

**MOSS VALLEY MEDICAL PRACTICE PPG**

**Date: 14th November 2017**

**Venue: Moss Valley Medical Practice, Gosber Road, Eckington, S21 4BZ**

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| **Present:**  Tony Cross (Chair)  John Hutchinson (Minutes)  Mick Down (until after item 3a)  Hazel Hollingsworth  Anne Humphreys  Mary Milner  Sybil Ryalls  Gordon Westell  Dr Louise Moss (GP, Moss Valley) (until after item 4)  Stuart Tilley (Business Manager, The Valleys)  **Also Attending:**  Sam Robinson (Patient Experience and Engagement Officer, North Derbyshire CCG)  Glyn Jones (GVMP)  Wendy Jones (GVMP) | **Apologies:**  Cherie Down  David Humphreys  Jeremy Kenyon  Helen Lane  Mike Simms  Jacqui Willis  Shelley Hinson (GVMP)  Howard Mills (GVMP)  Jenny Mills (GVMP) |

**1/ Chairman’s welcome and apologies**

The Chair welcomed all present and announced apologies received.

**2/ Minutes of the last meeting**

Minutes of the joint PPG meeting held on 5th September 2017 were accepted as a true record, on behalf of MVPPG.

**3/ Matters Arising**

a/ Health Information Evening

Mick Down reported on the event organised by Dronfield Together, which had taken place in Dronfield Civic Centre on 1 November and which he had attended. He reported that the event had been very well supported, and that in excess of 30 services and 16 clubs had been in attendance, providing advice/assistance to those in need of support. Attendance had been principally by invitation of referred individuals.

Mick stated that there would be a meeting on December 7th to review the event, and a report would be presented to the PPG at its next meeting, with a view to deciding – with self-care in mind - whether it was likely to be beneficial to replicate the event in Eckington. It was recalled that an event held in Eckington in September – which had been not dissimilar in concept, but much smaller - had been poorly supported. It was understood that Jacqui Willis had had significant input to the event in Dronfield and it was noted that Mick proposed to liaise with her.

b/ Dementia

Tony reported that Helen Lane had confirmed that she intended to begin production of a draft of the Dementia information leaflet discussed at the last meeting, in the near future. Hopefully, it would be available for consideration at the next meeting.

c/ DNAs

Stuart reported that the Practice’s text reminder message had been updated, requesting patients to cancel appointments no longer required. He added that the suggestion to include reference to the cost of each missed appointment could not be pursued, as the limit on available characters would not allow more text to be added.  
Dr. Gupta, a Partner at GVMP, had written a draft letter to be sent to all patients who did not attend appointments, a.s.a.p. after they failed to attend, which Practice partners were to consider.   
It was agreed that the Practice would consider posting notices in waiting rooms, outlining costs and implications of missed appointments.  
The Practice also agreed to review records of missed appointments, with a view to discovering any discernable patterns.

d/ National Patient Survey

As agreed at the last meeting, Susan Airns had provided some relevant statistics specific to The Valleys, which Tony had communicated to members present at the last meeting (except John Needham, whose email address was not available). Of 238 TVMP patients to whom the survey had been sent, 111 had replied (c.47%), less than 1% of total patient population.

e/ Practice Opening Hours

Stuart reported that it was usual for GVMP to open its doors about 5 minutes before the first appointment each day. The Practice confirmed that the arrangement would be commenced at MVMP, but that would have to be on the understanding that patients would use the automatic check-in screen to register, because commitments of reception personnel were such that the reception desk would not be manned until 8am. It was a matter of some concern that patients of MVMP were much less inclined to use the check-in facility, than patients of GVMP. Efforts had been made to encourage use of the screen at MV in the past and it was suggested that PPG members might, in turn, provide such encouragement in future. Should the Practice confirm a request for such assistance, presence of some volunteer PPG members at 8am each weekday would be required.

**4/ Practice/Patient Charter**

Dr. Moss reported that the Practice was likely to propose the creation of a charter which would set out the reasonable expectations and the respective responsibilities of the Practice and its patients. She expressed anticipation that two members of the PPGs would be invited to participate in its preparation, with Dr. Handscombe, who had expressed interest in being involved. Glyn stated his interest in taking part. ***Any MVPPG member interested in participating should contact Tony.***

**5/ Practice Update (relevant to MVMP and GVMP)**

Stuart had circulated a Practice Update with the agenda, mainly outlining staff changes and information on GP Registrars and F2 Doctors.

He had also reported that a number of meetings had been held with staff, to discuss administrative alignment between MVMP and GVMP. Stuart was attempting to secure some CCG funding to help train Practice teams to signpost patients to the most appropriate resource in each case, whether that was considered to be in the Practice or outside, but with a view to reducing demand on doctors’/nurses’ time.

It was also reported that NHS England had stated its intention to introduce a system whereby every patient would have access to a doctor between 8am-8pm each weekday, with effect from April 2018, and on Saturdays and Sundays with effect from April 2019. In response to invitations sent to medical practices, by NHS England, TVMP had expressed interest in providing such a service to its existing patients, but that proposal had been rejected, as it did not meet the requirement of NHS England. That requirement was that any practice providing the service in a particular area, should provide it to all patients in that area, irrespective of the practices with which they were registered. Many aspects of NHS England’s intended system were still to be clarified. Stuart reported that once clarification had been received, the Practice would decide whether it was prepared to offer the service to a wider patient group.

**6/ MVPPG – The future?**

Tony reviewed aspects of the history of MVPPG, since 2011, when he had begun to attend its meetings. In that time, apart from attendance at one meeting in 2011, of 16, and attendance of 15 at each of two meetings since then, attendances had typically been between 7 and 11. At four meetings in 2017 (two of which had been joint meetings), attendances of MVPPG members had been: 6,4,6 and 6. Should those reduced attendances prompt review of the Group’s way of operating?

In November 2012, the Group had requested that operating rules be drawn up. A small sub-committee had devised and proposed a form of Constitution and Terms of Reference, which had been adopted by the meeting held in January 2013.

Subsequently, Mick Down had agreed to become secretary of the Group and Tony had agreed to be chairman, each for a year. As no member had been prepared to take over the Chair from the end of 2013, Tony had agreed to continue to chair meetings for a further year. Since the end of 2014, no other members having offered themselves for election as chairman, Tony had continued, as acting chairman. **(Post-meeting note: Any nominations for the position of chairman, made before the next meeting, will be considered then)**

Regarding the secretary position, there had been no firm understanding as to which person would take the minutes of meetings on a regular basis, since the end of 2013. In recent months, John Hutchinson had agreed to take notes of meetings, but his work caused him to be away from home, from time to time. Therefore, **Tony asked for, say, two other members to offer themselves to take notes of meetings in John’s absence, to avoid the need to request help on each such occasion**.

He said that the lack of volunteers to undertake either of the two main roles, for some years, raised questions as to why the Constitution and Terms of Reference had been adopted – perhaps because most members present when it had been, had expected others to be willing to perform the tasks.

Tony highlighted what should be one of the main objectives of a PPG - to bring to the attention of a practice, matters of most concern to its patients - and he asked whether MVPPG had been fulfilling that role? He expressed belief that the Group didn’t take enough initiatives to reach patients, but he added that, currently, it might be reflecting many patients’ concerns in one respect, waiting times for appointments.

He said that he would favour periodic (say, monthly, or even ad hoc) bulletins - to be posted in the Practice and made available for patients to take away - highlighting matters of concern, useful information, or asking for responses to questions which might be posed by the Practice.

It was known that people had expressed support for the Information Evenings held at MVMP, but although in theory they were open to all, few had benefited from them.

***Tony asked members (whether present, or not) to think about what the PPG might do in future, to improve its links with patients – for the benefit of patients and the Practice - with a view to members offering their views to the next meeting.***

Sam Robinson cited the experience of another practice/PPG, in that some of its younger staff members had made many contacts in the interest of that practice, via a Facebook page, and she asked whether MVPPG might be able to arrange such an initiative …or might arrange to contact school 6th form students...or, perhaps, might seek to identify any parties who would be prepared to champion the Practice/PPG.

More fundamentally, Tony asked: Is MVPPG valued by the Practice and does it have a future

In response to an observation by Tony, Stuart said that the unprecedented pressures being experienced by the Practice (and by General practice, nationally) meant that partners and staff now struggled to invest much time into issues raised by the PPG. That could be interpreted to show that the PPG was less of a priority than before. Nevertheless, he confirmed that the Practice would welcome activity by the PPG, focused on specific issues that could make a positive contribution to the running of the Practice, such as: by liaising with the Practice, to devise targeted patient surveys and the previously mentioned Patient Charter, and by increasing patients’ familiarity with the check-in screen.

***(As stated above, discussion of the subject would continue at the next meeting. Members, please put on your thinking caps!)***

**7/ Any other business**

PPG Network Group (Dronfield/Eckington/Killamarsh)

Next meeting - 18th January 2018, at the Oakhill Medical Practice, Dronfield.

**8/ Date of next meeting of MVPPG**

Tuesday 20th February 2018, from 6.30pm, at MVMP.

(A meeting of GVPPG was scheduled to take place at GVMP on 7 December)