Drs Broom, Ward, Shelly & Maxwell-Jones

MINUTES - PATIENT PARTICIPATION GROUP
Monday 13 July 2015

Informal pre-meeting 5 – 6 pm Jane Fulham from Careline attended to give an overview of their service

---

Formal meeting 6 – 7pm

Attendees Arthur Williams, Barbara Williams, Sue Ffoulkes, Gary Williams, Viv Jury, Kay Orme, Sheila Allen, David Brace, Dennis Heaney, Roger Ewbank (Ashbourne Medical Practice PPG) , Irene Longstaff (Brailsford PPG), Rob Hill (S Derbyshire CCG Locality Manager) Dr David Ward, Rachel Taft (minutes)

Apologies Muriel Robinson, Peter Bishop

1. **Minutes of the previous meeting (11 May) – taken as read**

2. **Matters arising**

3. **Consideration to be given to the election of Chair & Deputy –** Agreed Rachel to request self-nominations by email, to be voted upon at the next meeting (September)

4. **Surgery update, including and Q&A**

   a. Changes to team - farewell to Kodie (reception) and Kate (dispensary), welcome Sue (reception)

   b. Flu season – planning is underway for start of flu vaccination season in September. First Saturday clinic will be 26th September

   c. Cornerstone Cage is offering drop-in support for alcohol awareness 1st and 3rd Thursday of the month

   d. Bereavement support is available via CRUSE and Treetops, both have a waiting list of approx. 1 month at the moment. Debbie Newton can refer

   e. Q&A – items to be submitted to Rachel in advance of the meeting so that she can prepare (ideally when the minutes of the previous meeting have been sent, so that the subject can be included in the agenda for the next meeting and other PPG members can be made aware

5. **Ashbourne housing development and impact on healthcare provision** – discussed the Ashbourne Plan, which states that developments of over 5 units will have to consider impact on healthcare. Rachel confirmed that to date no requests for information re our capacity have been received. However, the Clinical Commissioning Group (CCG) is building capacity to help practices address this issue (training/help with grant applications).

   Discussed real issues with GP recruitment, and whether 7 days a week cover actually meant extra capacity. Noted that the practice has been able to increase GP sessions. Briefly discussed national pilot to recruit pharmacists into practices (Rachel reported that the practice would be interested in this and they have put themselves forward as a pilot).

6. **Practice budget – an overview of how we are funded** Rachel gave a summary of the main forms of funding for practices as follows:

Most practices operate under a General Medical Services contract, and are paid a set amount per patient on their register (currently £75.77). However, this figure is adjusted depending on a number of factors, most importantly a calculation taking into account the patient demographics (age/sex/number of patients in care homes etc). This means that those practices with a population with greater healthcare needs should receive a bit more funding than those without.

Practices also can earn income via the Quality and Outcomes Framework (QOF). This lays out clinical standards that we should strive to meet. The better we meet them, the more points can be earned. Points mean prizes – the base value for a point is £160.15 per point. However, as with the GMS contract, a point has a different value depending on the demographics of the practice. In fact, a point is worth a different amount for different clinical areas, as each practice's disease prevalence for each area is taken into account – if you have more diabetics, and so have more work to do to achieve the targets, a point is worth more.

In addition, practices can provide additional services outside of the main contract. Some are commissioned nationally (vaccinations, extended hours), and others by the council (public health issues e.g smoking cessation, healthchecks, long term contraception) and the CCG (minor surgery, Anticoagulation service etc). There is a mix of how these are paid, with some being by activity (e.g. £7.64 for a vaccination) and others an amount per patient on the register (extended hours).

It is very complex, with the changes to the NHS in recent years causing even more difficulties for practices as we now have to claim for payments from multiple organisations. It is difficult to estimate what the income will be until after year end. There is even dispute about what we are actually paid for, and on occasion the powers that be have omitted to commission a service altogether (minor injuries was one such case last year, but in that case the practice decided they would continue despite there being no payment, for the benefit of our patients).

7. Reviewing complaints and practice feedback The practice is contractually required 'to review patient feedback (whether from the PPG or other sources – Friends and Family Test, patient surveys etc) with the aims of the practice and PPG agreeing improvements that could be made to services' .

It was agreed that Rachel will put this on the agenda every 3 meetings. Whilst the group already discusses feedback from the group itself, Rachel will also bring any non-clinical complaints/feedback received from patients to discuss.

8. AOCB

a. Did not attends (DNAs) – discussion on whether charging should be introduced. Highlighted that the practice actually is not asked to report on DNAs, however Rachel feels the government is aware (it has been mentioned in numerous speeches). The practice felt it was not for them to be pushing for charging. It is not currently possible or legal for practices to charge. Introducing any element of charging would be a major change to the 'free at the point of access' principle of the NHS, and the practice felt it is for the government to have that debate with the public, or for the public to have that conversation with their representatives. Discussed difficulties of enforcing charges if introduced.

   Discussed reasons why text messaging has not been introduced (free text messaging was made available via the NHS email system, but funding is being withdrawn and may be only available via private providers. This would likely be a significant extra cost to the practice, and the practice does not want to implement a system only to have to withdraw it – if introduced, they need to know that it is sustainable in the long term.

b. Debbie Newton (Patient Services Co-ordinator) has offered to come to the informal part of the next meeting to give an overview of how we work in Reception, referring patients to services etc. Agreed to invite Debbie to next meeting.

c. 2 new potential PPG members joined us this evening – welcome to Sue (who has not trouble getting an appointment!) and Dennis.

Date of next meeting

This was scheduled for Monday 14th September 2015, but due to a number of members being unable to attend, Rachel to request with the emailed minutes to reschedule for Monday 21st September