is increasingly being considered as it is recognised that many falls are preventable and failure to act leads to pressure on finances in health and social care. Therefore, he thought it useful to begin to look at the issues for our area. He showed a presentation given by Charlotte Hutchins, Clinical Lead for Frailty. Points from the discussion that followed were:
 - The potentially frail are the very group who are unwilling to 'bother' a GP.
 - This group frequently fail to recognise they are frail as they are a generation used to managing without a fuss however age and frailty are not automatically linked. Depression can be an indicator of frailty.
 - HW asked if Dr Hogan looked for signs of depression more routinely now as a GP. The answer was that she looks for depression and dementia. A Frailty Index will be available via EMIS (by next April) at which point this will feature more on the Practice agenda. A Frailty Register will then be kept. The aim is to prevent hospital admissions though AMH pointed out that most admissions are unrelated to frailty.
 - CC said an App is available to predict the likelihood of a fall up to three weeks in advance through measuring and comparing step length, walking speed and sit to stand and vice versa - but that means persuading someone to carry a mobile phone.

- Admissions do lead to a wealth of documentation which HW felt would be more use if it was co-ordinated into one care plan instead of different agencies keeping their own. Patients understandably become irritated at having to repeat information to different agencies.
- It was recognised that talking to the Frail and their families is often a difficult and emotive conversation to have.

5. Patient Survey

Following a brief discussion of the initial findings at the last meeting, AC issued copies of the final summary and explained that the feedback was mostly positive. He had met with VT and HW to discuss and order the comments. (see attached)

PW thanked everyone who had contributed to the production of the survey which he described as an impressive piece of work. He asked the representatives of the Practice if he could share the notes only with other groups he is working with and they gave consent.

6. Summary of Hampshire and Isle of Wight Sustainability and Transformation Plan

PW, HW and Dr Hogan commended CC for this concise document.

7. PPG Newsletter HW will be producing a Practice newsletter in April so it was felt that a suitable time for the next PPG one would be mid-May. AC has agreed to co-ordinate this using the same arrangement as last time with other Committee members making written contributions before the deadline which will be April 30th.

8. Information from the Practice

- CC congratulated the Practice for their efficient cover over Christmas and the New Year, carefully explained to patients in advance, which will have prevented many from heading for the already overcrowded A and E services. Some Practices elsewhere offered a more limited service yet 'our Practice does so much better' so shouldn't apologise for managing resources.
- AC queried whether patients follow the Practice expectations for Triage i.e. that a same day appointment is necessary for medical reasons. Dr Hogan said some don't which means long lists can potentially have people in greater need further down. Patients are asked for some details to establish need, in line with policy at most surgeries but these may need to become more in depth which is why the CCG is organising trainings for Receptionists. Unfortunately, some patients become aggressive when asked for details.
- Dr Adler will record a message advising patients that they will be asked for further details to enable prioritising of need to be undertaken.
- Currently the Practice withholds the telephone number when a patient is called, in common with 50% of practices in the Basingstoke area, for confidentiality reasons. Patients are warned of this by the Receptionist and doctors will ring back a second time if there is no response the first time. Mobile phones are a problem if the patient moves out of range. With the phone system used there is no option to withhold caller ID. After discussion, the Committee felt that the system should remain as it is for the present.

9. **A o B**
PW asked whether the figures for the uptake of electronic repeat dispensing were available and AJ replied that these were not.

10. **Chairman's concluding remarks**
PW asked members to consider items for the AGM and the format of the meeting prior to the next Committee meeting. Despite a willingness to provide an informative AGM one member reminded us that much time and effort was expended on this in 2016 when only three patients turned up. It was decided to ask patients to RSVP to invitations to the AGM to minimize time and cost wasted if few planned to attend.

The meeting closed at 8.12.p.m.

Date of the next meeting: Wednesday 17th May

Attachments:

Frailty Presentation
Summary of patients survey
Summary of HLOW S and T plan

H. Metcalfe
23rd March 2017