

Manor View Patient Participation Group (MVPPG)

Minutes of the Second Annual General Meeting

21 September 2016 7pm at Manor View Practice

1. The 25 members present were welcomed by the Chair (Richard Beeden (RB)) as were Paul Davis (Senior Partner)(PD) and Liz Web (Practice Manager)(LW).
2. Apologies for absence had been received from Brian Richards, Colin Stodel, Chloe Walters and Jesse Anthony.
3. The minutes of the AGM on 25 June 2015 were accepted nem con as an accurate record. There were no matters arising.
4. The Chair reported on the activity of the PPG over the last year.
 - a. The committee met 5 times. Their minutes are on the web site
 - b. RB thanked Joan Manning (JM), Brian Richards (BR), Chloe Walters (CW) and Colin Stodel (CS) for their contributions over the year and continuing willingness to serve on the committee with a special thanks to Joan for organising the talks and newsletters.
 - c. Thanks were also expressed to Jesse Anthony, Radhika Bizwas and John Perry who for various reasons feel unable to continue for another year. Special thanks to Jess for his IT, Facebook and Twitter contributions.
 - d. The PPG can be contacted by email and has a page dedicated to its business on the Manor View Practice web site where the PPG facebook and twitter account links can be found.
 - e. RB & JM met with PD & LW 5 times to discuss among many things: EMIS & PPG membership flyers; above average prescription of antibiotics^{1*}; appointment arrangements; metrics by which we could judge PPG effectiveness; the new building; and staff changes. See the PPG web page for full details.
 - f. Membership stands at about 336 with perhaps 50 more recruited at the flue jab day the previous week It is important that everyone encourages others to join to strengthen the patients voice. Membership is free.
 - g. PPG newsletters have proved very popular with 6 published so far.
 - h. Six talks have been organised. Again full details on the web site but in brief they were: Who Cares for the carers; Diabetes; Booze and Drugs Can I drink with my meds?"; Lifestyle Medicine: Benefits of various activities; Is it something I've Eaten; Managing Stress and Anxiety.
 - i. The PPG organised CPR training available to all patients and staff for the price of a donation to the trainer

¹ Interesting mini-series Thurs 15 & 21 Sept 2016 on BBC1 9pm *The Doctor who gave up Drugs*.

An interesting read "*I contain multitudes*" by Ed Yong covering the latest research and thinking about how the billions of bacteria to which each and every one of us is home and without which we would die, affects our health and mental wellbeing and is affected by the antibiotics we take.

- j. JM & CS have attended Herts Valley Clinical Commissioning Group and West Herts PPG network meetings. The MVPPG is affiliated to the National Association of Patient Participation.
 - k. We discussed the Practice with the CQC inspectors earlier this year. Inspectors were particularly interested in the work of the PPG and the kind of support and relationship we had with the practice. They were pleased with what they saw and heard from us.
 - l. Our overtures to our counterparts at the Attenborough surgery did not bear fruit. This highlights that there has to be a real commitment on the part of the professionals in the practice to engage with patients as critical friends. We are very fortunate in the staff we have here who are willing to do just that.
5. PD and LW were invited to summarise changes in the practice over the last year and their plans for the next 6 to 12 months. Among the matters mentioned were:
- a. The successful CQC inspection in October 2015. It was a lot of hard work for the staff but the ability to discuss issues with the PPG officers in confidence both before, during and after the inspection was very helpful. We were pleased with the outcome of good in all areas.
 - b. The change to the appointment system did not go smoothly. Paul recognised that there was insufficient consultation with the PPG for which he apologised. He explained that the changes were necessary because the demand from patients for face to face appointments with GPs was unsustainable and becoming potentially risky not to mention a barrier to appointing and retaining staff. The new system provides opportunities for many routine matters to be dealt with by telephone. It never-the-less ensures that anyone who needs to be seen as distinct from those wanting to be seen, are seen. When the duty doctor is not on the telephone he/she is in Reception. It is a trial and will be reviewed over the coming months and refinements made where necessary.
 - c. The system provides for booking ahead up to 6 weeks for a telephone appointment; particularly useful for those with chronic conditions. Patients can also book commuter appointments (early morning and weekends)
 - d. Other appointments can be booked for 'today or tomorrow' with the system open from midnight, on the automated telephone or online; or after 8am by calling the surgery. There are normally slots available to book up to about midday.
 - e. Responses to the new system have been mixed with both praise and complaints. Some of the latter are clearly linked to lack of information about all aspects of how the new system will work. A typical comment was "I don't need to see you every month but I do need to speak to you"
 - f. The new system is allowing doctors to carry out patient reviews and offering focus clinics (where a number of patients with the same or similar conditions can be seen). There is also more time for visiting the house-bound and making outside calls.
 - g. There has been the dramatic drop in "Did not attend" or DNAs which fell from about 7% of all appointments to about 1% freeing up hundreds of appointment slots. Those that do not attend get a mild letter pointing out the lapse and asking them to avoid missing future appointments.
 - h. The practice has started working with Bushey Academy School to provide services particularly targeted at young people. The only downside is that all the pupils at the school are not from this area or patients of the practice and many of our young patients attend other schools. So coverage of our young people is at best patchy.

- i. The first nurse practitioner (Amica) has been appointed. She is able to do routine prescriptions and manage minor illnesses. The practice will be working with the PPG to encourage people to use her services rather than those of one of the GPs
 - j. Staff baked cakes for a cake sale. Nearly £200 was raised for Carers in Hertfordshire. PPG members assisted at the sale.
 - k. Flu jab day last week was successful with some 1080 people being seen. A monumental effort by all. Flu jabs for younger people will be available much earlier this year namely October.
 - l. There is a new initiative to include the practice in a local hub for weekend appointments. This will be part of the "Watford Care Alliance" a Government sponsored scheme. All the GPs involved will have access to your notes. NB this is not the same as your medical records being uploaded to the spine; it is a limited practice to practice system.
 - m. All phone calls are now recorded.
 - n. Chair and Vice Chair will be invited during the coming year to spend half a day in the practice.
 - o. When the clinical system is updated the automated booking system is unavailable.
 - p. The new building is about 4 weeks behind the original schedule but is expected to be ready for occupation mid June/early July 2017. The space and facilities will be a marked improvement on current provision.
6. The meeting agreed to the Chair's recommendation that the AGM elect the Committee and the Committee appoint the officers from among their number. Therefore there was no need to change the constitution.
 7. Eight people put their names forward to serve on the Committee. Written résumés were available at the meeting for Joan Manning, Colin Stodel, Chloe Waters, Brian Richards, Pat Ghelani and Ruth Waxman. Linda Loader and Jane Gibson volunteered at the meeting and briefly outlined their experience and the skills they would bring to the PPG. All 8 were elected nem con.
 8. The following ideas for future events were put forward:
 - a. Talk by pharmacist
 - b. Talk aimed at young people
 - c. Repeat of the talk on stress
 - d. Support for carers and the service available from RNOH
 - e. Talk about improving health through regular exercise
 - f. An evening on "Mindfulness".
 9. Development priorities for the coming year will include:
 - a. Reviewing the appointment system with the practice with a view to improving it where necessary
 - b. Developing communications including facebook and twitter
 - c. Assisting with the move to the new premises
 10. Next AGM September 2017;
 11. The Chair (RB) who was not standing for the committee again was thanked for his contribution over the past 18 months or so and for putting together the PPG's Constitution and Terms of Reference It could not have been done without him.
 12. There was no other business
 13. The meeting closed at 2020