

Minutes of the meeting held on Wednesday 12th September 2018 at Saxon Cross Surgery

Present: Julie Bryant (Chair)
Michael Rich (Vice Chair)
Wendy Taylor
Janet Jackson
Bryan Dalton
Keely Wilson (Practice Team)

Apologies: Maggie Smith, Ann Hyde, Frances Rigley and Tony Oram

1: Welcome and apologies for absence

The Chair welcomed everyone to the meeting and explained that the planned visit from the Carer's Federation Representative had been postponed until the next meeting.

2: Minutes of the last meeting

Agreed by all as a true record

3: Matters arising

3.1: Virtual Patient Participation Group

Nothing new to report. Acknowledgement of the agenda continued to be received from one member. It was agreed that a re-run of checking continuous involvement and confirmation of consent to hold personal data, under DPA 2018, should take place in the near future. It was noted that there was no need seek VPPG members' acceptance of a confidentiality agreement, unlike the PPG, as the reports that are distributed contain no privileged or sensitive information.

3.2: Jargon Buster

The Chair has forwarded a few additions to the Practice which had been collected from the PRG. Further additions were to be collected by the Practice. Details of the proposed new e-mail address were pending which will allow others, including patients, to submit new suggestions for the Jargon Buster or to make contact about any subject.

3.3: Data protection and consent to hold/use data

The Chair has updated the Terms of Reference as agreed at the last meeting and copies of the final version will be circulated. Changes to the draft consent form had been made however it still needed the inclusion of the new e-mail address. Once finalised this will form appendix 1 of the Terms of Reference.

3.4: Bursary award for Patient and Public Involvement groups

The Chair read out the details included in the application for a bursary award from the East Midlands Academic Health Science Network. If successful, the funds will be used to revise and develop the two PPG notice boards, in order to promote wider engagement with all sections of the Practice population. The Chair tabled ideas collected at the August notice board meeting for comment. The new notice board will be sited in a prominent position of the first corridor so that patients will clearly see it. This will include a bold welcome message from the PPG plus the slogan "we need your voices". Patients will be advised to see the main notice board in the waiting area for more details. A professional artist has provided hand drawn pictures for the notice board to represent different groups of patients, i.e. young people, families with children, working population and older people. Draft copies of the pictures were tabled and it was agreed that some minor changes were needed, which the Chair will forward. Ideas for

revision of the main notice board were also tabled which included examples of achievements, ways in which patients can be involved, the date of each meeting and copies of minutes. A draft revised handout was tabled which would include information on the role of the PPG plus hopefully the patient groups pictures. If the application is not successful then there will need to be a re-think about pictures. Also, to be included when available, is the Practice contact e-mail address and possibly a "topic of the month" message to advise about current health and practice issues. The Practice Manager has already agreed the details of the bursary application and has added a supportive statement. The Chair will submit the final application form to meet the deadline of 14th September.

Post meeting note: The application has been submitted successfully and will be considered on 24th September.

4: Short update from the Practice

4.1: New clinical IT system (SystemOne)

This will go live on 30th October, replacing the current EMIS based system. Before then there will be data input to a dummy system to check the success of the transfer. Patients who are registered for on-line services will be contacted soon and **importantly be required to re-register** in order to continue to access services (booking appointments, repeat prescriptions and viewing personal medical records). Additionally, they will be required to give their consent for their data to be held and used by the new clinical IT system. It was suggested that the Practice needs to inform patients of the system change [now](#) and once the transfer has been confirmed it should be announced via the newsletter. A comment was made regarding the Practice suspending the acceptance of new applications for on-line services pending the introduction of SystemOne (Or at least stop promoting the current system on the website). It was reported that during the changeover period access to test results could be delayed and there will be no electronic transfer of prescriptions. There might also be a delay in transferring of records if patients leave and also with new registrations.

4.2: Extended Access to General Practice (New opening hours)

This service will commence on Friday 14th September (6.30 to 8.00pm), plus Saturday and Sunday (8.15am to 11.00am). The next extended hours sessions will be on October 20th, Saturday 21st October and Sunday 22nd October on a rotational basis across the CCG. Only Saxon Cross patients can be seen at the Practice until the clinical IT system transfer has been completed. The Tuesday evening sessions which have been routine at the Practice will no longer be a feature.

4.3: Flu jab campaign

This year there are three different types of vaccine being used for different patient groups:

- over 65s (14th, 15th & 16th September)
- over 65s and over 18s at risk (19th, 20th & 21st October)
- [Under 18s](#) (to be announced)

Delivery of the vaccines will be staggered over 3 months therefore drop-in clinics can't be offered. Texts invitations have been sent out to approximately 700 patients (over 65s) to attend. More invitations will be sent out when more supplies have been delivered. There will be [3](#) more dates but these have not been advertised yet due to uncertainty about vaccine supply.

5: Report from the Patient Reference Group

5.1: Cancer screening campaign

Screening rates for bowel, cervical and breast cancer were discussed including how PPGs could support practices in achieving their screening target rates. Slides promoting cancer screening have been shared with PRG members and have forwarded to the Practice for inclusion on the TV screen. It was reported that practices are alerted when patients do not take up screening and letters are available to hand out when next seen by the GP. Women over 65 can still access breast screening on request and there was a suggestion that cervical screening rates may be low due

to cultural issues or lack of access to female staff and “difficult” appointment times. It was noted that screening for bowel and cervical cancer appear prominently on the Practice website.

5.2: Youth engagement

At the August meeting there had been a presentation and discussion with the Broxtowe Youth Homeless Service. The Chair had asked if the young people might be willing to engage with their GP practice and share their experiences of GP services. The BYHS hold regular themed meetings and it would probably be possible to arrange a visit from local PPGs. In addition, the Chair has discussed with the CCG’s Engagement Manager how the PRG as a whole could improve youth engagement. A meeting was due to be set up with Rushcliffe CCG who have already made attempts to do this, in order to share ideas and good practice.

5.3: General Practice Enhanced Delivery Scheme (GPEDS)

The Chair apologised for misreporting of this item at the last meeting. She had thought that the GPEDS was the same as the Extended Hours Service but has now clarified this is not the case. The GPEDS is a risk stratification scheme for patients who have long term conditions which includes making sure that the condition(s) are registered on the clinical IT system and the appropriate care is provided.

5.4: GP patient on-line targets

PRG members were informed that the current target of 10% of the practice population registered for on-line services was expected to be increased to 30%. This target is already being achieved by Saxon Cross but there could be some difficulties encountered during the switch to the new clinical IT system. The Chair had recently shared a NHS document about GP on-line services and how PPGs could support their practices. All agreed that many of the suggestions were already in place but possibly a message could be handed out during the next annual patient survey.

5.5 Citizens Advice Bureau at Stapleford

The Chair had been pleased to report to the PRG that funds had been raised to enable the CAB at Stapleford to stay open until March 2019. Efforts were now in place to secure funding for April 2019 onwards and £7,000 was needed.

5.6: GP IPSOS MORI survey

The results of this year’s GP survey were available on the IPSOS MORI website and it was agreed to discuss the results for Saxon Cross at the next meeting.

5.7: Automated External Defibrillators (AED)

There had been an EMAS demonstration and discussion about how to use community-based defibrillators. All GP practices and Dental practices were required to have one available. There were many AEDs in the community that were not known about which could cause maintenance issues. Additionally no comprehensive single database of AED locations and access restrictions exists; making it difficult to find the nearest device when it is needed. The Vice-Chair suggested that a training session be arranged sometime in the future with a larger group.

5.8: Merger of CCGs

The ongoing merger of functions of the smaller South Notts CCGs into Greater Nottingham continued and there were strong indications that a single organisation would emerge, which would include Mid Notts. All agreed that this appeared to be the same type of organisation as a Primary Care Trust which were abandoned in 2011. This raised concerns about how local voices would be heard and the Chair reminded members that the PCTs had Locality Engagement Groups to support this function. Future patient engagement will be on the agenda of the next PRG meeting and feedback will be given.

6: Any other business and discussion

- No suggestions had been found in the box this time

- Members were reminded that prostate cancer screening (PSA testing) was not offered to Nottingham West patients but was known to be in place for other CCG areas for men over 55. The question was raised if this would change if the South Notts CCGs merged. It was acknowledged that, unlike some other cancer types, there is still no national screening programme for prostate cancer.
- A member asked if PSA testing could be included when male patients were invited to the Practice for an age related health check (in addition to other routine screening).

7: Date of next meeting

7th November 2018, 2-4pm at Saxon Cross Surgery. The Chair advised members that these minutes would likely be issued later than usual.