

Green Street Clinic Patient Participation Group

Minutes Thursday 19th April 2012

PRESENT:

<i>David May (Chair)</i>	<i>Daniela Penge</i>	<i>Heather King</i>	<i>Ron Cussons</i>
<i>Emma Ducklin</i>	<i>John Beynon</i>	<i>Andrew Togut</i>	<i>Graham Newby</i>
<i>Helen Burgess</i>	<i>Kathy Bond</i>		

Item	Title	6 pm
1.	Apologies	Tove Bentham and Kathleen Lewis. The Chairman reported that Clive Whitburn had decided he was no longer able to take part in the PPG and David had replied to him. He hoped that Clive may be able to return in the future. Ron Cussons has a new email address which has been circulated.
2.	Minutes of Last Meeting 8.03.12	These were agreed. Following discussion it was agreed that Word 2003 was the best format for Minutes and the Newsletter.
3.	Patient Survey Action Plan: Matters for Update	<ul style="list-style-type: none"> • Extended Hours - Daniela reported the Partners had discussed extended hours and explained the difficulty of fitting in sufficient hours before 08.00am – there was a natural reluctance from the staff required for very early starts (say 07.15am) and more evening appointments were being considered. Nurses are now able to participate in extended hours and negotiations continue to include this into the range of their work. The appointments which had been offered on Saturday mornings for nearly three years were just not used. In relation to home visits, Daniela explained that the surgery has patients who live as far afield as Willingdon and Langney, travelling time was therefore sometimes lengthy. Discussions between the Partners were on-going and the Chairman thanked Daniela and requested an update at the next meeting. • Newsletter – Thanks and congratulations were expressed for the first Newsletter. David stated that the next edition would be produced during June but a special edition containing the results and actions on the Patient Survey would be produced in the meantime once all action points had been addressed. Andrew suggested that updates on research areas could be included in the Newsletter and Heather replied that daily update of useful links was posted on the website - during the last six months there had been 56k hits but these included all requests for repeat prescriptions. Daniela suggested that a 'website information box' could be included in the Newsletter. Helen said a Prostate Cancer Charity was raising money by collecting plastic milk carton tops which can be recycled - Helen and Heather to liaise in relation to a collection box in the surgery. David and Heather to meet to discuss the 'special edition' contents. • Virtual Group – 8 or 9 people have confirmed that they are interested in becoming members of the Virtual Group – David and Emma to have an initial meeting with them.
4.	Progress on other Action Plan issues not yet due	<ul style="list-style-type: none"> • Appointment System – Heather produced a table showing the DNA's (Did not attend) since 12th March which showed a concerning number of booked on the day appointments and a very large number of appointments with the Practice Nurse/Health Care Assistant. Many in the latter category were appointments made some time in advance which could be the reason for the high number. Despite the high numbers, Heather said experience had taught her it was not productive to follow up those who failed to keep appointments. Graham, Andrew and Teresa to meet to discuss 48 hour slots to run for a trial period of three months. Further discussion to be deferred until June and David to incorporate details in the Newsletter. • Waiting Rooms - Emma and Graham had reported back. Heather stated that the Handyman had been booked but that there may be problems with removing the small wall highlighted in the report. Toys were being collected, new chairs provided and signs would be placed on the PPG Board requesting donations of suitable toys, magazines etc. Heather said there was a cupboard which could be used for storage of such items and help was needed to clean the toys on a regular basis. Self check-in would be replaced together with silent monitor screens and it was agreed that a rota be drawn up of those members who were able to come and help when the system is in place (possibly June). This would be a long term commitment to encourage patients to use the system and free up the Receptionists for other tasks, in particular the answering of telephones at busy

		<p>times. It was suggested that at the same time as assisting with check-in, mobile telephone numbers and email addresses could also be collected. David, Emma and Kathy B indicated they would be happy to help and Andrew suggested the possibility of using 6th form students. This item to be brought back to the May meeting. David asked Heather to draw up a list of those things which members of the PPG could do to assist in the surgery and this to be a major agenda item for the May meeting.</p> <p>• Other items/miscellaneous - John and Kathy B had been unable to meet and this item would be brought back to the May meeting.</p>
5.	General Practice Finance	<p>Heather produced charts showing areas of Income and Expenditure of the Practice and a paper outlining the Core Services, National Screening Programmes, Quality and Outcomes Framework (QOF), Enhanced Services (ES) and Practice based commissioning (PBC). QOF is weighted nationally and ES are optional services. PBC includes minor surgery and cardiology provided at other ECG practices and allows budget savings. Income is by patient and has regard to Core Services, National Screenings and is weighted by age/sex and deprivation. A major Practice expense is payroll and once other expenditure is removed what remains constitutes a profit share for the Partners (and is their sole income from the Practice). The New Health Bill has been passed and the Budget held by the PCT divides into 15% for prescribed drugs and 85% for referral management (elective and non-elective surgery). All A&E admissions by GPs or OOH (out of hours service) are charged; any unplanned admissions are not in Practice control. The NHS has a national tariff for all in-patients and Daniela emphasised that this was for each and every attendance at A&E (even if a patient decided to leave before being seen). Looking at care pathways (other than SAU/MAU) or intervening at a much earlier stage of illness to prevent deterioration needing hospital care, were important issues to be considered. Consideration was being given to referral management to see if savings can be made e.g. looking at history/trends/patients remaining in their own homes with support etc.</p> <p>For the years 11/12 Sussex is £44m in the red. From 2013 the budget will be held by the CCG (Clinical Commissioning Group) and if there is any overspend there will be no bail out. Where possible, savings are being made to the 10/11 budget and to the 9/10 budget where appropriate. Efficient management in healthcare is the priority for Green Street which is currently 5% away from the 10/11 budget. Following a question from Graham, Heather said that sanctions for overspend were currently unknown and Daniela explained how the District Nursing Service operates with a stop time for nursing services. Further savings were envisaged by bringing more services in-house, reducing prescription wastage and importantly educating patients as to the cost of A&E visits.</p> <p>David expressed his thanks to Heather and Daniela for a useful overview of the Practice Finances.</p>
6.	Area for next meeting	<p>Extended Hours – update Newsletter – Survey results - Other items/miscellaneous Additional Services Self check-in PPG Assistance</p>
7.	Any other Business	There was no further business.
9.	Date of Next Meeting	17 th May 6.00–7.00 pm (Daniela will be away)

Meeting closed 7.30pm