

ASCOT MEDICAL CENTRE - PATIENT PARTICIPATION GROUP (PPG)

Minutes of the meeting held on Tuesday 12th November 2019 at AMC

Present: Stephen Isaia , Chairman (IS), Jo Taylor, Practice Manager (JT), Richard Jolley (RJ), Linda Jolley (LJ), Pam Lakin (PL) Rosalind Hansen (RH), Peter Boyce (PB), Malcolm Brown (MB), Sheila Sparks, Secretary (SS)

Apologies: Dr Edward Williams, Senior Partner (DrW) – joined by telephone for part of the meeting.

In attendance: Nurse Tina Bird, nursing lead for chronic diseases (TB)

		ACTION
1.	The Minutes of the meeting held on Tuesday 3 rd September 2019 were agreed and can now be posted on the website, circulated to the Virtual PPG members by email and a copy put on the PPG noticeboard at AMC.	JT/SS
2.	<p>MATTERS ARISING:</p> <ul style="list-style-type: none"> <li data-bbox="360 846 1267 1115">i) Heatherwood Site – progress report: JT was thanked for her persistence in getting signage erected at the now closed Gate 3 and from Gate 2 directing patients and visitors to AMC. SI asked about the parking situation and JT advised that Security are now putting tickets on cars that do not have AMC patient slips. On busy days patients are being reminded to put parking passes on their cars. <li data-bbox="360 1122 1267 1346">ii) Digital Drop-In – RJ said that with improvements on the website he felt people would probably learn more from logging in at home with a step by step hand out that they could keep handy for reference than he could help with short training sessions relying on memory. This will be investigated with JT and be kept under review. <li data-bbox="360 1352 1254 1424">iii) Action Plan – this had now been approved and a copy placed on the PPG noticeboard. 	
3.	<p>Patient Feedback via iPlato – October 2019 – This had been an excellent report with a 96% satisfaction rate ranking us in the top 80th percentile. Everyone is to be congratulated.</p> <p>It was pointed out that AMC’s rating on NHS Choices via Google are rather low and only showing old comments. PPG members were asked to log-on and enter current remarks.</p>	
4.	<p>Network PPG:</p> <ul style="list-style-type: none"> <li data-bbox="360 1854 1267 2045">i) Report on meeting: SI had attended the meeting held on 17th October when Barbara Gallagher had been introduced as the new WAM lay member for patient and public involvement. It was her intention to have meetings with all the PPG Chairs in the near future. 	

<p>5.</p>	<p>ii) AMC PPG/WAM Alignment Going Forward – SI asked the meeting if AMC PPG should consider joining the network with the other Ascot surgeries as this is where the future was leading. It should still be possible to keep our links with the WAM Network. After discussion it was unanimously agreed that this should be the way forward as we were now part of the Ascot Network group. SI and SS have been invited to a meeting on 20.11.19. and would report back in due course on the format and content of the meeting. The Ascot group run the Health Matters meetings which are held at Lynwood and well attended by both residents and members of the public. We always publicise them on our PPG noticeboard.</p> <p>iii) The Ascot Plan Statement – this had previously been circulated by DrW and with the agenda. SI had had discussions with Dr W about the proposals and he had explained that there were bound to be many changes before the final plan was implemented. Financial and funding regulations had made it imperative to have a plan in writing before the end of the year. SI said he had felt re-assured after his discussions with DrW, although there were bound to be many changes in the future.</p> <p>iv) Integrated Care Teams Cluster – ICTs are mutli-disciplinary teams who focus on maintaining the health and wellbeing of people in their community. The ICT includes a GP, a Community Nurse, Community Matron, Mental Health Nurse, Social Care Practitioner, a Care Co-ordinator and representatives from the voluntary services. TB explained that she is in contact with the ICT once a month by telephone and is able to refer a maximum number of 6 patients to them. ICTs support people with multiple health and social care needs. TB was able to give an example of the cluster at work and a patient who had benefitted greatly from the services offered. Patients are referred by a health or social care professional, they do not refer themselves.</p> <p>Group Clinics – (At this point DrW joined the meeting by telephone) – SI started by saying that this item had come onto the agenda following a letter of concern he had received from a PPG member. TB had been asked to come to the meeting to give some explanation of Group Clinics. TB and JT explained that earlier in the year they had attended training and signed up to operate Group Clinics at AMC where patients would be seen in groups rather than on an individual basis. It had been agreed that patients with Type 2 Diabetes would be the best cohort for this pilot scheme as it would involve in excess of 200 patients. Groups of 10 patients would be invited to take part in a Group Clinic and these would last approximately 1½ hours. Patients would be telephoned and invited to attend a group consultation, and this would be followed up with a text reminder. Before beginning each meeting patients would be asked to sign a</p>	
-----------	--	--

6.	<p>confidentiality form as individual results and other personal details might be discussed. TB would be available for part of the time and Katie and Kim had been trained as facilitators to get the meetings underway. So far 5 group clinics had taken place and 46 out of 50 patients had reported that they liked the format of the group and the peer support that it offered by way of sharing information and tips etc.</p> <p>The PPG member had attended a Group Clinic but had been under the impression from the telephone call he received that he had two appointments, one with Katie or Kim and another with TB and these would be individual appointments. He was shocked when he arrived to find that he was in a group situation with other patients. He was also shocked to find that his named results, along with the other attendees, were posted on a whiteboard which he felt was against all data protection rules.</p> <p>The meeting was assured by both JT and TB that the group consultation approach was an NHS driven and supported programme and that subject to the confidentiality agreement being signed by each participating patient, data protection rules are covered. The programme is voluntary and being continually reviewed, TB confirmed that one change in place was results are now anonymous using numbers rather than names.</p> <p>After a long discussion it was agreed that communication was key when introducing new ways of working at the practice. The script used by the member of staff issuing Group Clinic invitations should be brief and to the point but essentially the word “group” must be used very early on in the conversation. Patients must be made very aware that this is not just an annual check but it is a ‘forum led’ annual check and advised how long it is likely to last.</p> <p>SI offered to take a look at the script and let JT and TB have his suggestions for revised wording.</p> <p>TB was thanked for attending the meeting, and she said she would be very happy to come again in the future if the PPG thought it could be useful. SI thanked the PPG member for bringing this to his attention which had enabled such a full and frank discussion of the new format.</p> <p>AOB – The next newsletter is due soon and after discussion it was agreed should include the following:</p> <p>Group Consultations/New ways of working E Consult – explaining parents can now complete eConsultations for children Christmas closures/Pharmacy opening times</p>	
----	---	--

DATE & TIME OF NEXT MEETING: Tuesday 14th January 2020 at 6.30 pm