

Seisdon District Patient Group

4 February 2016 from 10.30am - 12.30pm
Council Chambers, South Staffordshire Council Offices, Codsall

Present:

Name of attendee	Job title	Initials
Penny Allen	Tamar Medical Centre, Perton	PA
Robert Moseley	Gravel Hill Surgery, Patient Representative	RB
Ruth Morris	Russell House Patient Representative	RM
Iris Fieldhouse	Bilbrook Medical Centre	IF
Lin Hingley	Chair, Moss Grove, Kinver	LH
Jenny Robinson	Moss Grove, Kinver	JR
June Towlson	Featherstone Family Health Centre	JT
Julie Mccarthy	Featherstone Family Health Centre	JM

In Attendance:

Fleur Fernando	Engagement and Partnership Manager, SES&SP CCG	FF
Mark Seaton	Director of Strategic Projects, SES&SP CCG	MS
Sherry Samaan	Administrator, SES&SP CCG	SS

		ACTION
1.	<p>Apologies/Declarations of interest</p> <p>Apologies: Anne Heckles, Janet Aldridge, Helen Elder, Liz Gilson and Sandra Wilks</p> <p>The Committee were asked to declare any conflicts of interest that may arise as a result of items on the agenda, none were declared.</p> <p>The meeting was agreed as Quorate.</p>	
2.	<p>Minutes from the meeting held on 3rd December 2015</p> <p>The minutes from the meeting held on 3rd December were approved as a true and accurate record.</p>	
3.	<p>Action sheet</p> <p>Updated as attached.</p>	
4.	<p>Clinical Prioritisation Advisory Group (CPAG) - Mark Seaton</p> <p>MS gave a brief presentation on clinical prioritisation, which he leads on for SES&SP CCG.</p> <p>The key points were:</p> <ul style="list-style-type: none"> ○ Prioritisation is about ranking and agreeing priorities to help decide whether to invest or disinvest. Prioritisation is a rational way of looking at the evidence base. ○ CCGs are financially challenged and are currently struggling to find a significant number of interventions that might be appropriate to decommission at pace and scale. ○ CPAG continues to score interventions and this has led to successful services being commissioned that may not have previously have been before and prevented money being put into initiatives that would not deliver. ○ The scores produced by CPAG are reviewed by the Clinical Policies and Priorities Group, 	

	<p>who make recommendations to CCGs about interventions that have been evaluated at CPAG and scored below 100. Any intervention that scores below 100 is recommended as being a low priority investment.</p> <ul style="list-style-type: none"> ○ By adopting the Oregon project the CCG has a tool to understand where expenditure occurs, which will inform decision-making. ○ The CCG is looking at particular services, across all providers, to ensure that money has been effectively used. <p>A thorough discussion took place. Members thanked MS for a very useful presentation.</p> <p>PA asked for a reflection on the headline in Tuesday 2nd February's Express & Star about 'GPs not being under obligation to look after care home residents', which would lead to a major concern to all communities. Currently GPs are obliged to go to care homes, however, some care homes do pay GPs to attend. Some care homes commission a GP or a GP surgery to look at all the patients in a care home, the doctor goes on certain day and they have surgery in the care home. Members pointed out that this system does not allow care home residents to have their choice of keeping their own GP. FF to investigate and feedback.</p> <p><i>At this point MS left the meeting.</i></p>	FF
5.	<p>Proposed Quality, Innovation, Productivity and Prevention (QIPP) Schemes/Medicines Management</p> <p>FF gave a brief update on behalf of the Head of Medicines Optimisation. The CCG is currently looking at delivering six Medicines Optimisation QIPP schemes from April 2016, listed below:</p> <ul style="list-style-type: none"> ● High cost drugs in secondary care ● Increase self-care/improve evidence based prescribing ● Asthma/COPD patient reviews ● Care home/nursing home reviews ● Gluten free prescribing ● Third party ordering <p>A brief discussion took place. Members queried whether they can meet with the Head of Medicines Management for further elaboration. SS to arrange with Mahesh Mistry.</p>	SS
6.	<p>Feedback from Patient Participation Groups (PPGs), including patient stories</p> <p>PPG feedback</p> <p>Moss Grove, Kinver - Jenny Robinson Did not attend the last PPG meeting, however JR noted that they are struggling to get new members to join their PPG, particularly young people. They are looking for more ideas to encourage patients to get involved. FF updated that the CCG is in process of developing a PPG toolkit, the aim is to help practices set up a PPG and share good practice.</p> <p>Russell House – Ruth Morris</p> <ul style="list-style-type: none"> ○ Two new members have joined the PPG ○ A PPG leaflet is being produced, the first draft been shared with members ○ A subgroup has been assigned to develop a surgery newsletter ○ The surgery has allocated a display board for the PPG group ○ The surgery is considering having two, full day, drop in sessions to reduce the number of people queuing for a same day appointment ○ A presentation on Pharmacy First will be made to the group 	

Billbrook Medical Centre - Iris Fieldhouse

- The meeting will be held by mid-February
- A medical doctor from Keele and a foundation year 2 doctor from New Cross Hospital will be joining the surgery until April 2016.
- The computer systems have been causing a few problems, looking at sorting those issues.

Tamar Medical Centre, Perton – Penny Allen

PA has been communicating with Lakeside Surgery. She has sent them copies of the District Patient Group's meeting papers and has been seeking PPG representation from their practice. It was noted that Brian Morris, Lakeside's former representative has moved house.

Updates from Tamar Medical Centre:

- A new female doctor has joined the surgery (working 2 days per week), following the retirement of another doctor.
- A lot of discussions been taking place about the appointments system, there have been a few issues with the online booking system. The practice is looking at sorting these issues soon.
- Had their CQC inspection last week, no feedback as yet.

Gravel Hill Surgery - Robert Mosley

- The last PPG meeting was held on 4th January with a high percentage of attendance.
- Friends and family test: had 55 returns in November but only 11 in December.
- Have had some sound problems at the surgery. These have been looked at by a professional sound engineer.
- Had an average of 151 Did Not Attends (DNAs) in November and 147 DNAs in December. It was noted that patients missing their appointments tend to be the ones who have booked some time ago.
- Looking at having a 'Surgery Patient Survey in the clinic', looking at using the national patient survey proforma.
- Looking at developing a Gravel Hill newsletter.
- Promoting the 'Stay Well' campaign. All the local pharmacies in Wombourne have already signed up to the campaign
- Had a discussion around the PPG and its effect going forward.
- Had a CQC inspection on 21st January 2015. Three PPG members have met with the CQC team including BM. A written report will be received within 30-50 days. Generally it was a very good meeting. The CQC team took a particular interest in the Friends and Family test. A lot of queries were raised about the PPG members' relation with the practice staff.

Patient Stories

PA shared a personal story: her husband has been having hearing problems for quite some time and he was looking to get some invisible hearing aids. Lloyd's chemist has started to offer appointments with an audiologist with a free consultation, and hearing aids are fitted at no cost for a three week trial. This has given him an opportunity to go into different settings and test them before purchase. Each hearing aid costs £350, which is relatively cheap compared to other places like Specsavers. PA's husband found the service very convenient and he was quite happy with the trial period. Members pointed out that the NHS provides similar hearing aids free of charge. PA added that they felt a moral obligation to buy them as they are financially capable to do so.

7.	<p>Feedback from Patient Council Meeting</p> <ul style="list-style-type: none"> • The South Staffordshire Network for Mental Health (SSNMH) quarterly report been shared with members. • Phase 1 of the engagement for Staffordshire and Stoke-on-Trent's Mental Health Strategy, 'Mental Health is Everybody's Business', has been completed. • Healthwatch Staffordshire is looking at the impact of the health and social care funding cuts. FF encouraged members to raise the question with their PPG groups and feedback. • There are continuing issues with aspects of quality and safety at Heart of England Foundation Trust (HEFT). The Joint quality committee is working closely with HEFT to help them improve. 	ALL
8.	<p>Any other business</p> <p>Patient Council Representative: Janet Aldridge has stepped down from her role as Representative for Seisdon Peninsula PPGs on the Patient Council. FF asked members if anyone is interested in taking up the role. Members to consider and feedback. SS to circulate Patient Council dates.</p> <p>Shaping our Future – Local Voices event: The aim of the event is to share our current situation and the challenges we face, celebrate the positive impact patient and public involvement has had on healthcare and explore our plans for the future. FF encouraged members to attend and spread the word.</p> <p>Penthrox (pain relief drug): PA mentioned that an inhaler that administers emergency pain relief to trauma patients has been introduced in the UK and queried if it will be widely used in the near future. FF to investigate and feedback.</p> <p>Shingles: PA queried the lack of uptake for shingles vaccinations. Members noted that vaccinations are made available for the age population between 70-78 years old as they are more at risk.</p>	FF
9.	<p>Date and Time of Next Meeting</p> <p>The next meeting will be held on 7th April 2016, 10.30am-12.30pm at Bill Brownhill Room, South Staffordshire Council Offices, Codsall.</p>	