



White Horse Medical Practice

Patient Participation Group

MINUTES

Date: 10th March 2015

Place: White Horse Medical Practice, Faringdon

Attending: John Mattingley (Chair)
David Burn (Minutes)
Jo Morgan
Caroline Beaney
Douglas Dalrymple
Graham Hall
Marcus Laphorn
Emily Norton

Apologies: Gene Webb & Kaye-Frances Byers

	Item	Action
1	<p>Minutes</p> <p>The Minutes of the meeting on 9 December 2014 were approved.</p> <p>John also reminded us that the PPG's prime objective is to "Improve the patient experience."</p>	
2	<p>Matters Arising</p> <p><u>GP Funding cuts</u></p> <p>Jo said that they were not aware of any upcoming funding cuts, although there will be shuffling of amounts within the total. Jo added that Fern Hill is on a different type of NHS England contract but it is expected that the transfer of patients will not reduce the overall funding. White Horse is on the preferred format GMS contract.</p>	
3	<p>Thinking Meeting</p> <p>This will now take place on June 9th. For info, here's the Minute from the Sept meeting referring to the Thinking Meeting's objectives. <i>It was agreed to hold this single-topic meeting provisionally on 10th March by when enough of the major questions surrounding the merged Practice should have been answered. It is hoped that a Partner will be able to join the discussions on what the most effective role will be for the PPG in terms of supporting the Practice's work and representing the needs of the patient body. We can also look at the suitability of our current name/title.</i></p> <p><i>The whole question of recruiting new members could be included.</i></p> <p><i>David suggested that we could have specialist correspondents to provide feedback on their own area of interest such as: new mums, diabetics, carers, teenagers, the disabled etc.</i></p>	
4	<p>Merger status</p> <p>Jo and Caroline updated the meeting:</p> <ul style="list-style-type: none"> The last few months have been very intense but the planning and preparations are all on schedule. 	

	<ul style="list-style-type: none"> • There will be a single Reception area. • Doctor's rooms will be in the White Horse area and nurses in the old Fern Hill rooms. • The Practice has bid for funds to cover building work but they are unlikely to get much or even any money. They will be bidding for other funds later in the year. • Patient numbers are 10,300 for White Horse and 4,200 for Fern Hill = 14,500. This will make the merged Practice the third largest in the Region. • Two of the FH doctors are transferring plus Dr. Russ, the new recruit. • The team expect that appointment lead times will not reduce but that extra temporary staff will help cover the transition period. There will be extra on-the-day slots for the first month. (For info, a third of appointment slots are normally held back for on-the-day calls and emergencies.) • Fern Hill patients will only be able to book for appointments in April from April 3rd because of the transfer of their records. • Longer term there may be greater availability of out of hours services if White Horse joins the regional hub. • It is hoped that additional dermatology clinics will reduce the need for hospital visits. • Despite the significant number of patients at the merged Practice it is still felt that Faringdon is seen by the authorities as being remote and away from the Didcot/Wantage core. • Marcus circulated info on the recent merger of two Practices in Chipping Norton and their move into a new building. • White Horse do not have any plans for an official Opening event though this might be more appropriate after the completion of building work. They will not be issuing a formal statement. • Douglas asked if the merged service warranted an improved bus service. Marcus said that the County is reviewing both the 66 route and the Witney/Abingdon one. See https://consultations.oxfordshire.gov.uk/consult.ti/CO_LTP4/consultationHome https://consultations.oxfordshire.gov.uk/consult.ti/CO_LTP4/consultationHome • Caroline will ask EMIS about capturing patients' email addresses for use in newsletter mailings. • All White Horse patients registered for online prescriptions and appointments will have to re-register. The new system will include optional access to summary medical records. 	<p>Caroline</p>
<p>5</p>	<p>Newsletter</p> <p>David said he was meeting Jo and Caroline that week to discuss an article on the merger for the April Folly and to prepare a Bulletin for the April 1st transfer day. This will be handed to all patients as they check in, will be emailed generally as well as added to the websites.</p> <p>David said that the next newsletter will either be late April or, if there's another Merger Bulletin, then it will be rolled back to May.</p>	<p>David</p>
<p>6</p>	<p>CQC audit</p> <p>The Practice has not heard from the CQC but fully expect to get a short-notice audit once they have been told about the merger. Marcus suggested that Connie Tonks of the Wantage Church St PIG could give valuable advice on being CQC'd and John volunteered to contact her.</p>	<p>Marcus/ John</p>

7	<p>Age UK event</p> <p>Emily is not available so Douglas and David will man the stall for the 2 hour session. Graham may be able to assist. David will find who the local Age UK organiser is. He will also draft an info flyer on the PPG which will also gather email addresses. The Practice will provide literature on themselves.</p>	<p>Douglas David Graham Caroline</p>
8	<p>Maternity Service</p> <p>Marcus updated us on his research project with the disappointing news that the Royal College of Midwives, after initial enthusiasm, no longer shows any signs of interest. They may be more receptive after the election.</p> <p>Marcus has had a positive response from the Oxfordshire Hospitals Trust and they have appointed a senior manager to conduct an in-depth investigation into maternity services at the JR.</p>	<p>Marcus</p>
9	<p>Carers</p> <p>Douglas updated us on the young carers project run by the Rotary Club in conjunction with the school. Caroline said that her trawl of the records did not find any patients under 18 yrs flagged as being a carer. Douglas said the youngest they're aware of is only 9.</p> <p>David will add a note to Douglas' article for the next Newsletter saying that doctors need to know who their patients' carers are in case there is any special help they can access.</p>	<p>David</p>
10	<p>Dementia care</p> <p>Emily said that she has been in touch with Dr Masterman about the speedy dementia referrals programme and it appears that there is a low uptake at White Horse. Caroline said that they liaise with other groups on dementia care but are not participating in the OCCG initiative.</p>	
11	<p>Library</p> <p>Caroline now has the box with John's collection of reference material for putting in the meeting room shortly. The searchable list is on the PPG website in the password-protected 'Core members area'.</p>	<p>Caroline</p>
12	<p>NAPP</p> <p>The next Annual Conference for NAPP members is in Leamington on June 6th. John is away but Graham volunteered to go. Jo will sort his registration and the Practice will pay travel expenses. Emily offered to stand by as first reserve. John will send Graham the previous two Conference reports.</p>	<p>Graham & Jo</p>
13	<p>SWOL</p> <p>John updated us on recent SWOL news: From 1st April PPGs are covered by statute. This, for info, is from the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2015.</p> <p>Insertion of new regulation 24A into the GMS Contracts Regulations</p> <p>4. After regulation 24 of the GMS Contracts Regulations(d) (fees and charges), insert—</p>	

	<p>“Patient participation</p> <p>24A.—(1) The contractor must establish and maintain a group known as a “Participation Group” comprising of some of its registered patients for the purposes of—</p> <ol style="list-style-type: none"> 1. (a) obtaining the views of patients who have attended the contractor’s practice about the services delivered by the contractor; and 2. (b) enabling the contractor to obtain feedback from its registered patients about those services. <p>(2) The contractor is not required to establish a Patient Participation Group if such a group has already been established by the contractor pursuant to any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act(e) before 1st April 2015.</p> <p>(3) The contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.</p> <p>(4) The contractor must—</p> <ol style="list-style-type: none"> (a) engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the contractor must agree with that group, with a view to obtaining feedback from the contractor’s registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the contractor; and (b) review any feedback received about the services delivered by the contractor, whether pursuant to sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that group the improvements (if any) which are to be made to those services. <p>(5) The contractor must make reasonable efforts to implement such improvements to the services delivered by the contractor as are agreed between the contractor and its Patient Participation Group.</p> <p>(6) In this regulation “financial year” means the 12 month period beginning on 1st April each year and ending on 31st March the following year.”</p> <ul style="list-style-type: none"> • Communication with OCCG has to be through the SWOL • John emphasised the importance of the PPG having a successful CQC audit. • Caroline circulated her draft for the Standard Reporting Template on the WHMP’s PPG for members’ input. She will also circulate this by email for comments by 20th March. Gene will coordinate the PPG comments. • PPGs must involve carers of registered patients even though those carers may not be patients themselves. • Marcus added that, if the OCCG are mandating PPGs, they may well find an exodus of the volunteer members. 	<p>Caroline/ Gene</p>
<p>14</p>	<p>Section 106 and CIL funds</p> <p>John updated members on the recent correspondence between SWOL and the NHS on the apparent lack of funds from housing developments for use in supporting healthcare. Jo offered to brief Marcus and Gene on the Practice’s understanding of Section 106 claims by OCCG.</p> <p>John subsequently circulated the letter to Libby Furness from SWOL.</p>	<p>Jo</p>

18	Next meetings 9 June, 8 Sept and 8 December 2015. David gave his apologies for the June meeting.	All
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Circulation

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