



Steering Group Meeting – Thursday 1st October 2015

<p>Present</p> <p>Pelham Allen – Chair Ann Beeching Eilish Davoren – Practice Manager Dr Andy Finucane Gabby Horton (<i>for part of the meeting</i>) Sarah Horton (<i>for part of the meeting</i>) Anna Lovell Murdoch Mactaggart</p>	<p>Gavin Maxwell Theresa Newton (<i>for part of the meeting</i>) Rosemary Pinney Elise Ripley Karen Tucker Janet Warburton Michele Westwood</p>
<p>Apologies</p> <p>Brian Baker Jilly Dobinson Raymond Howe</p>	<p>Peter Watson Simon Williams David Wragg</p>

Minutes

<p>Welcome and Introductions</p>	<p>Pelham welcomed everyone, in particular, Theresa Newton and Dr Andy Finucane.</p>
<p>4th June Minutes</p>	<p>Agreed as correct.</p>
<p>Matters Arising</p>	<p>No matters arising.</p>
<p>PPG Roles and Responsibilities</p>	<p>Pelham had distributed with the agenda a document setting out roles and responsibilities of:</p> <ul style="list-style-type: none"> • The Steering Group • The Virtual Group • Project Groups • The Officers Group <p>based on proposals previously circulated by e-mail.</p>

	<p>The document was agreed by all.</p> <p>Elise suggested strengthening the clause in the Steering Group Ground Rules regarding confidentiality, particularly regarding sharing patient stories.</p> <p>Action: Elise to draft.</p>
<p>Project Groups</p>	<p>48 Hour Service Group</p> <p>Draft framework agreed. Ann offered to join this group. Membership agreed:</p> <ul style="list-style-type: none"> • Jilly • Sarah • Gabby • Brian • Karen • Ann • Eilish <p>Finish date of the group agreed to be 31st March 2016.</p> <p>First draft of 48 hour service leaflet presented by Theresa Newton (ex-communications manager at Dorset PCT). Agreed new version far more streamlined and patient-friendly. Print quality samples distributed to assess “look and feel” of leaflet. Eilish asked that steering group members proof-read and suggest any changes via email to her by 16th October to allow time for a final draft. Michele stressed that all information was taken from NHS sources (NHS choices/organisation websites).</p> <p>Pelham thanked Theresa for the excellent work she had done on this leaflet. Theresa then left the meeting.</p> <p>The group will now look at expanding the campaign to ensure key messages delivered to all patients.</p> <p>Flu Clinic Support Group</p> <p>Draft framework agreed. Anna and Rosemary offered to join this group. Membership agreed:</p> <ul style="list-style-type: none"> • Elise • Jilly • Janet • Anna • Rosemary

	<p>Finish date of the group agreed to be 31st December 2015.</p> <p>Flu clinic work proving very successful. On target to raise £100 for kitty. Pelham thought that the flu clinics had a great atmosphere, and thanked Elise for her efforts to engage patients with the PPG. PPG members were being given an excellent opportunity to meet patients, promote the PPG and listen to patient feedback. PPG membership application forms had been distributed to many patients</p> <p>Options for future work include promoting “health pledge” scheme.</p> <p>CSR Focus Group</p> <p>Draft framework agreed. Gavin offered to join this group. Membership agreed:</p> <ul style="list-style-type: none"> • Pelham • Simon • Peter • Anna • David • Gavin • Elise <p>Finish date of the group agreed to be 30th June 2016.</p> <p>Pelham was pleased to report that Dorset has been awarded a Vanguard bid to deliver CSR recommendations, led by acute trusts. Public consultation will start Spring 2016. Local consultation meetings can be requested.</p> <p>There will be work to do to ensure that wherever possible services will be delivered at Bridport Community Hospital.</p> <p>PPG members were enthusiastic about the possible input into service delivery changes following the Dorset Clinical Services Review. Elise reminded all that the first Patient Engagement Conference is to take place on 21 November. Please contact Elise if you would like to attend.</p> <p>Action: The 2015/16 PPG Workplan will be amended to reflect the points agreed.</p>
Practice Update	Eilish summarised work underway around vulnerable patients/those at risk of emergency admission to hospital. She

	<p>reported BMC are in talks with SWAST (out of hours provider) to provide additional ECP (Emergency Care Practitioner - nurse practitioner level) paramedics to support the GP service. ECPs will focus on those at risk of admission and will aim to visit sooner than the current system allows. Over 75s integrated nurse practitioners are currently “risk stratifying” BMC over 75 patients, to identify those patients who may benefit from a care plan. They will be working closely with the recently recruited Nurse Practitioner for Care Homes.</p>
<p>Patient Feedback</p>	<p>Eilish introduced the session by giving context to feedback received by the Practice. This included:</p> <ul style="list-style-type: none"> • Friends and Family test • NHS choices • CQC report • Formal complaints system • GP Patient Survey <p>Patients can give feedback to the surgery in person to Eilish or via any of the above. Feedback can be anonymous if the patient so wishes.</p> <p>This data can be accessed easily by all via web links.</p> <p>Action: MW will produce further “performance leaflet” to summarise data and highlight links to full data.</p> <p>Eilish advised caution with interpreting such data as numbers of responses were low to date. Eilish has asked staff to promote FFT by offering patients the opportunity to complete a paper version when they attend surgery – numbers have increased significantly.</p> <p>The steering group discussed any emerging “themes”. Certainly, access to GP appointments is a recurring theme but it was felt that the Practice was well aware of this, and the 48 hour group work would support patients to better understand the current system, what the Practice is able to offer, and what the limitations are given current resource issues.</p> <p>Pelham was concerned that the Practice may not be hearing “the whole story” and asked the group to feed back any additional comments or concerns.</p> <p>There was discussion around the role of the PPG in gathering insight from patients. It was agreed that steering group members should act as ambassadors for the practice, promoting positive news and encouraging patients to bring any issues to the practice</p>

to resolve. Reporting “hearsay” should be avoided as this is not useful and cannot be investigated/resolved or indeed defended. However steering group members can perform a useful role in monitoring the general mood of patients.

Murdoch suggested that the Practice look at email as a more efficient way of communicating with patients, whilst appreciating that there were issues with data security. Eilish agreed that she favours this as a method of communication, but care must be taken to ensure that emails do not overburden GPs. Possibly email could be used for information sharing rather than adding to additional non face-to-face consultations to the existing high GP workload.

Action: Eilish to consider whether the Practice can accept e-mails and deal with them as if they were incoming letters, and also whether messages can be sent to patients by e-mail if individual patients so wish.

Karen reported that she had taken a “litmus” test of the views of young mothers. Amongst the generally positive feedback, they expressed some unhappiness with the standard of customer care provided by the BMC front-of-house team. There followed a discussion regarding the need for receptionists to signpost patients to the right services, but avoid the perception that they are seen as “gatekeepers” controlling access to GPs. Eilish reassured the group that she was aware that customer care was not always as good as it could be – she is working with Elise to offer front-of-house staff ongoing development opportunities in this area. Eilish suggested steering group members might want to be part of this training, as she felt it was important for patients to hear “the other side”, and for staff to hear the patient view. The job can be extremely stressful and staff can be subject to negative reactions from patients when they are not able to meet patients’ expectations with regard to access. Murdoch said that he found the reception team to be good, and suggested that any training should be well thought through, with a focus on “how to ask questions”.

Dr Finucane stressed that we needed to use our reception staff to signpost to alternative services if appropriate, rather than make an automatic referral to already overstretched GPs. There was a “tension” between meeting the demands of individual patients vs. the needs of the community as a whole.

Janet suggested there should be a “sense of optimism” from staff at the practice. Dr Finucane agreed and asked that the PPG share that sense of optimism to counterbalance the culture of

	<p>complaints that can sometimes be corrosive and demoralising, and can impact on medical centre staff. He recognised that general practice is a “finite resource” and that there was a need to use the service appropriately. He felt the tension was in part due to trying to provide a “socialist medical system in a consumerist society”. Meeting patient expectations (“all you can eat”) is not always possible – GP time is a resource that needs to be closely managed in order for it to be sustainable. On occasions, GPs will have to say no. GPs are not trying to be obstructive but need to function within limited resources.</p> <p>Dr Finucane introduced the work he is doing with the clinical pathways team around the management of hypertension. The BMC clinical pathways team (specialist nurses/GPs/ops managers) have been looking at ways to deliver a more efficient service for the management of hypertension. BMC currently has over 3000 patients diagnosed with hypertension. Dr Finucane suggested that GPs do not currently have the time to have discussions around the risks/benefits of statin use, for example. BMC is looking to offer an educational event in due course and Dr Finucane will present any changes to the PPG in due course, for information.</p> <p>Where there are changes to the service offered, Dr Finucane thought it important that we reach the “opinion formers” within the community - to promote opinions that are based on reasoned argument rather than “hearsay” as is often the case in such a close community.</p> <p>Gavin, reflecting on his role as a lay member of the NICE quality standards Committee, was reassured by the standards of care delivered in Bridport being “within a cigarette paper” of standards set by this committee.</p> <p>Pelham summarised the discussion as being both positive and reassuring. Patients with concerns have a number of options for raising issues, either personally or anonymously. Very few do so. PPG steering group members are not aware of issues of concern to patients that are not already being thoroughly addressed, albeit in the context of limited and stretched resources. There is no apparent reason why PPG members should be worried on behalf of patients, and we have a responsibility to convey a positive and supportive story to the patients we meet, whilst always being prepared to listen and be watchful.</p>
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FUTURE STEERING GROUP MEETING DATES – Bridport Medical Centre

Thursday 3rd December 2015 **Time:** 17.30 – 19.00

Thursday 4th February 2016 **Time:** 17.30 – 19.00