**Minutes of the MVPPG Meeting held on Tuesday 24th July 2018**

**Present:**

Tony Cross (Chair)

John Hutchinson (Minutes)

Mick Down (part attendance)

Hazel Hollingsworth

Helen Lane (part attendance)

Mike Simms

Gordon Westell

**In attendance:**

Glyn Jones (GVPPG)

Wendy Jones (GVPPG)

Howard Mills (GVPPG)

Stuart Tilley (Practice Manager)

Dr Richard Butler

**Apologies:**

Cherie Down

David and Anne Humphreys

Sybil Ryalls

Dr Louise Moss

**1/ Chairman’s welcome and apologies**

The Chair welcomed all present and announced apologies received.

**2/ Minutes of the last meeting**

Minutes of the joint PPG meeting held on 12th April 2018 were accepted as a true record.

**3/ Matters Arising**

a/ DNA’s

Data was still being collected at GVMP, with a view to implementing consequent actions at both MV and GV Practices. Hopefully, meaningful discussion could be had at the next meeting.

b/ Practice Charter - TVMP

Glyn Jones & John Hutchinson had met with Dr Handscombe to draft a Patient Charter, outlining the respective rights and obligations of the Practice and its patients. The document was being displayed on notice boards at MV and GV Practices and was to be circulated to all new patients in a welcome pack. Stuart agreed to ensure that it would be uploaded to the Practice website.

c/ Patient Survey results

The survey had been undertaken over five sessions at GV and MV Practices. 165 questionnaires had been completed at GVMP and 200 at MVMP. Tony thanked Helen and John for helping with distribution of questionnaires at MVMP and Stuart thanked Glyn and Wendy for organising the survey. A summary of the results was to be issued with these minutes. Proposed actions to arise from results of the survey, would be tabled for discussion at the next (joint) meeting.

d/ Dementia Information leaflet

Helen Lane circulated slightly updated copies of the leaflet. Stuart agreed to have the document printed in the preferred colour (Helen said that red was understood to be the preferred ‘dementia colour’) and made available to patients. Also, he agreed to arrange for it to be uploaded to the website.

e/ Hay Fever/’Keeping safe in the heat’ leaflet

Helen also circulated copies of the leaflet based on a PPG publication in 2017, which she had produced. Stuart agreed to have copies printed and made available to patients. He agreed also to upload the leaflet to the website.

Helen Lane left the meeting.

f/ Communications strategy

An initial meeting of the communications sub group had been held. Copies of a ‘Draft Discussion Paper’ produced following that meeting were circulated by Mick Down, as a basis for discussion at the next PPG meeting.

g/ Eckington Community Event

It was reported to the meeting that the event was to take place on Friday 14th September 2018, in the Civic Centre. The Chair provided to Stuart, minutes of the last meeting of the organising group, and a flier advertising the event (which Hazel said was being displayed throughout Eckington), plus a blank form requesting transport to the event, with a view to the documents being displayed in the MVMP waiting area, and details being publicised via The Valleys website. Hazel urged that clear directions to the entrance to the Civic Centre be signed, as she considered it to be not obvious. MVPPG decided against having a stand at the event, as it was not the only practice in Eckington, although members attending the event could promote MVPPG as and when the opportunity arose.

Mick Down left the meeting.

h/ NAPP Conference - feedback

Glyn and Howard had attended the Conference on behalf of the PPGs. They summarised the main matters discussed at the Conference workshops, as follows:

Howard:-

* **PPG engagement**, particularly with younger people, could be best achieved via PPG networks, say, 6th Forms & FE Colleges. It could be especially useful for students pursuing health and social care courses, as it would help them achieve better understanding of how PPGs and CCGs worked and may increase their knowledge of safeguarding issues. The workshop had also considered how PPG membership might be increased via care home residents and black & minority groups.
* **Influencing quality improvement**: The session had been led by CQC inspectors, who had expressed the CQC’s wish to communicate more directly with PPG’s, during routine inspections of practices. They also advised that the inspection methodology was to change, to take more account of PPG views.
* **The Yellow Card Scheme** operated by the Medicines & Healthcare Products Regulatory Agency (MHRA) - a mechanism whereby card-holding patients could report adverse reactions to drugs, to regulators. It was noted that more details could be found at www.yellowcard.mhra.gov.uk
* **‘Lab-tests Online’** – this free, non-commercial website aimed to increase patient understanding of laboratory tests. More details could be found at www.labtestsonline.org.uk

Glyn:-

* **Encouraging PPG’s to work closely together**, in groups, with a view to achieving greater influence of CCG decision making.
* **Unsatisfactory fragmentation** between primary/secondary/social care sectors.
* **Statistics:** It had been reported that c.1 million patients per day, visit GPs, resulting in 1.5 million prescriptions being issued, but only 57% of those were being processed electronically. The cost of each GP visit was £80-£100.

More than 90% of the NHS budget was being spent on hospitals. The cost of a stay in hospital of 1-3 nights, was £800-£3,500, and the cost of an outpatient appointment at hospital, was c.£80. Call-out of a 2-man ambulance would cost c.£500.

**4/ Practice Update**

“The Valleys’ Practice Update – July 2018”, had been circulated with the agenda.  It was noted that, for the first time in a while, both GVMP and MVMP would have their full complements of GP Registrars and F2 Doctors w.e.f. August 2018. As a result of this, there was a need to convert two small side rooms at MVMP, into additional offices/consulting rooms for the Pharmacist and Technician, freeing up their current areas for use as clinicians’ consulting rooms.

Sessions ‘dropped’ by two MVMP GPs had contributed to the Practice’s ability to recruit an additional GP (Dr Tom Martin) for six sessions per week, w.e.f. 17 September 2018.

The combined effects of the above increases in staff could be expected to have a beneficial effect on appointment availability.

**5/ Extended Access**

As from 1st September 2018 and for an initial period of 19 months, The Valleys Medical Practice would offer extended opening hours, to 8pm Monday to Friday and for three hours each Saturday and Sunday morning, to include Bank Holidays. The Valleys would offer appointments in the hours additional to its usual opening times, to its patients and patients of the four other practices in Dronfield and Killamarsh.  Some sessions would be at MVMP and others at GVMP. A document summarising the planned arrangements was to be circulated with the minutes.

**6/ Patients booking multiple appointments**

Glyn reported that he had become aware, when distributing survey questionnaires recently, that at both MVMP and GVMP there had been instances when patients had booked multiple appointments, either online, by telephone, or when visiting. The matter was discussed briefly and it was noted that Practice reception staff and GPs were to be more vigilant in future, in policing the matter, with a view to cancelling unnecessary appointments and discouraging the practice.

**7/ Any other business**

a/ **Complaints -** Hazel asked how written complaintsto the Practice were dealt with. Dr Butler said that all complaints were seen by him, initially. Depending on the nature of a complaint, he may pass it to another clinician concerned, but he would review all responses, before sending. The Practice aimed to acknowledge all complaints within 48 hours of receipt, but the time taken to deal with complaints would vary, according to the complexity of each.

b/ **Results of tests –** The question was asked, whether test results were usually notified to patients? Test results would be routinely communicated to patients, only when the results of tests were judged to affect patient management.

c/ **Minor injuries** – By way of background, Dr Butler reported the basis of the Practice’s funding: it received the national GMS amount per patient p.a., plus additional sums for certain specified services. One of the changes introduced via the current GMS Contract was that funding to general practices for the treatment of minor injuries had been withdrawn, with the result that The Valleys would no longer provide such treatment. (Dr Butler confirmed that the Practice held a list of injuries regarded as minor injuries)

*The meeting expressed serious concern at the development.* For some time, the population had been urged not to visit A&E departments for non-urgent matters, now Primary Care was being encouraged not to treat minor injuries. It was agreed that appropriate action should be taken to register the PPG’s concern. The matter would be considered further at the next (joint) meeting, and the Chair proposed to raise it at the next Network PPG meeting.

d**/ Recruitment of lay members, by NHS England** – The Chair reported that he had been asked to bring to the attention of PPG members, the wish of the Medical Directorate at NHS England (Central & North Midlands) to recruit lay members to sit on decision-making panels on an ad hoc basis. The rate of pay would be £50 per hour. No interest was expressed by those present, but should any member wish to know more about the job description etc., they should contact Tony.

**8/ PPG Network Group (Dronfield/Eckington/Killamarsh)**

The next meeting was to take place on 25th October 2018, 9.30 – 11.30am. The venue was to be confirmed.

**9/ Date of next meeting (Joint meeting of MVPPG and GVPPG)**

Tuesday 23rd October 2018, from 6.30 pm, to be held at MVMP.