**Dr P K Mohanty**

**Witham Health Centre**

**Patient Participation Group**

**Meeting Minutes**

**Date 12 September 2013 at 2pm**

**Attendees: Apologies for absence:**

Dr P K Mohanty General Practitioner Joss Fehmi Practice Secretary

Dr V P Killy General Practitioner Morris Timberlake

John Croager Practice Manager Janet Butler

Brian Proctor (Chair) Margaret Mott

Jeanette Johnson

Denise Saunders

Steve Burtrand (Secretary)

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| **Item** | **Details** | **Action** |
| **1** | **Chair’s Welcome****Brian** thanked everyone for attending. A warm welcome was extended to Dr Killy and to Denise Saunders, who were both attending for the first time.It was noted, with sadness, that Group Member Kenneth Keefe had passed away; his input will be missed.It was agreed that afternoon meetings will now begin at 2.30pm to accommodate staff lunch breaks. Meetings will also take place quarterly instead of monthly and will, where possible, also be scheduled for a Thursday – so that GPs are able to attend more easily.**Brian** advised that since the last meeting in April, **he** and **Steve** had met **John** informally to discuss the future of the Group; a main priority going forward will be to enhance its membership. The foremost objective remains to work closely with Dr Mohanty and other Practice staff to a) provide input about services and their priorities and b) to provide a platform to test and modify ideas and plans. **Brian** and **Steve** had also met members of the Tollgate Practice’s long-established PPG (near Colchester), to discuss with them how their Group operates and glean some helpful pointers about being as proactive and supportive as possible. This dialogue has been useful.  | **Steve** |
| **2** | **Minutes of the Last Meeting (24 April)** Signed-off as final by the Chair.  |  |
| **3** | **Action Log Review****Steve** advised that there was one outstanding action: *discussion of the Mid-Essex Healthcare Plans 2013-16* (scheduled for publication in May). **John** agreed to check the Mid-Essex Clinical Commissioning Group (CCG) website to establish whether these have been issued, and can be reviewed by the Group at a later date.  | **John** |
| **4** | **Practice News (Practice Manager Update)**Booking AppointmentsIn line with NHS England guidelines, the Surgery will be looking at developing an on-line booking system for patients in the coming months. Refurbishment The Health Centre refurbishing programme has now been completed. Notably, no clinics were cancelled or postponed by the Practice during this time. Group Members concluded that during this disruptive period, normal business had been handled well by staff – with patients experiencing little or no inconvenience as a direct result. **Brian** agreed that **he** and **Steve** would speak to somebody at the Braintree & Witham Times newspaper, and encourage them to visit the Practice now that all works have been finished. MP VisitPriti Patel, MP for Witham, recently visited the Health Centre as part of a wider programme of visits to businesses and service providers in her constituency. Ms Patel is very interested in patient care, and was concerned about some of the issues raised as part of a productive discussion with staff – some of which may be taken forward by her on behalf of the Practice.A closed meeting (i.e. no public admittance) is scheduled at the end of Sept between Ms Patel and GP Practices in Witham, to talk primarily about developing primary health care in the area. This discussion is expected to cover the potential impact that new housing plans will have on existing surgeries which are already pressed for space (and in some cases aren’t able to provide or develop their services as a result), and how this can be managed effectively. Other stakeholders, including senior NHS Officials, will also attend.**Brian** noted that the free NHS Health Check ‘caravan’ had recently visited the local Morrisons supermarket car park, and questioned whether better publicising of such events (including word of mouth) might encourage more people to take up this kind of opportunity – which might help reduce pressure on GP surgeries. **John** advised that all eligible people are usually notified when this type of service is taking place. **Denise** said that her previous experience of using this kind of facility hadn’t been very good; **Brian** emphasised that feedback to the providers was important, especially where improvement was needed. StaffingDr Killy has joined the Practice – working 4 days per week (split into 8 separate sessions). Her welcome arrival has been publicised on the waiting room notice board and surgery website, and also through patients’ word-of-mouth. The local papers were notified, but haven’t chosen to publish these details. As part of her role, Dr Killy will be leading work on a *Frailty Programme* – focussing on the needs of older patients and the provision of health and social care advice (i.e. hospital admissions). **Brian** said that he would be putting a short notice on the communal notice board at his residence, informing other residents of Dr Killy’s arrival. **Brian** asked **John** about progress in establishing a rota of invited guests / staff to attend future meetings – to introduce themselves and their respective roles, and to discuss how the PPG might be able to help them. **John** advised that **Jez Davies** from the Mid-Essex Clinical Commissioning Group has agreed to come along to a future meeting (date TBC) to talk to Group Members, as has an NHS Community Services representative. It is also hoped that a District Nurse will come along to explain this service and interaction with the Practice. Staff from the Health Centre will also be invited to meet the PPG at a later date. NHS England Following high-level structural changes the Practice, along with other Health Service providers, now receives much of its direction from NHS England (the operating name of the NHS Commissioning Board) - which oversees the budget, planning, delivery and day-to-day operation of the NHS in England. **John** advised that this establishment is stricter than any organisation the surgery has worked with previously. NHS England has already prescribed a number of new processes and procedures; some haven’t yet been implemented because of wrong information being sent to Practices. Under new regulations, the way in which GPs are paid has also changed. Some general concern has been voiced by the sector about these modifications detracting from patient care and services. NHS 111 ServiceMid-Essex CCG has not signed-up to the new NHS 111 service, which has been introduced to make it easier for people needing medical help (which isn’t a 999 emergency) to access local NHS healthcare services. **John** and **Dr Killy** explained that, whilst the Service is held in high esteem in other areas (including South Essex) Mid-Essex CCG considers it a duplication of existing services (i.e. out-of-hours facilities, A&E, walk-in centres). **Brian** enquired about an initiative he’d recently seen reported on the news – that all individuals over a certain age in the UK are to be given the name and contact details of a doctor for emergency purposes. **John** said that he wasn’t aware of any such proposal, and no guidance has been issued by the Dept of Health.**Jeanette** asked whether GP surgeries were billed for their registered patients using out-of-hours services. **John** confirmed that this was correct. **Jeanette** thought that there was perhaps a need to educate people about using these services wisely, to help reduce unnecessary costs. **Denise** wondered whether patients should / could be billed for missing their appointments. **John** advised that this wasn’t possible; charges can be made for private letters and medicals (etc) – but a doctor’s appointment is a legal right under current NHS protocol and can’t be charged for.  | **Brian / Steve****John** |
| **5** | **Group Business** ‘The Way Forward’**John** emphasised that when confirmed, it will be a good opportunity to discuss issues pertaining to the running (and work of) the PPG going forward with **Jez Davies** – who can likely advise from a professional perspective on matters such as:* Broadening membership;
* Promoting and publicising the Group and its activities;
* Establishing a non-medical sign-post service (help desk) for patients operated by PPG volunteers etc.

It was suggested that virtual meetings, or an element of this (such as establishing an e-mail-type forum), might be one way of capturing the views of more patients in future. Face-to-face meetings will still continue however; the issue of holding evening meetings remains unresolved – particularly who would assume responsibility for locking-up the Health Centre afterwards. **John** agreed to e-mail **Steve** a template document which might be adapted by Group Members into a leaflet about the PPG – copies of which could be placed on reception, on the waiting room notice board and possibly handed out by GPs and other staff at appropriate times.  | **John / Group Members** |
| **6** | **Date of Next Meeting** Thursday 12th December – 2.30pm.**John** said that he would also investigate the possibility of setting-up some informal meetings with Practice staff and 1-2 Group Members – outside of the main PPG forum. | **John** |