

**Minutes of the Annual General Meeting**

**held on 17<sup>th</sup> May 2016 at 19.30**

**in the Large Hall of the Oxshott Village Centre, Holtwood Road, Oxshott**

**1. Welcome by Chairman Christina van Roest (CvR)**

Christina welcomed everyone, especially our guest Dr. Mark Jenkins for coming to the PPG AGM.

**2. Apologies for Absence**

Ann Finlay, Andy & Liz Owler, Michael Stephens, Diana Balfour, Dr. Jan Austen, Ian Shepherd, Claire Broadhurst & Doris Butterworth sent their apologies.

**3. Minutes of the AGM held on 2<sup>nd</sup> June 2015**

The Draft Minutes of the last AGM have been online and sent out to all members. No comments were received and those, who were present last year, confirmed that they were a true representation of that meeting. The Minutes were signed by the Chairman & the Secretary and filed.

**4. Annual report of the Chairman**

The PPG's (Patient Participation Groups) are getting quite settled and more and more people get to know this reasonably new 'institution'. It was made compulsory to have a PPG in every surgery by the NHS, last year.

A Patient Participation Forum was set up, recognizing that more than 300,000 patients are registered across the 33 General Practice Surgeries in the Surrey Downs Clinical Commissioning Group (CCG) area. The PPG Representatives Forum has identified a need for continuing liaison between PPGs established at those practices in order to:

1. Provide a concerned patient voice on matters of mutual concern;
2. Enhance the functioning of individual PPGs, by supporting each other and exchanging views and methods for better results.

The Chair is: Patricia Wiltshire (*B.Sc. (hons), Ph.D., D.Sc. hc, FCSFS, FRSB, FLS*). *Professor Southampton University,*

Vice Chair is: Ann Pickering from our PPG.

CvR represents the Oxshott Medical Practice as Chair of the PPG.

We all aim to improve services and the communication between the surgery and the patients registered there. It is not always plain sailing, some unfortunate events, mishaps and human errors remain, and the dialog is there to put things right, if possible.

We aim to be **active** in the committee to promote the partnership between patients and general practitioners, therefore we organise events to communicate with the patients, when we can.

- Our Data base has again increased in this year, new members have signed up and dialogue via e-mail has been fruitful.
- We continued with our Magazine Publications, Website information & Bulletins with notes of our meetings, announcements, facts and information on services.

**Our Activities were quite varied since our last AGM in June 2015.**

- We have held various 'Meet & Greet' days, when you have seen us stopping you and other patients from walking straight through to the surgery by introducing ourselves to you and asking for your 'Membership Free Subscription' to become a 'Virtual Member'. These chats give us the opportunity to engage with your concerns and wishes, and also gratefully accepting your very positive comments about the practice. Some information we display on the board in the Surgery.
- We have published 3 Patient Bulletins (September & December 2015 & May 2016) and feedback has been well received and enjoyed.
- We are always very grateful that the Local Magazines are happy to publish our information, which is essential for us to reach those patients who do not have email and we have less

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communication with during the year other than at our Meet & Greet sessions. The website is also a good place to look for more information and events and to keep up with the Surgery News.

- During the PPG Awareness Week 2015 (always in the first week of June) we held a special event: the informative evening on 'Prostate Cancer and other Prostate related Diseases'. It was a well-attended talk with the title: **"Little Gland – Big Problem"** by a trained Volunteer of the Charity **"Men United"**. Our own Dr. Jan Austen was also present to help with specific medical questions and it was a lively evening. We were glad to see that it was not just an evening for MEN, but also of interest to partners, who share the worry and anxiety with the patient/partner when the big "C" is mentioned.
- On Wednesday 17<sup>th</sup> of June 2015, we organised a **Coffee Morning for Diabetes UK**, which raised £140.50. Our surgery nurse Rosemary offered a free blood glucose test for those who were interested. There is still work to be done to raise further awareness of this disease.
- We followed these events with another informative evening: **"Stroke Awareness"** A presentation by Volunteer visitors showed us, supported by descriptive slides, what an impact this illness can have, not just on the patient but also on the family and friends trying to comprehend the extend of the trauma on one of their loved ones.
- To help the Charity **"Stroke"** we also organised a coffee morning to raise Funds on World Stroke Day, 29<sup>th</sup> October 2015 and raised £300.
- We had a few sessions of **"Meet & Greet"** our patients. We have collected some of your remarks on those days, and we have presented them to the OMP Manager, to reply or act upon where possible. The PPG is not an Ombudsman or a complaints service group, but if possible we like to listen to you and try to improve situations and services without using the personal information you gave us.
- **First and foremost:** Patients are overall very happy with OMP: doctors, nurses, receptionists and other staff. However, there were also some patients with a different opinion about the Practice and aired some of their concerns. These matters were put to the Manager and were corrected, where possible.
- There is a big concern about the DNAs (Did Not Attend) numbers. The statistics received from the OMP Manager about the number of DNAs was: 1092 DNAs over the last 12 months, an average of 4 per day!!! This can be improved.
- At the end of last year, we gathered our thoughts on further awareness events and, after consultation with all our members by e-mail, we organised an evening on **"Mental Health & Mindfulness"**.  
We were able to invite an expert in this field, Dr. Mark Rackley to give a presentation that was very interesting, educational and made this difficult subject accessible and understandable for all present. He was so kind to waive his fees and we collected on the evening £95.45 for his favourite Charity: Cancer Research UK. CvR thanked all who contributed.
- Our next event **"Mystery of Medicines Revealed"** by Wayne Lloyd of Lloyds Pharmaphcy, will be held in the PPG Awareness Week, 9<sup>th</sup> June 2016 at 20.00 in Oxshott Village Centre. The presentation should be very interesting.

At this point CvR thanked the team of Committee members for their contribution to make this all happen.

- A question was asked from the floor: was there is a pattern or indication of which individuals or groups of patients were responsible for the DNAs?
- Dr. Jenkins responded that the initial review showed that more DNAs for nurses and phlebotomist appointments were being missed than for doctors appointments. He suggested that young females were the most likely "offenders", and people who made their appointments

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too far in advance. Dr. Jenkins pointed out that there had been a reduction in DNAs since the introduction of the multiple telephone reminders.

### **5. Presentation by Dr. Mark Jenkins: “News & Pressures at the Oxshott Medical Practice” followed by Q&A**

- Dr. Jenkins started his presentation with the “Great News” that Dr. Johnson had recently given birth to twin boys, Rhys & Nye. As a result of this, the Practice had therefore recruited Dr. Alice Palfreman. He explained her background and qualifications. She is providing cover during Dr. Johnson’s maternity leave. Dr. Palfreman’s special area of expertise is in Paediatrics and she is working in a Minor Injury Unit.
- Dr. Raviraj is covering Dr. Johnson’s list while increasing her own hours to 7 sessions per week. She is also covering Sunrise on Friday mornings.
- Dr. Draper is as busy as ever plus he is now the new co-editor for the magazine “InnovAiT” of the Royal College of General Practitioners.
- Dr. Jenkins has recently completed the “Multiprofessional Faculty Development Introduction to Teaching in Primary Care”.
- A Student nurse, Zoe, is also part of the Practice and will be with the OMP for 4 months.

So much for the “News” and now onto the “Pressures”

- Pressures facing General Practice – There are increasing demands on the OMP with a growth of patients that has risen from 6000 to 7000 + in the four years that he has been with the Practice. Medical Negligence nationally is also on the rise with a 20% increase year on year. There is a declining number of GP’s with a survey stating 56% of them planning to retire before they are 60. 72 GP practices have been closed in 2015.
- Pressures on Referrals – CCG is in ‘special measures’ and needs to cut costs by reducing hospital activity and therefore is applying pressures on the General Practices to reduce the number of GP referrals to them. This results in an increase in the demand for GP appointments for follow up and monitoring. With the reduction of hospital activity comes a reduction in the funding of hospital services and this is affecting the quality of service they provide. The CCG is keen to promote Community Clinics rather than Hospital Clinics as part of cost cutting exercises by the NHS.
- Pressure on Prescribing – With the reduction of NHS funding, there are needs to generate savings within each GP Practice budget. The OMP is using a computer programme called “Scriptswitch”, (a Prescription Advice Software which assists prescribers in making consistent & cost effective decisions based on up-to-date clinical information). Practices are being urged to reduce the quantity of medication per prescription, to use generic rather than branded products & the prescribing of cost effective drugs.
- Pressure on Finances – The CCG Financial position is dire. Dr. Jenkins pointed out that the “per patient” funding for Surrey is much lower compared to other similar demographic populations. The CQC (Care Quality Commission) have doubled their registration fees and this is still rising. Local admin costs are consistently increasing and there are dwindling resources for capital costs such as funding for premises or improvements. He suggested that perhaps we should talk to our local MP Dominic Raab to address these issues.
- Pressures facing General Practice – A recent BMA survey of 2830 GP Practices (1/3 of Practices in England) finds that 10% believe that they are financially “unsustainable”!
- Oxshott Medical Practice’s position – At present there is no shortage of GPs in our Practice. We have Stacey, a ST2 coming in August for a 4 month attachment and then re-joins in April 2017 for 1 year. We are lucky to be able to offer short-waiting times for routine appointments compared to other Practices in the area. We are meeting the demands to provide urgent same day

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appointments to our patients. Dr Jenkins demonstrated A&E attendance rates compared to other practices.

- Oxshott Medical Practice's Referrals – Although a RSS (Referral Support Service) has been established by the NHS and is operational within the Surrey Downs CCG, Oxshott Medical Practice is currently not using it. Instead of this service, OMP is able to use experienced GPs with special interests. A limited company has been formed by all GP practices called GPHP (General Practitioners Health Partners). GPHP helps to combine local resources to provide facilities such as extended hours of appointments, Community Assessment & Diagnostics Unit, and Community Clinical services are used prior to hospital referrals. The Practice is using Lexacom dictation software that helps to improve efficiency when generating referral requests.
- Finally, Prescribing – Dr. Jenkins advertised that the prescribing costs were historically low despite private-care patients. The Practice had a good relationship with community pharmacists and is using the Electronic Prescription Services. He confirmed that the OMP was working with the CCG prescribing leads. He pointed out that “cheap drugs are not bad drugs”. He was pleased to note that Wayne Lloyd of Lloyds Pharmacy would be giving a talk at the up-coming PPG event on June 9<sup>th</sup>.
- Questions & Answers raised following presentation and asked from the floor
- Question – Why are hospital A&Es being so heavily used? Answer - This is likely to be due to perception of need - people feel that they will get quicker service by going straight to A&E rather than trying to get an appointment with their own GP.
- Question – How does the practice select new GPs? Answer – Dr Johnson was appointed following a rigorous selection process, resulting in shortlisted candidates coming for interview. Dr Jenkins was pleased to report that Dr Johnson was the best candidate on paper and at interview. Dr Raviraj trained at the practice as a registrar, so we offered her a job based on our experience and knowledge of her ability. Dr Palfreman came highly recommended by someone that had worked alongside her and has a strong CV.
- Question – What is the status of getting a new surgery? Answer – As the CCG (&NHS) no longer has surplus money, there is little likelihood of us getting any funding for a new surgery at the moment. The government has promised more investment into General Practice and that funding needs to be in place in order to proceed with a new building. It is hoped that some renovation work can be provided on the existing premises as a short term arrangement until the funding situation changes. Dr. Jenkins' expectation and feeling is that money will become available from the NHS at some time in the future and that would be the time to request building funds. It is therefore essential that work on the practice's requirements continues and that is what is happening at the moment.
- Question – What is the status of routine screening being done for patients of the practice? Answer – At present the OMP has neither the space nor the funds to perform routine screening programs. Many of these programmes are presently being undertaken by local pharmacies and, in many cases, these are being done free of charge so if patients need this type of service should use those facilities.
- Question – There seems to be delays in getting referrals to other organisations, is this due to the fact that the postal service is being used to pass this information on? Answer – Almost all of such referrals are passed now by electronic means so there should be only small delays in getting the information out from the Practice.
- Question – What is the status of the Cobham Hospital and the facilities that can be provided there for referrals? Answer - Cobham Hospital is taking on more and more referral services and is becoming very busy but not all services are provided.
- Question – What is the status of the Blood Pressure machine in the entrance to the practice? Answer – The present machine is on loan to the practice but it is felt that the information obtained from it is a very useful for the doctors. To this extent, Dr. Jenkins stressed that patients should take advantage of the facility and could use it on every visit to the surgery. It was

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considered so useful that if the machine's loan were to be removed, the practice would consider purchasing their own. Dr. Jenkins commented that there were now many commercially available BP monitors and that if a patient were to buy their own monitor, its accuracy could always be checked for accuracy against their doctor's blood pressure devices.

### **6. Any other business**

Mr Mark Money advised Dominic Raab would be at Stoke d'Abernon Village Hall on 26<sup>th</sup> May at 8 pm.  
*(After note: Mr Raab will be attending the Stoke d'Abernon Residents Association meeting)*

### **7. Election of Committee Members**

Dr. Jenkins introduced the procedure of the election. As there were the same number of new candidates as those who have stepped down, we have a list of the 10 candidates required by the PPG Constitution, no voting was necessary. Dr. Jenkins proposed to accept the candidates on the list and Mr John Payne seconded the proposal.

### **8. Close of Meeting**

The AGM closed at 20.50; followed by a short meeting with all newly elected Committee Members.

Christina van Roest

Anita Lee

Chair PPG (Signature & Date)

Secretary (Signature & Date)