

# OXSHOTT MEDICAL PRACTICE PPG (PATIENT PARTICIPATION GROUP)

## DRAFT Minutes of the Annual General Meeting

held on 25 May 2017 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 Doctors Richard Draper, Mark Jenkins & Jan Austen and our Practice Manager, Claire Broadhurst.

### 2. Apologies for Absence

Elizabeth Chovil; Ann Pickering; Diana Balfour; Roy Reynolds; Anthony Stone; Maggie Stoker; Rene Poisson; Mike Lee; Andy & Liz Oowler; Anne Cotton; Nicola Hunter & John Payne.

### 3. Minutes of the AGM held on 17<sup>th</sup> May 2016

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. Proposed to accept the Minutes by C.v.R. and seconded by Graham Clarke. The Minutes were signed by the Chairman & the Secretary and filed.

### 4. Annual and final report and final of the Chairman:

C.v.R announced that after three intensive years as Chair of the Committee it was time to step down and give others an opportunity to continue the work of the PPG.

C.v.R said: *"A lot has been organised in those years and I am very grateful that I have been able to serve you, the Oxshott Medical Practice Staff and hopefully achieved some of the goals that we had set out to achieve"*.

Looking back it was not easy to recall all the great evenings in our annual programmes.

We invited our members to many events informing them about:

- "Little Gland- Big Problem" all about Prostate Cancer & other related diseases.
- The Stroke Association representatives told us about the seriousness of the illness and the vulnerability of many of us, young and less young ones!
- Focus on Mental Health was professionally presented by Psychologist Dr Mark Rackley trying to break the stigma associated with these illnesses.
- Wayne Lloyd, Pharmacist from Cobham (previously Oxshott) has kept us on our seats with a great presentation on pharmacies, medication and pharmaceutical companies.
- The St John Ambulance representative opened our eyes for the basics of first aid with practical guidelines and active involvement of the PPG members.
- "Your Health DIY" taught us that there is much we can do ourselves to be and remain healthy and therefore prevent illnesses...

We had many sessions of 'Meet & Greet', great opportunities to meet you and other patients face to face and talk about our surgery. What improvements could be made, what the patients' concerns were and how we could improve the relationship between patients and the medical staff and hopefully also add and improve services.

Funds were raised for many Charities by organising coffee mornings or extra collection at our events. MacMillan; Diabetes Association; Stroke Association; Queen Elizabeth Foundation; CHEER; Cancer Research and others. All charities were very grateful for all small or larger donations collected.

Nine bulletins were made compiling general information on: Outdoor activities; recycling medication; message in the bottle; tips how to stay safe in your home; Oxshott Care; Chatterbus; Elmbridge Services and much more.

You were also updated on news of the surgery, our meetings and many issues of interest to all members in the Community.

Visiting regularly meetings of the Patient Participation Forum of the Surrey Downs Clinical Commissioning Group (CCG) it became quite clear that other surgeries did not have such an active PPG maintaining communication with registered patients from their surgery; three years ago we only started with 18 patients on our data base, but we can now proudly count 700 people (10% of the patients registered at the OMP) We regularly send information and communicate with all over the internet.

Not forgetting those patients without internet we regularly updated information on the PPG board in the waiting room of the surgery.

There is never time for complacency and there is still lots of work to do for the new Committee! My thanks to the retiring committee members and good luck to the new Committee after this AGM.

### **5.Presentation by Dr. Richard Draper followed by Q&A.**

*"First, some 'thank yous'- from me and all my colleagues...*

*Thank you all for coming along! It is great to see so many of you...Thank you to Christina and our PPG committee... for all their hard work and for organising this evening.*

*Christina has outlined an impressive list of achievements by the PPG under her leadership. Through their hard work there are now over 700 PPG members on the database- some 10% of the practice list. This is a very good basis on which to continue building a fruitful working partnership with the practice to ensure that we have the best possible patient representation when developing and improving services. It is perhaps useful to remember the history and traditions of patient participation and these can be appreciated by reading about this within the RCGP and NAPP websites.*

*This short address has been listed as a 'presentation' but will not be so much that as a brief update followed by suggestions, questions and comments from you- as much listening as talking. I am keen to learn from you, your ideas about the practice and ideas for developing effective liaison with the PPG.*

*I know time is precious and this will not to take up very much of your time. There is insufficient time to do justice to all the items on my list but I will do the best I can to outline and update where we are- some successes and some problems.*

*I thought I would touch on broadly 3 areas this evening:*

*First: an update on staff changes*

*Second: an update on various services and health campaigns*

*And finally a brief update on the wider context of our work- the NHS and general practice*

*So....a staff update:*

*I can confidently assert that we now have the very best team of staff that I have had the pleasure of working with in very many years! We certainly don't subscribe to the notion that 'dragons are good for business'!*

*Those of you who have been registered with other practices are likely to be particularly appreciative of just how well our reception staff are doing what is a very difficult and demanding job, often with little recognition for a job well done. Receptionists in the NHS more generally get very bad press but I consider that we are very fortunate indeed with our team.*

*Claire Broadhurst has blossomed into our new Practice Manager and has done wonders for staff harmony and the smooth running of the practice. She has undertaken additional training to follow on from the good work of Ian Shepherd who went on to pastures new working mostly with the CQC. Ian had greatly reduced his hours with the Practice and developed a keen interest in his work with the CQC – doing practice inspections.*

*Michelle Gibbs has taken over Claire's role as reception supervisor. Both Michelle and Claire have been with the Practice for quite a few years and have a very good knowledge of our patients coupled with a good knowledge of the administrative aspects of practice.*

*We have 2 new receptionists- Stephanie Murphy and Jessica Phillips who are both fitting in very well and learning the ropes.*

*We now have 9 receptionists working mostly part time. They take over 1000 telephone calls every week as well as dealing with emails, letters and similar numbers of patients visiting the surgery to make enquiries. There has been a vast increase in the volume and complexity of IT and administrative tasks which demand ongoing training for all of us.*

*We also have an excellent team of doctors!*

*Sadly, Dr Sam Raviraj moved at the start of the year to a new practice nearer to her home. Sam joined us 2 years ago on a fixed contract following her training attachment with the practice as a registrar. Dr Alice Palfreman started over a year ago to cover maternity leave and has fitted in brilliantly. Alice is continuing on a permanent part-time basis.*

*Sadly, I have to announce that Dr Nicola Johnson has just accepted a partnership nearer to her home in Windsor and will be leaving at the end of July after 4 very successful years with the practice. We wish her well with her new job, much more conveniently located close to home and her growing twin boys!*

*We will be recruiting a new doctor over the coming months.*

*I will now outline a very brief update of services and campaigns. There is a long list and too much to cover in detail but we can discuss and elaborate at the end. More details about our services and campaigns are detailed on the practice website, but it is worth drawing attention to some of these.*

*Medication reviews: we need to conduct these regularly for reasons of safety.*

*Online access is being improved. Patients can now access appointments/ notes/ blood results online. Online access can be set up by notifying reception.*

*Electronic prescribing (EPS). We were early adopters and are ahead in use relative to other practices in the locality. There have been teething problems and we are working to improve the system. We welcome feedback.*

*Prescription messages: look out for these- they draw attention to the need for review appointments etc.*

*Pharmacy messages: similarly these draw attention to important messages from the pharmacist.*

*Vaccination campaigns: Review of our flu, meningitis and shingles vaccination campaigns. Please attend the surgery for these when appropriate.*

*Chronic disease management, particularly of diabetes and hypertension is increasingly important and being targeted by us for more detailed attention to improve the health of patients and reduce complications.*

*Appointments: it can seem like there are never enough. We have to accommodate 'needs' first but try to offer a range of convenient types and times, including urgent 'on the day' and 'pre-booked' appointments. Feedback and health statistics suggest we are achieving very good levels of patient access.*

*GPHP activities: GPHP is a federation of 30 practices in our locality that aims to offer services at a scale impossible at the individual practice level. There has been some great work emerging here. This includes extended hours appointments/ the Community Assessment and Diagnostic Unit (CADU) and the Rapid Response Team. These initiatives are in line with the aims stated within the Five Year Forward View of broadly keeping patients out of hospital and accident and emergency units with timely intervention involving collaboration of health and social care.*

*Uptake by our patients has been low. Our statistics for A and E attendance are the best in the locality already and a low uptake of the hub extended hours appointments suggests that we meet the needs of patients and achieve better access to appointments with our own system of appointments and extended hours appointments than most if not all of the other collaborating practices.*

*Finally, the wider NHS and changes to general practice. The wider challenges and aims are outlined in three documents available online:*

*The NHS Five year forward view*

*The GP forward view*

*A recent House of Lords Report on the NHS*

*I don't want to get too drawn into the details within these documents but it is clear that there are changes and challenges that will continue to impact on general practice in Oxshott. One can be optimistic or pessimistic, see threats and opportunities but whatever your views there will be change and not all the changes will meet with universal approval.*

*General practice feels very under resourced/squeezed in the middle and for various reasons it will prove difficult to meet the objectives set out in the above documents.*

*Suffice to say there is a list of major issues facing general practice. I will just list a few and we may choose to elaborate later:*

*Funding crisis - the overspend continues and financial constraints and cutbacks are curtailing investment.*

*Recruitment crisis- there is a growing shortage of GPs.*

*An ageing population is raising demand and consultation rates (more than doubled in 25 years).*

*The rise of multi morbidity associated with ageing.*

*Improvements in care standards and treatment successes- more can be done for more illnesses*

*A drive to keep patients out of hospital (expensive)*

*A need to do more in general practice (cheaper)*

*The need for improvements and investment in size and quality of GP premises- a national crisis after years of under investment- project Phoenix details plans to build bigger surgeries (20,000 patients)*

*A need to integrate health and social care*

*A desire to upscale services- bigger practices will be the thing of the future*

*Development of bigger multidisciplinary teams -with inclusion of physician associates / PARAMEDICS/ nurse practitioners and pharmacists to manage the increased demands and complexity of services*

*Developments in IT and 'digital health'- telemedicine, telehealth etc are being encouraged to improve access but will they deliver?*

*Access- attempts to improve this often using IT and federations of GPs*

*Extended hours- realistic with manpower problems etc*

*A move to encourage more self-monitoring and self-management by patients- has to happen but requires manpower and investment in training*

*And finally, before inviting questions, in the current climate it is still highly unlikely that we will see funds made available for a new surgery in Oxshott from the NHS. After 14 years of trying I feel personally very disappointed and frustrated by this. We will keep on trying, but don't hold your breath...*

*Thank you.*

**Q & A:**

Q.: Has the possibility to invest in new NHS Bonds been researched?

A.: Those are not applicable to our Business (OMP)

Q.: Some information about the Rapid Response service and how one might access it.

A.: This is an admission avoidance service available 24 hours a day, 7 days a week. The service provides intensive nursing and therapy interventions to prevent exacerbations and in a crisis, provides intensive crisis management to high intensity users. Dr Draper suggested to research further on the NHS website.

Q.: Why is the Shingles vaccination limited to certain age groups only, changing year by year?

A.: There is a Government limitation on the vaccine (not enough available) therefore aiming to get all people between 70 and 80 vaccinated within 10 years, a scheme has been set up to make the vaccine available to certain age groups which eventually will catch all 70 to 80 years patients of the surgery.

Q.: Quite a complicated question about the catchment area for certain respite homes and their responsibilities, especially visiting a respite home only temporarily.

A.: As this was quite a personal question the answer had to be kept to general terms only and would need further discussion with the surgery involved.

**6. Any other business:** none

**7. Election of Committee Members**

C.v.R. introduced the procedure of the election. 5 candidates are stepping down (not re-electable) and 4 new candidates have expressed their wish to join the PPG Committee.

The list showed 9 candidates for the committee, no voting was necessary.

Christine Kent proposed to accept the candidates on the list and Ann Finlay seconded the proposal.

Before closing the Meeting Liz Reilly a member of the Committee thanked the Chair C.V.R and Anita Lee secretary for their hard work in the Committee and presented them each with a beautiful Hydrangea.

**8. Close of Meeting:** The AGM closed at 20.30.

Chair PPG (Signature & Date)

Secretary (Signature & Date)