

Minutes of the Meeting of
Cedars Surgery Group: Patient Participation Group (PPG)
04 March 2019 held at Worle High Street Practice site

		ACTION
In Attendance	Neil Turner (Chair); Jill Brown; Valerie Crow; Mary Cruickshanks; Lyn Hedderman; Dave Kingsbury; Mike Pimm (GP); Pam Rogers; Anne Skinner; Livi Tratt (Deputy Practice Manager); Dave Williams. Jane Perrin (Minute taker)	
Opening 6.05p.m.	Chair welcomed attendees, particularly new faces. Emphasised need for increase in numbers to enable Sub-committee work on individual issues.	
Apologies	Carol Jones (Practice Manager ~ on Annual Leave) and Trevor Salter	
Previous Minutes	None available on this occasion	
Matters Arising from Previous Minutes:	None.	
Correspondence	No correspondence	
Brought forward from Any Other Business	<p>New online appointment system <i>Ask my GP</i> (introduced this day).</p> <ul style="list-style-type: none"> • Verbal data: 239 hits to the system: all completed pending 2 return calls. Cited example of a 9.55 submission where patient was being seen, at surgery, within 30 minutes. • Patient reaction feedback data circulated (attached) • Assists patients for optimum direction of professional; choice of appoint time etc. and better continuity – also indicates working days of particular GPs • Clarification: Service exists on “The Cedars Surgery” website NOT Patient Access. Use Home Page and the <i>Ask my GP</i> logo – need to register for this. Then use online appointment form. • 24 hour availability of form – ‘out of hours’ forms will be viewed from 7.30 a.m. next day. Available for Nurse Practitioners/other staff messages too. • Benefit of less calls – other practices using system report huge improvement for telephone access • Concern of knowing who permanent Drs are: This issue Lies in difficulty of recruitment and retention. Advised Dr. Doyle’s patients have been divided between Drs. Mak, Vickery and Tilley. Patients will be helped when possible to see preferred choice. • Front door system unsatisfactory – the new system, after just one day, appears to be making a huge difference. Dr P/Livi advised staff very pleased with it. • For those who are not comfortable/no access to internet, the telephone system remains – just stay on the line after the message. • This is a national system, rolling out for some time. Seems to be successful everywhere so far. 	

<p>Social Prescribing</p>	<p>Funded and rolled out by Councils on behalf of the Government drive:</p> <ul style="list-style-type: none"> • In basic terms: the cohesive register of opportunities for self-help strategies and services for people to maintain their own good health – with aim to lessen demand on NHS intervention: not yet in place in Worle area but active elsewhere – e.g. the Locality Centre, Bournville. • Quoted examples: <ul style="list-style-type: none"> ○ Activity Groups – Physical and Social ○ Community Group Listing and information ○ Social visiting (against Loneliness) – it is perceived that much work will be done in the home. Dr. P believes there may eventually be approx..3 Social Prescribers for the town, able to visit and be a “reference point” for people to learn of activities. ○ Ongoing encouragement to use Pharmacists as first point of health referral. • Male isolation, disengagement and difficulties in “opening up” to talk with others. This can occur for both genders/all ages, often prevalent in older men after bereavement. • Local options for community activities. Information could be placed on PPG board. • It is understood staff May learn more when visited by the Clinical group in near future. • Standard of training for a Social Prescriber? – Currently unknown, but some health associated background is anticipated. 20,000 to be recruited in 12 months. • Some online groups information and pamphlets are available, but often out of date quickly. The North Somerset online directory is felt to be a poor site. • CareConnect is most useful directory of “What’s Where” at present. 	
<p>Virtual Members Group</p>	<p>Possible for a “Virtual Members Group”? Keen to do this to increase membership. PPG part of website by tab subdivision, so not possible. In near future website will be completely changing for all Doctors across the town – sites will be similar for all and easy to use. This would be appropriate time to adopt this idea. Point of Information: Website is not part of “Patient Access” NHS site.</p> <ul style="list-style-type: none"> • Hope to attract some younger members to group – more likely if available online. • Discussion on best approach to youth: <ul style="list-style-type: none"> ○ Issues if under 18 ○ Issues of transiency (off to College) ○ Possible best Health/Social care students at WsM college • Request for volunteer to contact College: Anne agreed 	<p>LT in due course</p> <p>Anne</p>

Did Not Attend (DNA)	<ul style="list-style-type: none"> • Dr P advised that DNA rates for Mondays: usually 1 – 2%; by Friday this can be 20%. Text reminder system helped; and new booking system will improve still more hopefully. • Will new system allows for cancellation? – Livi unsure, not available today as far as aware. 	LT to advise
Patient Information Video Library	<ul style="list-style-type: none"> • Currently a pilot scheme, available on EMIS (NHS Patient Access). • GPs hold cards giving log on details and can direct to specific sites relating to diagnosis • Agreed can make some saving on follow up when patient uses self-help options (e.g. exercises), if appropriate • Helpful to learn processes – e.g. use of <i>Epipens</i> • Useful to place notice on PPG boards – ‘<i>please ask your Dr</i>’. • Dr P advised a library of recommended resources is under construction for the Cedars Website. • Initial consultation will still be necessary 	Need a group member to look after boards
General Practice Resilience and Transformation	<ul style="list-style-type: none"> • Large project for Practices to work more cohesively • <i>Ask my GP</i> plays major role • Future single website for all town practices • Mutual support (e.g. if a particular specialty is lacking through illness, another Practice will support) • Nurse recruitment and retention is bigger problem • WsM area well supported by Dept of Health 	
Any Other Business	<p>Services:</p> <ul style="list-style-type: none"> • Psychiatric drop in format: Expected to be Café style environment with professionals available. • Casualty: Discussion held on situation/reflection on improved in-ambulance treatments/stabilisations • Dermatology/Maternity – staffing/choice by patients impacts noted • Provision of First Aid Courses: Referred to St. John’s or Red Cross • Treatment Escalation Plans (DNRs): This is now Electronic and should “travel” with patient moves. If a new Plan is wished – see Reception: specific form exists. 	
Next Meeting:	Monday 03 June 2019 at 6p.m. at Worle High Street venue: <i>Advance apologies for this meeting from Jill Brown</i>	