**CAVERSHAM GROUP PRACTICE**

Caversham Patient Participation Group (PPG) meeting was held on 3rd April 2018 from 6.30-8pm

**MINUTES**

**Present**

Representing Caversham Group Practice Dr Stephen Amiel (SA), Sheetal Shah (SS), PPG Chair Roderick Allison (RA)

For confidentiality purposes, names of patient attendees are omitted from the version of these minutes uploaded to public websites. Copies of minutes are distributed to the PPG mailing list.

1. **Welcome & Introductions:** RA opened the meeting by thanking those present for attending and did round of introductions.
2. **The next Listening Space Garden Event on 21st June**

Last Listening Space event was very well attended by lot of patients. The number of patients attending events was increasing.

The next event will be on 23rd June 2018 from 2-5pm. This would be to celebrate 20th anniversary of the practice in the current building and 70th anniversary of the NHS.

There were discussions on getting local MP, Frank Dobson, old Caversham doctors/staff to attend the event. The members of the group would look at detailed planning along with SA, JM and few practice staff.

KE suggested about having a historical display about Caversham. SA requested all patients to see if they have any reminiscences from Bartholomew Road and Leighton Road pictures for the event.

JL informed everyone about A March taking place on 30th June (the following week of event) on ‘Saving the NHS’. He would send the details to the practice to be circulated to all PPG.

Patient TP also volunteered to help plan the event.

1. **Practice Update**:

* Practice based pharmciast – SS updated everyone about the role of practice pharmacist employed by our federation working across few practices in our neighbourhood. The feedback from patients seen by her has been very positive. Few patients in the meeting also gave positive feedback. This currently part of NHS England pilot of pharmacists based in GP surgeries to offer medication reviews, medication reconciliations and share some workload to free up GP capactiy. The success of this will be based on providing tailored service and overview of your care. The main aims would be avoiding polypharmacy and making it easier for patients to repeat prescriptions.
* Repeat Prescriptions – Practice is currently reviewing the process and training staff has for repeat prescriptions. Current challenges faced by practices are requests received from pharmacies are adding extra admin workload on clinical and non-clinical staff. SA mentioned to patients community pharmacies over repeat prescriptions every month. They should not be requesting this without patient consent.

Mf suggested getting feedback from doctors why a script is rejected would be very helpful. SA replied there could be several reasons and practice does not have financial resources to get back to every patient. There are way on patients can see online via Patient Access if their script is ready for collection. Patient fedback asking practice staff to promote to Patient Access more to patients.

* Added Clinical Space – The practice has digitalise all the medical records. This has freed up space which has been converted into 4 consulting rooms (1 downstairs and 3 upstaris) as well as a new dedicated patient health hub area next to front reception. The practice list size is incxreasing hence the space will be used for new /additional clinical services. Sadly there are no Heath Visitors attached to the practice anymore due to changes in commisioning arrangements.
* Staffing Update – Due to list size increasing and to improve patient access, practice is currently recruting more doctors to cover 12 sessions. A new nurses has bee nrecruited recently to work 1 day a week. Dr Bennett is back doing reduced sessions. Practice is working on building a team of clinicians including practice pharmacists, nurses, nurse practitioners etc.

Recently there has been a management restrucutre in the practice. Fay Saunders has been appointed as Deputy Practice Manager and 2 Team supervosors. This is to offer support to non-clinical staff. With increasing list size the non clinical staffing capacity has also been increased.

JL suggested this item should include, as a standing item, STP pressures on the Practice

1. **Extended Hours Access**

RA mentioned this was disucssed in the last meeting following which PPG has received a response from Dr Warner. There is a CEPPG meeting next week on 10th april where AT Medics will be attending. All foruther queries to be discussed with them.

JL wanted to know how did the discussions go within the practice. SA responded it was a bit of both. Practice agreed it was waste of money but Camden had implemented in a helpful way. The main initiative of the service was to reduce demand on A&E and offer access for working patients in shape and form.

SS added being the host site Practice has some say in it, ensure the service is staffed by local GPs and admin staff and also enables us to increase capacity in general practice.

1. **Future Role of PPG**:

There were queries on what the role of the PPG is and do the patients know about it. PPG would like partners to tell patients what threy expect of PPG.

It was agreed to do a survey monkey going out to all virtual group patients to allow us to get a wider feedback. A question on what the role of PPG is should be added to the survey.

KE circulated a NAPP (National Assosication of Patient Participation) presentation on how to build a healthy and productive PPG. AP said he would brinig in ideas in the next meeting to see where we are going and how we can improve on communication to patients. KE agreed to do a draft survey on PPG to be circuated to PpG for comments.

1. **CCG/CPPEG Update**

NHS Enlgandh as launched a consultation with Over The Counter Medications should not be prescribed. RA attended the NHS England meeting last month which said they would issue guidance to the CCGs this month. It would be upto Camden CCG what they do with the guidance.

Patient can go the pharmacy under minor ailments scheme ad get scripts for certain minor conditions. SA mentioned Caversham takes role of patient advocate very seriously and will challenge this. The budgets overall are going to be cut from this year to spread funding equally nationally. This is a national criteria.

1. **Defrillators**

MF mentioned how debrillators are very important at every public place however patients don’t know about it. SA mentioned all ambulances carry them, most police carry them and possibly they might be in superstores and railway stations

SA suggested speaking to British Heart Foundation regarding having these more publically available.

1. **Any Other Business:**

* Elections for CEPPG end on 5th April. RM suggested PPG should agree on a candidate and vote. As few patients had voted already. If patients are unable to vote electronically, Martin Emery from the CCG would take their vote over the phone.
* A patient asked if Health Visitors service was taken over by Virgin Health (private provider). It would be useful to get some feedback from the council.
* Advanced Directives - CG raised the question of people making advance decisions about their wishes as regards resuscitation in the event of terminal illness. SA said Dr Jane Myat was the practice's expert on this.

**Date of Next Meeting: 19th June 2-4pm – PLEASE NOTE CHANGE OF DATE**