

**MINUTES - PATIENT PARTICIPATION GROUP
12 May 2014**

Informal pre-meeting 5 – 6 pm

5pm-5.45pm Grace Cotterill and Helen Jones of the CCG attended in order to discuss a potential event centred on 'Supporting Patient Education and Self-Care' (Grace will however be moving on – however, Helen will provide a much more permanent presence for PPGs, not least as she is The Surgery's CCG Manager).

All present felt that any event locally would actually not reach those who misuse the system. Again all expressed discomfort with request to 'represent' the NHS at meetings, despite the self-care guide that has been written (see point 3 below). Agreement with Jack's comment that the PPGs are a solution looking for a problem, which the CCG has yet to fully define. Discussions with the CCG will continue.

5.45pm-6pm - Debbie Newton briefly on blood tests (as requested at last meeting). This is a very big subject. Went through the very basic mechanics of request through to result coming back. Debbie happy to try to answer specific questions.

Formal meeting 6-7pm

Attendees: Jack Crawford (Chairman), Arthur Williams, Barbara Williams, Peter Bishop, Liz Goodall, Lis Hind, Sheila Allen, David Brace, Gary Williams, Saxon Maskrey, Dr Andrew Broom, Debbie Newton, Rachel Taft (minutes)

1. **Apologies** - Muriel Robinson, Kay Orme, Allen Forsyth, Ellie Wright, Jenny Whitby
2. **Minutes of the previous meeting (10 March 2014)** – agreed
3. **Guide to self-care** – covered in informal pre-meeting – will discuss further at next CCG/PPG meeting yet to be arranged (document needs work, not digestible or clear e.g. definition of minor illness/injury/walk-in centre depends on location... and possibly the weather!)
4. **PPG Awareness week commencing 2 June 2014**
 - a. Discussed pack provided by NAPP (made available before the meeting). Those who had read it felt somewhat disappointed by content. Agreement that organising a PPG display stand (e.g. at St Oswalds) would achieve little.
 - b. Discussion on best way to spread the word/communicate with patients on PPG work and other matters. All agreed the waiting room TV screen was far and away the best tool but not currently used to any effect. If Debbie/Rachel are unable to 'personalise' messages, the PPG suggests looking into a second screen/pc for the waiting room (possibility for

fundraising and input into messages by PPG?). Rachel to look into and report back.

c. Jack will attend the NAPP conference and report back.

- 5. Patient and Public Disability Listening Event RDH 10 April 2014 - report from Arthur Williams** In addition to the report (provided prior to meeting), Arthur highly recommends joining the Royal Derby Hospital patient forum for informative meetings on many subjects. He found it inspirational and learnt a great deal.
- 6. Practice update** – see report below
- 7. Data sharing requests from NHS organisations** – an area that is complicated and unclear even to the Surgery. Please see below Rachel's attempt at explaining her understanding of the situation (made to Lis and then verbally at this meeting).
- 8. Matters arising**
 - a. Approach to past PPG members - Peter Bishop has contacted 22 past members and this effort has resulted in 3 who expressed an interest in re-joining (one of whom attended this evening, welcome Saxon). Well done to Peter!
- 9. Dates of next meetings** – Jack requested Rachel to select dates approximately 6 weeks apart. Rachel awaiting GP rota and will issue proposed dates asap by email

Practice update May 2014

1. Partner's maternity leave - sessions now fully covered (after difficulties) by two experienced local GPs, Dr O'Hara and Dr Horsfield
2. PPG action plan was circulated for final comments and is now published on the website. RT to update on progress at next meeting
3. The Surgery has recruited a new receptionist, starting mid-May 2014
4. New nursing team in place now, lots of training going on
5. Long term condition reviews – every patient with a long term condition (e.g. Diabetes, Asthma, COPD, stroke etc) has an annual review. We found that many patients with more than one condition were having to come back multiple appointments so are putting in place a system to improve convenience for patients and improve efficiency, meaning that wherever possible reviews deal with all conditions. Patient leaflets will be available.
6. New contract for The Surgery – along with all other practices, the new contract has some challenging targets:
 - a. Unplanned admission enhanced service – The Surgery will create a register of 2% of the practice population who are at risk of unplanned admissions (e.g. patients with COPD who are risk of exacerbations, diabetics etc). We will then create a specific care plan and co-ordinate with other agencies to ensure we are all working together (to try and avoid disjointed care) to provide the best care for the patient and hope to reduce the chance/frequency of that patient requiring an unexpected admission to hospital
 - b. Patient online access – as of 31/3/15, The Surgery will offer online booking of appointments (we already provide the facility to order repeat prescriptions online). There will be a publicity campaign in-house to encourage patients to sign up (each patient needs a secure login)
 - c. Every patient over 75 will be allocated a named GP. They will be informed who their GP is by 30/6/14 and we will try to accommodate patient wishes where possible. A named GP has overall responsibility for the care and support that we provides. This does not prevent patients from seeing any GP in the practice nor does it guarantee an appointment with their allocated GP. The Surgery contends that this is in reality no different to the Partners having overall responsibility for your care, as they have always been.

Data Sharing

This question arose after it came to light that St Oswalds staff were asking patients at the beginning of outpatient consultations if they would give consent to share their data with the GP.

There are now so many layers of data sharing at different stages of development that you would have enough shaking sticks as to build a really big bonfire. It sounds obvious – surely we share already?! Well, it depends on your definition. Your GP shares relevant information when making a referral and does this via post or electronic letter. The provider of that secondary care then shares information back to us the same way. This letter is then stored in your record. So, they do already share some details, but not directly to your record held in our computers in the form of the actual consultation notes.

I believe what they are now asking for is permission to put a code on the records they hold on their system for you that will suggest to your GP that they can share parts of your actual record electronically into their system – so in addition to writing them a letter, we would allow them access to relevant bits of your electronic record.

Whilst you may say yes when asked, the Surgery would not necessarily grant permission to that external healthcare provider. We may seek consent directly of you, or ask to see proof of consent, restrict the access they have (we are the keepers and if we don't think it is appropriate for them to have certain information, and it is our responsibility to determine that – for example, a practice wouldn't want to open up child safeguarding/mental health issues for physio referrals). Just because they ask and you say yes, doesn't mean their data will be shared with us.

All of this is not available in Ashbourne anyway at the mo, as unlike a lot of practices neither practice shares the same clinical system as the community services. The technical solution is being worked on to share across different systems, but it isn't there yet. We don't have enough detail (any!) to know how we will handle it when it is possible.

So, you will be asked, they are taking consent for the future, but an individual clinician probably hasn't been told why they are asking, and won't know whether your data actually will be shared in the end.

This all comes hot on the heels of the other different layers I mentioned – summary care records (just your allergies, medication and main conditions), care.data (not for the benefit of individual patient care but aggregated data for NHS research purposes as I understand it), and now this data sharing at St Oswalds. Which makes it understandably confusing for patients. Suffice to say, it's a minefield! As with so much of the headline stuff that is put out, the complexity is immense, and those of us who have to try and implement these systems are often in the dark, and left trying to explain the unexplainable to patients. That's not very diplomatic....just my view ☺
Rachel