

Approved by email

Minutes

**South of Butser Locality Patient Group Inaugural meeting held on Thursday
27^h February 2014 from 12.00 – 2.00pm
In the meeting room, Cowplain Family Practice, PO8 8DZ**

	Attendees	
	Dr Keith Barnard	Lay Member of the Fareham& Gosport CCG Governing Body
	Jo Parkinson	Senior Engagement & Development Officer, CCG
	Brenda Woon	Engagement & Development Officer, CCG
	Linda Bumford	Bosmere Medical Practice
	Tony Harland-Jones	Rowlands Castle Surgery
	Norman Proudfoot	Rowlands Castle Surgery
	Margaret White	Clanfield Surgery, Horndean/Clanfield Parish Councillor
	Steve Southwell	Homewell Practice, Havant
	Ian Blackwell	Forest End Surgery, Waterlooville
	Joan Elliott	Cowplain Family Practice
	Annie Strudwick	George & Dragon Surgery, Westbourne
	Jim Strudwick	Emsworth Surgery
	Kate Atkinson	Queenswood Surgery, Waterlooville
	Caroline Footman	Horndean Surgery
	Liz Lines	The Elms Practice, Hayling Island
	Ann Tate	The Elms Practice, Hayling Island
	Practices not represented:	Curlew Practice, Havant; Denmead Practice; Middle Park Medical Centre, Park Lane Medical Centre, Bedhampton; Stakes Lodge Surgery, Waterlooville; Staunton Surgery, Havant, Village Surgery, Cowplain; Waterbrook Medical Practice, Waterlooville; Waterside Medical Practice, Hayling Island (9)
1	Introduction	
1.1	Apologies	No apologies were received
1.2	Welcome	Dr Keith Barnard welcomed everyone to the meeting and each member introduced themselves and gave a brief background. Keith explained that he was chairing the first meeting as he is the chair of the Locality Patient Group in Fareham. Keith noted the purpose of the group and how it links into the commissioning

	<p>process. Members will be sent a flowchart of how the processes work and each stated they would like to be added to the database of stakeholders for the CCG. Action: BW</p> <p>1.3 All members were content for their email addresses to be shared with other members of the group.</p> <p><u>Terms of Reference</u> The draft Terms of Reference was shared with the members and there was no objection to the contents.</p> <p>1.4 <u>What locality patient group can achieve</u> Keith informed the Group of some of the things that have been recently achieved with the help of the Fareham & Gosport LPGs:</p> <p>Fareham Community Hospital did not have an X-ray Department and local GPs could not refer people there. The LPG wrote, complaining about this and it is now in place.</p> <p>The appointments system at QAH was not efficient, the LPG and others complained, they now have a checking-in system which works better.</p> <p>One of the main issues is how appointments are handled. The system has not been responsive to individuals, e.g. an appointment missed due to the death of a spouse, resulting in going to the back of the queue.</p> <p>A Falls initiative “Steady and Strong” which educates patients on how to avoid falls and subsequent broken bones was unable to run courses at Fareham Community Hospital due to the cost and issues over the room. When this was brought to the notice of the Chief Officer (Richard Samuel) a meeting was arranged with the hospital and the Steady and Strong programme now use Fareham Community Hospital. The LPG triumphed again!</p> <p>1.5 <u>Chair for the Group</u> Keith asked the members to think about appointing a Chairperson in the near future. He felt that perhaps there should be a couple of meetings held first for everyone to get to know each other. All agreed.</p> <p>The Chairperson’s role would be to conduct the meeting, allow time for each member to speak and to encourage discussion. The Chairperson’s role is to represent the Group via the CCG channels of communication and it would be useful to have a Deputy to cover for holidays/illness.</p>
<p>2.</p> <p>2.1</p> <p>2.2</p>	<p>Feedback from PPG representatives</p> <p>Caroline Footman, Horndean Surgery explained that the surgery desperately requires a re-build as it is not purpose built and there are plans for more new houses in the locality.</p> <p>Ann Tate, The Elms Practice, Hayling Island reported from her PPG that there is a major point of concern about the use of patient data held centrally. Keith</p>

	<p>informed the group that he is trying to get someone along from ICT to talk about this in more detail with the LPGs. Ann also stated that there had been difficulty getting counselling for psychiatric patients.</p>
2.3	<p>Margaret White, Clanfield Surgery reported that at the PPG a GP mentioned that there was a large number of DNAs (did not attend) and this impacts on the surgery. They have extended their opening hours and open from 7.00am x 3 mornings out of five but do not have extended hours in the evening. Patient complaints have been about lack of consistency in seeing the same GP. Text messages are now being sent as appointment reminders. Keith said that this method has already reduced DNAs in Fareham but it was pointed out that mobile numbers need to be constantly kept updated and it doesn't work for patients who don't use mobile phones. Jo mentioned that some practices display the number of DNAs in the waiting room.</p>
2.4	<p>Linda Bumford, Bosmere Medical Practice informed the group that the surgery does not have a standard appointment system. Patients phone in and a GP and nurse with a call back. Patients can be seen on the same day if needed. . This system has been successful. The access in the car park is better since they stopped the open access. The PPG is currently looking at the results of the survey about this service. The PPG organise stroke/diabetes/epilepsy groups for help and support. They have created a leaflet for stroke patients who have been discharged from hospital with contacts, entitlements etc. Linda has also developed a leaflet on what to do when someone has just died. The GPs helped with refining the document. This has now been published. Linda is to forward a copy to Brenda who will circulate it to the group. Action: LB/BW</p>
2.5	<p>Kate Atkinson, Queenswood Surgery. This is a small surgery with 3 GPs and two are retiring shortly. They are trialling locums at the moment. There are concerns about the growth in population from the Berewood Estate. Physical access is a problem as there is a steep ramp to the entrance. Kate also arranges health educational events from her own business and emails requests to patients for future topics</p>
2.6	<p>Norman Proudfoot, Rowlands Castle Surgery – the PPG will be going through the results of their annual survey at a meeting next week. It has been suggested that the PPG members help patients to fill in the forms. They have appointments that can be booked on the day and these slots are released at 6.00pm for the following morning. They have EMIS web at the practice. They would like to see a diary schedule for GPs to see when they are available/on leave etc. There are no long waits for appointments.</p>
2.7	<p>Annie Strudwick, George & Dragon Surgery, Westbourne and Jim Strudwick, Emsworth Surgery noted that the practice want to move onto the Victoria Cottage Hospital site, as the surgery building is no longer fit for purpose due to its age. NHS Properties have now decided to put the building on the open market which is a huge disappointment. Jo Parkinson noted that property issues are taking a long time to solve with the change in the NHS since April</p>

	<p>2013.</p> <p>Issues are around how the elderly get to Oak Park, Havant for Podiatry Services etc. Linda asked where care in the community has gone. Keith mentioned the Better Care Fund and how the CCG are allocating funding to the County Council to create better efficiencies in the way community care is given.</p> <p>The Emsworth Surgery is open from 7.30am – 7.30pm. The PPG assists the professionals in arranging health education sessions. The meetings are held in church halls/clubs and the events are emailed to patients and advertised on posters in the practice.</p> <p>2.8 Steve Southwell, Homewell Practice, Havant – the practice have launched their new website. They are currently asking patients whether they would consider consultations via Skype rather than face to face consultations.</p> <p>2.9 Liz Lines, The Elms Practice, Hayling Island – a refresher leaflet from the practice has been sent out to patients who have been registered for a long time. The PPG help with tidying up leaflets in the surgery.</p> <p>2.10 Joan Elliott, Cowplain Family Practice – The surgery has an open appointment system which enables patients to see the GP of their choice when he/she is available. Patients do not book, but come to the practice during surgery opening hours. The surgery has always run like this. They offer early and late slots for workers. Waterside Medical Practice also operates this system.</p> <p>2.11 Ian Blackwell, Forest End Surgery, Waterlooville – had nothing to report as there hasn't been a PPG meeting this year. Ian said he had gained lots of interesting subjects from this meeting to pass on. The GP rota is shown on the TV screen in the waiting room and on the website. They have a nurse triage system in place.</p>
<p>3.0</p>	<p>CCG structure and strategy</p> <p>Jo Parkinson explained to the Group what the Clinical Commissioning Group (CCG) is all about. NHS England sit at the top, followed by the Wessex Area Team, down to the CCG.</p> <p>There are 27 GP practices in the South Eastern area which covers Hayling Island in the south up to Bordon in the north. This is an area of 150 square miles. All GP Practices are members of the CCG and this is compulsory. Six GPs have been elected by the GPs in the practices to represent commissioning in primary care. The Governing Body officers are: Richard Samuel, Chief Officer; Sara Tiller, Chief Development Officer, Alex Bury, Chief Commissioning Officer, Andy Wood, Chief Finance Officer, Julia Barton, Chief Quality Officer. The lay members in SEH are Tracey Faraday-Drake, Patient & Public Involvement Lead and Suzanne Hasselmann, Governance Lead and a retired ENT Consultant, Mr Adel Resouly is the CCG's consultant representative. Other members include representatives from Public Health and the County Council. Meetings are held every 2 months, and are open to the</p>

	<p>public to enable them to understand the decision making processes. Public seminars are held at the meetings. The Chair is Dr Barbara Rushton, SEH CCG Lead and GP in Liphook & Liss Surgery.</p> <p>From the Governing Body, information is fed down to the Clinical Cabinet which is a GP decision making committee and the Community Engagement Committee, which is a committee of local stakeholders. The chair of this group will be asked to sit on the Community Engagement Committee. There is a huge amount of bureaucracy to deal with. Meeting papers are available to the public on the CCG website: www.southeasternhampshireccg.nhs.uk.</p> <p>The 5 year strategy is currently being developed, with a lot of consultation taking place. LPG members can feed back by completing the 'Call to Action' form on the website. Some of the key issues coming from the consultations are around prevention and education – patients having more understanding and integration, and also IT as there are different IT systems for Community Services, Hospital Services and GPs which causes problems for integrated care.</p> <p>The County Council hold Health & Wellbeing Boards at County level. The CCG has representatives who attend the Board to bring health and social care together. Jo said she would produce a flowchart to help explain this.</p> <p style="text-align: right;">Action: JP</p>
5	<p>Any other business</p> <p>Keith said that at future meetings, requests for any other business would be asked for at the beginning of the agenda and dealt with at the end of the meeting to help keep to time. Would members also, where possible, write a report from their PPG in advance of the Locality Patient Group meeting and forward them to Brenda to save time at the meeting. Bullet points on an A4 sheet of paper will be sufficient for inclusion in the minutes.</p> <p style="text-align: right;">Action: All</p>
6.	<p>Future Potential Agenda Items</p> <p>Directed Enhanced Service (DES) funding criteria – the future.</p>
7.	<p>Date of Future Meetings</p> <p>Some of the members work so having a meeting during the day is difficult, other members did not want an evening meeting. A compromise suggested was to have a couple of meetings in the evening during the year.</p> <p>It was agreed to send around an email to all members suggesting different options for meeting dates, times and venue, so that there could be a consensus on the best time.</p> <p>This will be discussed at the meeting on Thursday 15th May.</p> <p>Date of next meeting: Date: Thursday 15 May 2014 Time: 12.00 – 2.00pm – lunch will be provided Venue: Cowplain Family Practice, 28-30 London Road, PO8 8DL</p>