**Minutes of the Patient Participation Group (PPG) meeting held on Tuesday 28 January 2014**

**Present:**

Cathy Jones (Chair)

Ann Bennett

Ian Bennett

Martin Cocker

Judith Davies

Pat Riley

Dave Williams

**Apologies:**

None received.

1. **Minutes of the last meeting**

The minutes of the last meeting held on 25 November 2013 were agreed as a correct record.

1. **Membership**

Anne stated that Barry Woodward had informed her that he had decided to withdraw from the PPG.

Cathy to check with Ray Smeathers whether he was still interested in being involved with the PPG.

It was agreed that having an email address/participating in email should be a pre-requisite for all PPG members. We did discuss how this might disadvantage certain groups of patients, e.g. the elderly, but it was felt that representation from older age groups had never been a problem and we were now wanting to target younger age groups for future members. All current members of the PPG were on email.

**3. Matters arising**

Patient survey - Cathy confirmed that this had been completed now and sent off for analysis. We planned to discuss the results of the survey at the next meeting. Judith commented that she felt the survey needed a ‘not applicable’ response, as not all questions were relevant/applicable to all.

Practice booklet – members had found this very helpful.

Jargon and NHS abbreviations – Anne to pass to Cathy a useful list of NHS abbreviations to distribute to all.

**4. Constitution of the PPG**

It was agreed to review this again at a later stage, when the group had settled down, as much of the content related to the previous format of the PPG organised and managed independently, with a Chair, Secretary, from within the group, etc, which was not currently relevant.

**5. Practice update**

Dr Castleden leaving

Cathy reported that Dr Alex Castleden would be leaving us on 4 April 2014; she was taking up a medical officer post working in a hospice. The practice were currently out to advert for a 5 session (8 sessions = full time) GP to replace her. We hoped to recruit a Partner, but depending on the response we received would consider a salaried doctor with a view to future partnership. It was noted that we had struggled to recruit Partners in the past as income at Wellbrook was lower than average, due to low deprivation levels in the area and the way in which funding was weighted.

Winter pressures initiative

Cathy reported that the practice was participating in a local initiative aimed at reducing inappropriate admissions to hospital due to patients arriving late at the Medical/Surgical Assessment Units. Wellbrook were trialling conducting home visits in the morning, rather than afternoon, where possible, to ensure any transfers to hospital were carried out earlier for this reason.

Data sharing issues

Cathy was aware that there was some confusion generally amongst patients related to the different ways in which patient data might potentially be shared or utilised within the NHS. Cathy circulated a summary explanation of the differences, see below:

* **Summary Care Record (SCR)** – this is an overview of your medical history that only covers allergies or sensitivities and any current medication you are taking. This may be used by ‘Out of Hours’ services across the country (such as A & E and Walk in Centres) so that they may access a small amount of information about you in an emergency.
* **Enhanced Data Sharing** – this is where information is shared (only with your consent) between us and some community providers who use the same computer system, e.g. the District Nursing team.
* **Research One** – anonymous data is taken from our clinical system and uploaded to be used in research studies, looking only at national trends and figures.
* **Care.data** – this is covered by a new national publicity campaign (everyone should receive a leaflet locally via a mass mailshot through Royal Mail). Your information is uploaded and matched with other NHS records about you to create one record. This record is then stripped of personal data (anonymised) and used in a similar way to above, to look at trends and national patterns.

Cathy was concerned that patients may be opting out of sharing important information about them which could potentially affect their health (e.g. SCR or enhanced data sharing) and was keen to ensure informed consent. The practice had produced information for patients to assist this. Further information was due to be provided shortly.

The PPG suggested that it would be useful to include a summary of data sharing options and information onto the practice website. Cathy agreed this was a good idea and would organise this.

**6. Any other business**

Local housing developments

Ian asked how the practice was responding to significant housing developments planned within the practice area, both for Etwall and Hilton. Cathy explained that Wellbrook would struggle to manage any significant influx of new patients without additional funding/resources. She explained that although some funding was set aside by developers (Section 106 monies) to support community services, such as health, that this had never been seen by the practice.

Cathy was hoping to arrange a meeting with the Area Team (the level above the CCG in the NHS hierarchy) who held responsibility for the S106 monies and premises development, to check on this. The site had capacity and scope for expansion if necessary, but this could not be financed by the practice.

Dual registration

Ian also queried the impact of dual registration on the practice (i.e. when a patient can register at more than one surgery). Cathy explained that her understanding was that this was being piloted in a few locations at present, so it was unclear if it would be rolled out nationally. We await further information/guidance on this.

Physiotherapy

Pat asked whether the practice might consider better publicity of the option to access private as well as NHS physiotherapy at the new Hilton Physiotherapy Unit. Cathy explained that all patients who were referred to this service were given information on the options available to them. In addition, any patient enquiring about private physiotherapy would be informed. However, Cathy explained that it would not be appropriate for the practice to be involved in promoting a private service.

**7. Date and time of next meeting**

Tuesday 18 March 2014, 2.00pm.