

Barnabas Medical Centre
Minutes and agreed Action Plan
Patient Participation Follow up Meeting
Monday 19th March.

Following on from the first Barnabas Medical Centre Patient Participation Meeting on Monday 6th February 2012, 2nd meeting held at the Practice on the evening of Monday 19th March 2012.

Present; Dr Parmar, Dr Knight, Dr Kooner and Dr Bhatoa, Paul Ranken, Practice Manager, (chair) Theresa Fitzgerald, Assistant Practice Manager, and receptionists Rani Chana, Sunita Patel and Karen Hamida. 10 patients attended the meeting.

1. Paul opened the meeting by running through the Agenda, purpose of the meeting and Meeting Ground Rules.
2. Patient Survey was discussed in detail, how it was put together, layout, what went well and what could have been done better.
3. Response rate from Patient survey disappointing, discussed ways of improving future response rates and different layout of survey form.
4. Use Patient volunteers to help with preparation of future survey and ways to improve number of forms filled out, a more proactive approach may be useful in future.
5. Requested future e mails sent in more 'standard Word' format for ease of opening documents.
6. Additional question in future survey; if answer dissatisfied in any area, reason??
7. Consider inviting Community Pharmacist to next Patient Participation meeting.
8. Discussed at last meeting under 'Patient Communication' Waiting room notice boards and general notices, agreed can be too busy, so initial tidy up now, with full review to be undertaken in April by the Practice; with regular say month review and update.
9. From detailed analysis of the Survey, clear message is patients would welcome being able to request repeat medication On Line by e mail, and in due course book appointments on line.

10. This would by no means replace existing systems, but offer addition options to patients who may wish to use these facilities.
11. Practice has financial end of year coming up, so agreed in April will review system for on line Repeat Medication ordering with a view to offer as a pilot in the near future.
12. On line appointments to be discussed with Computer System supplier to see when best time to introduce as considerable system upgrade planned for later in year.
13. Excellent suggestion is to look to advertise the Practice website on ALL scripts, appointment cards, letters etc.
14. Review of information on the Practice website with maybe more links to other 'health related info' i.e. healthy eating diet or exercise advice for example.
15. Any Patients keen to assist with suggestions and ideas for the Practice Website updates would be much appreciated in April, (after financial year end.)
16. Suggested that a Patient helps offer guidance and assistance at the Self Check in to improve daily usage and ease pressure on Reception staff.
17. To consider ways to help Partially Sited Patients, i.e. using certain Font size and ink colours to make forms and information easier to read, to investigate speaker or information for future meeting.
18. Next meeting, Provisional date Monday 28th May 6pm at Surgery.

Barnabas Medical Centre

Minutes Patient Participation Follow up Meeting

Monday 28th May 2012.

Following on from the previous Barnabas Medical Centre Patient Participation Meetings on Monday 6th February and 19th March 2012, meeting held at the Practice on the evening of Monday 28th May 2012.

Present; Dr Parmar, Dr Knight, and Dr Bhatoa, Paul Ranken, Practice Manager, (chair) Theresa Fitzgerald, Assistant Practice Manager, and receptionists Rani Chana, Sunita Patel and Karen Hamida. 10 patients attended the meeting.

1. Paul opened the meeting by running through the Agenda, purpose of the meeting and Meeting Ground Rules.
2. Overview minutes last meeting on 19th March 2012.
3. Discussed usage Patient Self Check In; following Sheila spending time in the Surgery and observed limited usage of the Self Check In facility. Many thanks to Sheila for spending the time.
4. Discussed how to increase usage, agreed position not ideal, but probably most suitable within the Waiting room lay out. Suggested improved signage possibly above the Self Check In and on Reception front desk.
5. Practice to look to promote Self Check In use with additional Patient information leaflets and suggest for Reception Staff to redirect patients back to machine to Check In.
6. Practice appointment cards could also promote Self Check In, (along with practice Website, see later info.)
7. Practice Noticeboards, all agreed much improved, less cluttered and clearer display of information.
8. Repeat Prescriptions to offer On Line facility. Practice has investigated options and can set up facility on existing Practice Website at; <http://www.barnabasmedicalcentre.co.uk>
9. In due course Repeat Prescribing likely to be linked to the Practice Clinical Computer system, but not a very 'user friendly system 'currently available.

10. After discussion agreed Practice to begin to offer Repeat Script request On Line as an additional service and in small numbers by way of a Pilot initially.
11. Practice will promote on Scripts, Appointment cards and Practice letterhead and Patient leaflets etc.
12. Dr Parmar requested volunteers to assist with an Ealing Commissioning Consortium Patient Participation Group. If interested please let Dr Parmar or Paul, Practice Manager know.
13. Also Ealing Carers week starting 17th June to promote Carers and support available.
14. Dr Parmar advised that currently Northolt area very underrepresented in Ealing commissioning planning by lay patients.
15. Additional information to be promoted on the Practice website, any further suggestions for local services and patient information can be made available on the website, please let Paul, Practice Manager know if any suggestions.
16. Next meeting to be after summer holidays in September, date and time to be advised.

Minutes

Barnabas Medical Centre

PATIENT PARTICIPATION GROUP MEETING

Tuesday 2nd October 2012 at 6pm.

1. Meeting presented by patient Keith Marshall. Many other Practice Patient Participation Groups are successfully run by the patients in conjunction with the Practice.
2. Keith put forward an excellent proposal along these lines, please see separate documentation 'A Way Forward'
3. This was presented by Keith and discussed by the group and adopted as an ideal way forward for Barnabas Medical Centre PPG and fully supported by the Practice.
4. Suggested that 'Terms of Reference' copy enclosed are taken away for consideration and discussed at next meeting.
5. Keith has also done some excellent work 'simplifying' the A4 blue page document Shaping a Healthier Future, see 'summary' information attached.
6. Date next meeting, Monday 19th November at 6pm at Barnabas Medical Centre
7. Suggested PPG to look to run at least one 'PPG day' before next meeting as outlined in the documentation where the group take over small area waiting room to speak to patients to ask if interested in joining either actual or Virtual PPG meeting, or to obtain idea and suggestions for the group to look at.
8. Poster to advertise PPG to be put up in Practice waiting room.
9. Suggested will need to appoint deputy to Keith who could also be lead for Virtual group in keen to do so, to discuss at next meeting.
10. Practice confirmed had put in Bid for Health Authority funding to build an extension on the right side of the Surgery to build 1 or 2 new consulting rooms. Will update on developments in due course.
11. Suggestion for a future meeting; to invite a Paramedic along to give a presentation on the work they do.
12. On behalf of the group, many thanks to Keith for all his hard work and excellent proposals.

Reminder, next meeting Monday 19th November 6pm at Barnabas Medical Centre

Meeting 19 November 2012 Minutes

Present: Janet Bettaccini, Dr Bhatoa, Daniel Boggust, Jean Corey, Malcolm Corey, Theresa Fitzgerald, Sylvia Francis, Karen Hamida, Jean Little, Keith Marshall, Noreen Marshall, Dr Parmar, Sunita Patel, Paul Ranken, Susanna Redgrave

Apologies: Lyn Duffus

1. Minutes of the Previous Meeting

1. Having missed the previous meeting, Jean & Malcolm and Susanna asked to be sent copies of the hardcopy documents from that meeting. **Action: Keith**
2. The minutes of the meeting on 2 October were approved.

2. Discuss/Agree PPG Terms of Reference

1. Keith circulated and briefly introduced the draft of the Terms of Reference; this has been updated with amendments suggested at the last meeting plus the suggestion from Dr Parmar that carers should be included in the membership.
2. The "Mission" is thought to be too wordy. Keith to refine/reduce the wording. **Action: Keith**
3. The question of documenting confidential items, should they arise, was discussed. We all have a duty to maintain confidentiality. An approach was agreed where any confidential minutes would not appear in public documents but be flagged and the minute held in hardcopy at the Practice.
4. It was emphasised that contact details will also be held confidentially by the Practice Manager, the Chairman and Vice-Chairman only.
5. Acronyms used in the ToR should be explained. Keith committed to include a glossary. **Action: Keith**
6. Various suggestions were made for improved wording; Janet provided an annotated copy of the draft ToR. Keith to refine the document, circulate for further consideration, and bring it back to the next meeting. **Action: Keith**

3. Early Feedback from the first "PPG Day"

1. Four ½-day "PPG Days" are to be run in November to recruit new PPG members; the first was on the afternoon of Friday 16th.
2. Keith & Noreen have created a couple of display boards for use at these sessions.
3. The first session was generally successful. Most people were approached; few people were outright not interested; most people took a flyer away; six new volunteers were registered.
4. Further sessions are planned for the mornings of 20th and 22nd, and the mother & baby clinic on afternoon 28th.
5. Susanna offered to help Keith & Noreen with the mother & baby clinic session.

4. Annual Survey

1. Practice surveys of patient experience are part of the drive to improve the quality care in the NHS and provide evidence of this. Surveys are expected to be done by each Practice at least annually; our next is due around February.

2. It was agreed that some questions should be the same as last year, to provide a comparison between years. Other suggestions for questions would be welcomed; please send them to Keith or Paul.
3. It was requested that last year's survey questions were circulated with the meeting minutes as a memory jogger. **Action: Keith**
4. A number of recommendations were made around the running of the survey:
 - a. The questionnaire needs to be written in very simple English.
 - b. The survey should be available both on paper and on-line.
 - c. If possible the survey should be translated into a couple of the more commonly used languages, but if this is done it must be checked for accuracy/sense by native speakers of those languages.
 - d. Experience from industry is that the most effective way to get survey responses is to ensure that during a specified week, every patient attending the practice (for whatever reason) is given a survey, told very briefly the purpose, and asked to complete it before leaving. This should be done two to four times a year.
 - e. Response rates can also be improved by having volunteers on hand at the practice to assist people with completing the survey.
5. Paul will draft the survey (Keith is happy to assist) and, timing permitting, bring it to the next meeting for discussion. **Action: Paul**

5. Updates from the Practice

1. Dr Parmar raised for discussion a request from West London Crossroads that GP practices help support carers, specifically by appointing a Carers Lead/Champion.
 - a. It was agreed that carers of our patients should be able to join the PPG even if they are not themselves our patients.
 - b. Messages for carers could be printed on prescription counterfoils or attached to prescriptions, as it is the carers who often collect the prescriptions.
 - c. The Practice should look at ways to ensure that carer information is more noticeable on patient records. Dr Parmar will request advice on doing this from other experts. **Action: Dr Parmar**
 - d. It was suggested that someone from Crossroads could be invited to speak at a PPG meeting. Keith to add to list of possible activities. **Action: Keith**
2. Janet introduced the idea of "message in a bottle" where the patient's medical data is written down and sealed in a small plastic bottle, kept in their fridge. Carers/emergency services attending the patient are then alerted to this by stickers on the person's door and fridge. This would require funding which in some areas has been raised by, for example, Rotary Club. This is a scheme which the Practice could adopt, if funds were available.
3. Keith suggested that on the Practice website the list of doctors and nurses should show what languages each speaks as an aid to patients. Other surgeries (eg. Hillview in Bilton Road) do this.

6. 2013 Meeting Dates

1. Meeting dates have been set for 2013 and are at the end of these minutes.
2. Daytime meeting options are constrained by the availability of St Barnabas Church Hall and doctors.
3. Meetings have been scheduled to alternate between days and evenings.
4. The January & March dates are confirmed; dates later in the year will be confirmed nearer the time as it is possible that some may need to change.

7. AOB

1. Susanna alerted the Practice to a new (private) service, The Body Factory, in central Harrow. This includes counselling, physiotherapy and a number of complementary therapies. This is attracting Harrow GP referrals.
Dr Bhatoa and Dr Parmar pointed out that the practice cannot be seen to be endorsing any one specific private provider, partly due to potential liability issues and partly as Ealing has not (yet?) agreed to the use of "any qualified provider" which Harrow has.
2. Dr Parmar volunteered to talk at the next meeting about Ealing CCG and the new 111 service. **Action: Dr Parmar / Keith**
3. Keith circulated a flyer from Ealing LINK about their Information LINK. Some spare copies were given to Paul for the Practice. Paul will try to obtain a further supply.
Action: Paul

8. Next Meeting

1. Tuesday 15 January; 1300 hrs; St Barnabas Church Hall
2. Time permitting, the agenda should include consideration of the Practice survey questions, PPG Terms of Reference, something on the CCG and 111, and a look at the possible activities list.
3. An agenda will be circulated a few days before the meeting and will be made available to the virtual group.

Keith C Marshall
Chairman
21 November 2012

2013 Meeting Dates

Date	Time	Venue
Tuesday 15 January	1300-1430	St Barnabas Church Hall
Monday 11 March	1800-1930	Surgery
Tuesday 14 May (provisional date)	1400-1530	St Barnabas Church Hall
Wednesday 3 July (provisional date)	1800-1930	Surgery
Monday 9 September (provisional date)	1200-1330	St Barnabas Church Hall
Monday 11 November (provisional date)	1800-1930	Surgery

Glossary

CCG Clinical Commissioning Group (from April 2013 the replacement for PCT)
PCT Primary Care Trust, the local NHS governing body
PPG Practice Participation Group (this group)
ToR Terms of Reference

Meeting 15 January 2013 Minutes

Present: Jean Alden, Daniel Boggust, Rani Chana, Jean Corey, Malcolm Corey, Lyn Duffus , Theresa Fitzgerald, Karen Hamida, Jean Little, John Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Sunita Patel, Jacqui Piper, Paul Ranken,

Apologies: Dr Bhatoa, Janet Bettaccini, Sylvia Francis, Sheila Hayles, Dr Knight, Dr Kooner, Dr Parmar, Susanna Redgrave

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete except for the following which are carried forward:
 - a. The Practice should look at ways to ensure that carer information is more noticeable on patient records. Dr Parmar will request advice on doing this from other experts.
Action: Dr Parmar
 - b. Dr Parmar volunteered to talk at the next meeting about Ealing CCG and the new 111 service. **Action: Dr Parmar / Keith** *This item was scheduled for this meeting, but given Dr Parmar's absence it will be carried forward to the next meeting.*
2. The minutes of the meeting on 19 November 2012 were approved.

2. Discuss/Agree PPG Terms of Reference

1. Keith circulated and briefly ran through the latest draft of the Terms of Reference. This version has been updated to reflect suggestions made at the last meeting.
2. Minutes of all PPG meetings will be made available on the Practice website. Keith to add a note of this to the Terms of Reference. **Action: Keith Done**
3. Following brief discussion the Terms of Reference were unanimously approved as the formal basis for the group.
4. The Terms of Reference will be posted on the Practice website. **Action Keith / Paul**

3. Practice Annual Survey

1. The survey has to be conducted and analysed prior to the end of the financial year (effectively end of March). The survey itself will be run during the week beginning Monday 11 February.
2. Several changes were suggested to the draft survey (circulated with the meeting papers).
 - a. The introduction should explain why the survey is being conducted and emphasise more the importance of patients' views.
 - b. Q1 & Q2 should ask all respondents why they have said what they did and not just those who are dissatisfied.
 - c. Q8 should ask what additional services patients would like.
 - d. Q9 is to be deleted.
3. Keith will redraft the survey and finalise it with Paul in the next few days. **Action: Keith / Paul**
4. In view of the poor response to last year's survey there was discussion about how to improve take-up. It was agreed that everyone coming into the Practice during survey week should be given the survey (and pen) on a clipboard and asked to complete it

before leaving – it is hard to not complete a form if it is on a clipboard! Given the amount of receptionist resource available PPG members are asked to help with this.

5. Paul will source clipboards etc. **Action: Paul**
6. PPG members will be circulated and asked to volunteer time for helping with the survey.
Action: Keith
7. The survey will also be made available online via the Practice website. **Action: Paul / Keith**
8. It was agreed that it is important that the Practice informs patients of the suggestions/actions from previous surveys and what has been done to respond to them, if only in a "You said, We did" format.

4. Ealing CCG and 111 Service

1. In Dr Parmar's absence this item is carried forward to the next meeting.

5. Updates from the Practice

1. Paul informed the meeting that the Practice had been unsuccessful in getting funding to build two additional consulting rooms. The PCT had felt it would see greater benefits from investing its limited funds in a greater number of small projects rather than a small number of larger ones.
2. Discussions about planning permission for extending the Practice building are however still on-going with Ealing council (who seem more concerned about parking spaces than quality of care) and the architects. Hopefully this will put the Practice in a better position to secure future funding.
3. The Practice does however have the funds to refurbish Consulting Room 6. This is scheduled to be completed by the end of March, so there will be some short-term disruption.
4. The Practice now has over 9000 registered patients. In response to a question Theresa stated that there is no absolute limit on the number of patients which can be registered. The point was made that we still have a very favourable patient/doctor ratio compared with the country average; consequently the local NHS governing bodies would be very reluctant to allow the practice to close its list.

6. PPG Day Feedback

1. Keith reported on the PPG recruiting sessions which were run in November.
 - a. Four half days were run
 - b. Around 40 patients were recruited to the PPG and we now have 47 patient members which is an excellent starting position
 - c. Almost everyone coming into the surgery was approached, and most were at least polite enough to take a flyer.
2. Keith will look at running another couple of "PPG Days" soon, hopefully during February.
Action: Keith

7. Projects List

1. It was suggested that each of the projects should have a one line description. **Action: Keith Done**
2. Discussion of an Open Day produced several possible ideas on how it could be run, but it was felt that the time is not yet right for us to do this.
3. It was agreed that the focus for any open day should initially be on support for carers and vulnerable individuals.
4. Possible support for an open day could be assessed with a "Would you come?" question on a future Practice survey.
5. It was agreed that we should help the Practice to develop and produce a small quarterly news-sheet. Jacqui offered to assist with this. Jacqui and Keith will meet with Paul in

the coming weeks to develop the idea. **Action: Paul / Keith / Jacqui** *Meeting scheduled for 24/01*

6. Theresa asked if we could investigate if any PPG members were willing to provide transport for patients who require it. Keith will contact PPG members to seek volunteers.
Action: Keith
7. It was also agreed that PPG members should help with the Survey (see above).

7. AOB

1. It was asked whether the Practice could again offer an on-site phlebotomy service (blood tests). Paul explained that there is a desire to offer this but currently there is neither the funding nor the space available. However in the short term there has been a paediatric phlebotomy service on-site, but this is due to be reviewed in April.
2. Danny offered to assist with delivering PPG letters etc. Thanks!

8. Next Meeting

1. Monday 11 March; 1800 hrs; at the Medical Centre
2. An agenda will be circulated a few days before the meeting and will be made available to the virtual group.

Keith C Marshall
Chairman
18 January 2012

2013 Meeting Dates

Date	Time	Venue
Monday 11 March	1800-1930	Surgery
Tuesday 14 May (provisional date)	1400-1530	St Barnabas Church Hall
Wednesday 3 July (provisional date)	1800-1930	Surgery
Monday 9 September (provisional date)	1200-1330	St Barnabas Church Hall
Monday 11 November (provisional date)	1800-1930	Surgery

Glossary

CCG Clinical Commissioning Group (from April 2013 the replacement for PCT)
PCT Primary Care Trust, the local NHS governing body
PPG Practice Participation Group (this group)
ToR Terms of Reference

Text in italic is post-meeting updates.

Meeting 11 March 2013 Minutes

Present: Jean Alden, Janet Bettaccini, Dr Bhatoa, Daniel Boggust, Sennen Chiu, Jean Corey, Malcolm Corey, Amrita Dhaliwal, Theresa Fitzgerald, Sylvia Francis, Karen Hamida, Sheila Hayles, Dr Knight, Dr Kooner, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Dr Parmar, Paul Ranken, Sunita Patel

Apologies: Lyn Duffus, Jacqui Piper, Mohammad Rahim, Susanna Redgrave

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete except for the following which are carried forward:
 - a. The Practice should look at ways to ensure that carer information is more noticeable on patient records. Dr Parmar Advised that this will be looked at in the near future by the newly appointed Ealing CCG PPE.
 - b. Keith has yet to look at running another couple of "PPG Days". **Action: Keith**
2. The minutes of the meeting on 15 January 2013 were approved.

2. 111, ECGG and SaHF Updates (Dr Parmar)

1. 111

- a. The new 111 service goes live for Ealing, Harrow, Brent and Hounslow on 12 March.
- b. NHS Direct closes at the end of March.
- c. 111 will have specialist call handlers backed up by trained nurses. They will also have details of all local healthcare services, be able to call an ambulance if required, or refer a patient to an Urgent Care Centre or Walk-in Centre.
- d. 111 will also be merging with the current MyCare service to coordinate palliative care etc.
- e. Data sharing between services will only ever be with the specific consent of the patient.

2. Ealing CCG

- a. Goes live on 1 April, replacing the current PCT.
- b. Ealing LINK are working with ECGG and LB Ealing Scrutiny Panel to understand the nationally approved clinical standards against which commissioning will be done.
- c. Hospitals are already being audited against these standards; the results are in the public domain and available for London hospitals at www.londonhps.nhs.uk/publications/quality-and-safety-publications/audit-publications/.

3. SaHF

- a. Consultation Option A was approved at the Joint Committee of Primary Care Trusts Board Meeting on 19 February.
(Option A was A&E: Northwick Park, Hillingdon, West Middlesex, St Mary's, Chelsea & Westminster; Major Hospital: Hammersmith; Elective Care: Central Middlesex; Local; Hospitals: Charing Cross & Ealing.)
- b. Approval also includes proposals for enhanced provision of local care at Ealing & Charing Cross to include full diagnostic facilities and step-up/step-down beds.
- c. LB Ealing have referred the decision to the Secretary of State for review. The result of this should be known around the end of August and is binding on all parties.

3. Practice Annual Survey (Paul)

1. The survey is complete and the results have been analysed; a summary was circulated (copy attached).
2. Thanks were expressed to the team of PPG members who assisted with conducting the survey in the surgery during the week of 11 February.
3. A total of 538 questionnaires were completed with 83% of respondents rating the Practice as Excellent or Very Good.
4. The most common gripes were:
 - a. It takes too long to get a repeat prescription
 - b. Wish for extended surgery hours
 - c. Need for the appointments system to be more flexible
 - d. Desire for an in-house phlebotomist.
5. Discussion of the repeat prescription service suggested that many people do not understand the work which needs to happen in the background; eg. checking of records for changes etc. as the prescribing doctor is legally liable.
Suggested that when a patient first receives a repeat prescription they also have a sheet explaining the process and the timeline. **Action: Paul**
Also suggested that this should be included in a future newsletter. **Action: Keith/Jacqui**
6. Extending surgery hours is a staffing challenge and when tried in the past was not well used.
7. It is also hoped to free up additional nurse & doctor appointments by the appointment of a part-time HCA.
8. An additional Receptionist is also being appointed with the aim of reducing the delays in the telephone system.
9. Receptionists can also offer patients telephone consultation, although concern was expressed over calling patients on mobile phones when they may be driving.
Telephone consultation is another topic for a future newsletter article. **Action: Keith/Jacqui**
10. Space is also a challenge, especially in providing a phlebotomy service. However plans are still under discussion for extending the practice when funding becomes available.
Meanwhile phlebotomy is being provided for children and diabetics.

4. Vice-Chairman (Keith)

1. The group's Terms of Reference require that a Vice-Chairman is elected for a 2 year term and that this should be out of synchronisation with the election of Chairman, so there is an overlap & continuity.
2. Keith was elected as Chairman for 2 years up to the AGM in Autumn 2014.
3. Keith proposed that at the next meeting (in May) a Vice-Chairman is elected to serve for just over 2 years, ie. Until the AGM in Autumn 2015.
4. The proposal was unanimously agreed.

5. Updates from the Practice (Paul)

1. ECCG are seeking feedback on Planned Care Pathways. Initially information is requested on hospital appointments via a short online survey which is available at www.surveymonkey.com/s/Q95FMVW.
2. The first newsletter, *Barnabas Bulletin*, has been published. Copies have been available in the surgery and via the Practice website. Ideas for increasing coverage were suggested:
 - a. Can the newsletter be emailed to patients? This should be possible with the new IT system, where the Practice has patients' email addresses.
 - b. Is it possible to put copies of the newsletter in local pharmacies? **Action: Paul**

- c. Could the newsletter be mailed to all those patients not seen for (say) 2 years in order that they are kept in touch with the Practice? **Action: Paul**
3. Refurbishment of Room 6 is imminent. This has been delayed awaiting the delivery of new cupboards.
4. Plans have been produced for the proposed extension to the Practice and should be agreed with the architects before the end of March. These will then be submitted for planning permission and funding.
5. Dr Hui will be leaving the Practice in April and be replaced by Dr Dhinsa. Dr Patten has been appointed as a long-term locum – a practice which helps retain flexibility for everyone.

6. PPG Updates (Keith)

1. Keith circulated a draft questionnaire for PPG members seeking (a) input to a skills inventory and (b) volunteers to provide transport for elderly/frail patients to/from the Practice and local hospitals.
2. Concerns were raised over how providing transport might affect drivers' insurance, even though this would be voluntary and unpaid.
Keith & Paul will investigate further. Janet volunteered to find out how this is handled by Rotary Club. Dr Parmar will ask how her GP practice PPG in Pinner handle this. **Action: Keith/Paul/Janet/Dr Parmar**
3. Concerns were also voiced about patient confidentiality.
4. In consequence it was agreed to delay the questionnaire pending further investigations.

7. AOB

1. Jean C reported that another local Practice Manager had been very impressed with the PPG display boards and may contact Keith.
2. Keith & Paul are to arrange to place a PPG display board permanently in the waiting area. **Action: Keith/Paul**
3. Many patients would like all tablets to be provided in calendar packs. This is not something we can directly influence as it is down to the manufacturers. Advice is to buy a dossit box.
4. There is no technical reason for the prohibition on use of mobile phones in the waiting area. However it is agreed this can be anti-social.

8. Next Meeting

1. Tuesday 14 May; 1400 hrs; St Barnabas Church Hall
2. An agenda will be circulated a few days before the meeting and will be made available to the virtual group.

Keith C Marshall
Chairman
23 March 2013
Corrected (item 8.1) 20/05/2013

2013 Meeting Dates

Date	Time	Venue
Tuesday 14 May	1400-1530	St Barnabas Church Hall
Wednesday 3 July (provisional date)	1800-1930	Surgery
Monday 9 September (provisional date)	1200-1330	St Barnabas Church Hall
Monday 11 November (provisional date)	1800-1930	Surgery

Glossary

CCG Clinical Commissioning Group (from April 2013 the replacement for PCT)
ECCG Ealing CCG
LBE London Borough of Ealing
NWL North West London
PCT Primary Care Trust, the local NHS governing body
PPE Patient & Public Engagement
PPG Practice Participation Group (this group)
SaHF Sharing a Healthier Future
ToR Terms of Reference

Text in underlined italic is post-meeting updates.

**Meeting 14 May 2013
Minutes**

Present: Sallian Amon-Ra, Daniel Boggust, Rani Chana, Sennen Chiu, Jean Corey, Malcolm Corey, Jill Downey (Ealing CCG), Lyn Duffus, Theresa Fitzgerald, Karen Hamida, Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Emily Musgrave-Newman (Crossroads), Stan Owen, Dr Parmar, Paul Ranken,

Apologies: Jean Alden, Janet Bettaccini, Amrita Dhaliwal, Jean Little, John Little, Jacqui Piper

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete, or discussed later in the meeting, except for the following:
3.5 Paul has sent Keith a piece on repeat prescriptions for the upcoming Newsletter. This will form the basis of a hand-out for patients. **Action: Paul**
5.2.b Paul is still looking at putting newsletters etc. in local pharmacies. **Action: Paul**
5.2.c Sending newsletters to patients not seen for 2 years is likely to be unaffordable. Suggested that each newsletter could be mailed to a different set of 20-30 random patients. **Action: Paul**
2. The minutes of the meeting on 11 March 2013 were approved, subject to correction of the next meeting date in item 8.1. **Action: Keith** Done

2. Election of Vice-Chairman

1. It was agreed at the last meeting that we should elect a Vice-Chairman to serve until the AGM in Autumn 2015.
2. In the absence of nominations, Sennen Chiu volunteered to serve as Vice-Chairman and was duly elected.

3. Crossroads Care West London Introduction (Emily Musgrave-Newman)

1. Emily (deputising for Sandra Hawke, Crossroads CEO) gave a brief introduction to the work of Crossroads:
 - a. Crossroads was formed in the 1960s to provide short break respite for carers in Ealing, Harrow, Brent and Hounslow. They are funded by the boroughs.
 - b. They mainly cover carers for those with dementia and learning difficulties, although disabled children and those with long-term illnesses are also commonly supported.
 - c. All support is provided by fully trained staff and Crossroads are subject to inspection by CQC – they passed their March 2013 inspection.
 - d. The respite provided is generally for a few hours – to allow the carer to go to hospital, shopping, etc. – although longer periods (one day outings and even holidays) can be accommodated if funding is available. After school clubs are arranged for disabled children. Crossroads also work with Macmillan Cancer Support in end of life/palliative care situations.
 - e. Most referrals for respite care are via borough Social Services (who will do their own assessment prior to referral). However carers can self-refer if they can pay privately for the service.

- f. There are two Care Support Mangers who work with both Social Services and with GPs who refer carers as needing respite care. It is felt that GPs should have a process to allow them to prescribe respite for carers.
 - g. The cost is currently £15.15 per hour for weekday 7am to 11pm services, with a slightly higher rate at weekends.
 - h. On Saturday 25 May Crossroads will be taking part in the Carers Thames Walk organised by Carers Trust. More details from Crossroads.
 - i. Crossroads can be contacted at: 179 Bilton Road, Perivale, UB6 7HQ; telephone 020 8728 7000; email ealing.info@crossroadscarewestlondon.org; online via www.crossroadscarewestlondon.org; or ask at the surgery.
2. Keith also made the meeting aware of Carers Connect who provide advice and information on the first Wednesday of each month at the Dominion Centre in Southall.
 3. Also Ealing Community Network have recently published an Ealing Health Self-Help Directory, listing all services available in the borough; this is available online via Healthwatch Ealing at www.healthwatchealing.co.uk. [*Ask Keith if you need a printed copy.*]

4. Ealing CCG Introduction (Jill Downey)

1. Jill is Patient and Public Engagement Officer for Ealing CCG. She introduced the CCG and her role within it.
 - a. Ealing CCG covers all 79 GP practices in the borough and has been active since 1 April.
 - b. The CCG is responsible for commissioning services on behalf of GPs (hospital services, community services, mental health services, etc. as well as from the borough's strong voluntary sector). They are not responsible for commissioning primary care (GPs, dentists, opticians, pharmacists) which is a national NHS role.
 - c. ECCG has an annual budget of £410million, the largest in London. Consequently demonstrating value for taxpayers' money is a priority. All commissioning is done on an annual cycle.
 - d. The rules governing all CCGs prohibit them from having links to the pharmaceutical industry. All drug commissioning and procurement is another national NHS responsibility.
 - e. CCGs have to be able to show that they are commissioning services based on documented evidence of their effectiveness. Additionally they have to be able to demonstrate public engagement, that they are listening to the wishes of local people and are providing patient choice.
 - f. Evidence of public engagement is reported by Jill every quarter up to the CCG Board. Jill's attendance at PPG meetings is one such piece of public engagement, and she also notes all comments made about local services.
 - g. Although the CCG has to follow national strategies, they have to be sure the treatments being commissioned are evidence-based, are required locally and will work for the local community. As an example, ECCG could choose to put additional resource into diabetes care, as the borough has the second highest incidence of diabetes in the country after the LB Tower Hamlets.
 - h. Current strategies include: preventive care, empowering patients to manage their own long term condition, out of hospital strategies.
2. Anyone wishing to contact Jill about local services can do so at jdowney@nhs.net or 020 3313 9190.
3. It was agreed that Jill should have a standing invitation to these meetings.

5. Practice Updates (Paul)

1. Dr Hui has now left the Practice and has been replaced as a permanent GP by Dr Dhinsa. Dr Patten has joined as a long-term locum GP. The Practice also has a new receptionist,

- Sushila Patel, and there should be a new HCA (to provide support to the nurses with care plans, anti-coagulation checks, BP checks, etc.) joining in July.
2. The refurbishment of the Nurse's Room 6 is now complete and looks good.
 3. The next issue of the newsletter is due out in early June and has a summer theme. The September issue will focus on carers.
 4. LB Ealing have granted planning permission (subject to some small conditions) for two new consulting rooms. The Practice now has to get the funding required.
 5. The borough-wide IT update is still awaited.
 6. The Practice is not yet involved in Summary Care Records.

6. PPG Updates (Keith)

1. Patient Transport

- a. Thanks to everyone who did research on this, especially Janet Bettaccini and Sennen.
 - b. The more we look at the suggestion of providing transport, the more difficult it seems.
 - c. While most insurers are now OK with drivers providing voluntary transport for healthcare, not all are. There is a list available on the Association of British Insurers website at www.abi.org.uk/Insurance-and-savings/Products/Motor-insurance/Volunteer-drivers.
 - d. Because drivers would be involved with the vulnerable people and/or children they would need to be DBS (Disclosure & Barring Service, formerly CRB) checked. While DBS checks should be free for volunteers in the healthcare sector (see www.gov.uk/disclosure-barring-service-check/overview) they would have to be requested by the Practice as being the formally responsible "employer".
 - e. A volunteer will be required to manage the list on behalf of the Practice.
 - f. With only about 50 members signed up to the PPG, many of whom are inactive, it is felt we do not yet have a sufficient critical mass of people likely to volunteer.
 - g. However it was agreed we should keep this under review, especially as this is something in which ECCG are interested.
 - h. Paul/Keith will convene a short meeting of themselves with Sennen and Dr Parmar to agree the requirements, current obstacles and a possible plan for overcoming them.
- Action: Paul/Keith**
2. The PPG is now a fully signed-up member of NAPP. Keith has the package of joining information which he will pass to Paul. **Action: Keith**
 3. NAPP run "Commissioning Champion" Workshops, either as a series of three workshops or as a single "overview" workshop. The workshops require a minimum of 10 participants so currently we are unlikely to be in a position to benefit. However Keith suggested that ECCG might wish to host workshops for PPGs across the borough and provided a flyer to Jill.
 4. NAPP are running "PPG Week" during 3-8 June.
 - a. To support his Keith suggested running 3 or 4 more PPG "recruiting" sessions. Keith will contact those who volunteered to help to arrange a schedule. **Action: Keith**
 - b. Paul & Keith will also arrange to hang the PPG display board in time for PPG week.
- Action: Keith/Paul**
5. NAPP One Day Annual Conference is in Bristol on Saturday 8 June; the theme is "Primary Care in the Digital Age". Keith and Sennen are planning to attend.
 6. Keith has started a list of local support organisations on the Practice website and has further updates to add. **Action: Keith**
 7. PPG documents and communications will now be sent out as a monthly package around the first weekend of the month.
 8. In order to fit with the monthly package Keith suggested, and it was agreed, to move the 3 July meeting to 17 July (evening) and the 9 September meeting to 16 September (daytime). Unfortunately we cannot book the church hall for either 9 or 16 September,

so the meeting will be at 1400 hrs on Tuesday 17 September – apologies for picking a Tuesday afternoon again, but it is the only available slot we can book that week.

7. AOB

1. None

8. Next Meeting

1. Wednesday 17 July; 1800 hrs; Barnabas Medical Centre
2. An agenda will be circulated with the July monthly package around 7 July.

Keith C Marshall
Chairman
25 May 2013

2013 Meeting Dates

Date	Time	Venue
Wednesday 17 July	1800-1930	Surgery
Tuesday 17 September	1400-1530	St Barnabas Church Hall
Monday 11 November (provisional date)	1800-1930	Surgery

Glossary

BMC	Barnabas Medical Centre
BP	Blood Pressure
CCG	Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CRB	Criminal Records Bureau
DBS	Disclosure & Barring Service (formerly CRB)
ECCG	Ealing CCG
HCA	Healthcare Assistant
HWE	Healthwatch Ealing (formerly Ealing LINK)
LB	London Borough
LBE	London Borough of Ealing
NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

Text in underlined italic is post-meeting updates.

**Meeting 17 July 2013
Minutes**

Present: Dr Bhatoa, Rani Chana, Sennen Chiu, Derek Coles, Lyn Duffus, Karen Hamida, Sheila Hayles, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Stan Owen, Sunita Patel

Apologies: Jean Alden, Janet Bettaccini, Jean Corey, Malcolm Corey, Amrita Dhaliwal, Jill Downey, Theresa Fitzgerald, Sylvia Francis, Dr Knight, Dr Kooner, John Little, Dr Parmar, Jacqui Piper, Paul Ranken

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete, or discussed later in the meeting, except for the following:

1.1 No feedback from Paul on putting newsletters etc. in local pharmacies. **Action: Paul**

1.1 No feedback from Paul on possibility that each newsletter could be mailed to a different set of 20-30 random patients. **Action: Paul** *Already in place*

6.1.h Paul, Keith & Sennen still to meet to discuss transport initiative. **Action: Paul/Keith/Sennen** *Meeting now held; lots of work to do!*

6.6 Keith still has to update the local support organisations list on the Practice website. **Action: Keith**

2. The minutes of the meeting on 14 May 2013 were approved.

2. Practice Updates (Dr Bhatoa)

1. Niki Onoufriou, the new Health Care Assistant is now in place; she works the equivalent of 3 days a week. Nicki will be concentrating on anti-coagulation management and care planning to take this load off the nurses.
2. There is no news on funding for the Practice extension and it is unlikely there will be for some months. Following recent meetings with the architects everything else should be in place to start work quickly once funding is available.

3. PPG Projects List (Keith)

1. Keith took the meeting through the PPG Projects List, providing additional explanation for each one. The following comments were noted:

a. PPG Days. Suggested that we run a few half-day sessions 2-3 times a year.

b. TELL US Cards. The same feedback facility should also be provided on the Practice website as on any cards in the Surgery. Also suggested that feedback could be made available on the self check-in screen (or on a "kiosk") and a prompt be put on the waiting area scrolling displays. People are however expected to be more likely to write on a card while they are waiting for their appointment.

Cards should also ask if the person would like a reply.

c. Assisting Patients with Self Check-in Screen. It was felt that this is probably not now needed.

d. Delivering Letters for the Practice. There are issues of confidentiality and responsibility around this. Keith will discuss with Paul. **Action: Keith**

It was also suggested that the Practice could send out letters by email (where possible) as this is potentially faster and cheaper. Keith to raise with Paul. **Action: Keith**

Discussed; unlikely to happen soon as there are still privacy concerns within NHS.

e. Health & Wellbeing Fair. Keith had mentioned this to Jill Downey (CCG PPE) who agrees it is a good idea. Indeed the CCG is thinking of an "all Ealing" event like this and Jill reported that several other PPGs across the borough are also thinking about this. It was agreed that for us to get the best from it then it should be restricted to a fairly small local area and would benefit from the involvement of other local Practice PPGs. Keith has a list of ideas which might be useable for such an event. It is expected to take 6 months or so to set this up. Someone is needed to take this on and run with it – volunteers?

f. Book Exchange. Dr Bhatoa felt this is a good idea. Clearly thought has to be given to space and shelving. There was also concern that books could be a vector for spreading germs, especially if patients take them away and return them after they have been used by the sick. Our previous discussions felt that this was not such a concern as children's toys on the floor of the waiting area. Keith will discuss with Paul. **Action:**

Keith Discussed with Paul and agreed to implement

g. Suggested Talks. Two of the possible talks listed were agreed to be high priority: Healthwatch (What is it? What does it do?) and 111 (What is it? When should we use it?).

Keith will ask Suzanne Lyn-Cook (HWE Director) if she will present to the next meeting. Failing that Derek or Keith (both of whom are active HWE members) may be authorised to talk officially about Healthwatch. **Action: Keith** Requested

Keith will also ask if the CCG will present to us on 111. The CCG are not a part of 111 so should be able to provide a more balanced view. **Action: Keith** Requested

2. An updated Project List will be circulated separately. **Action: Keith**
3. A number of members have already indicated an interest in working on some of the projects. Others wishing to volunteer to work on specific projects are asked to contact Keith. **Action: All Members**
4. Keith will produce a master list of volunteers and see if "project working parties" can be set up. **Action: Keith**
5. Keith also thanked those who have already completed the skills survey, and asked others please to do so.
6. The meeting asked how many hits there are on the Practice website as this would indicate the extent to which it is a useful resource being used by patients. Keith agreed to discuss with Paul. **Action: Keith** Keith to look at stats on Practice website
7. It was suggested that the website address should be added to the PPG display board. This can be done as Keith & Noreen already planned to review the board's contents. **Action: Keith/Noreen**
8. Keith to provide Paul with a copy of the PPG mailing list. **Action: Keith** Done

4. Ealing Self-Help Directory

1. Copies of the Ealing Self-Help Directory (which runs to over 20 pages) had been circulated in advance and copies were available at the meeting.
2. The directory is maintained online by Ealing Community Network. Anyone without online access should be able to view a copy at the Surgery.
3. The directory is split into three sections: Local Health Self-Help Groups, National Health Support Groups, Local Health & Social Care Groups.
4. Keith will add a link to the directory on the Practice website. **Action: Keith**

5. Ealing CCG Updates

1. No updates in the absence of Jill Downey and Dr Parmar.
2. Keith will ask Paul if we have contacts for any other local PPGs. **Action: Keith** Paul to ask at next Practice Managers' Meeting
3. Keith will also talk to Jill about the establishment of local PPG networks. **Action: Keith**

6. PPG Updates (Keith)

1. **Healthwatch Ealing.** Keith and Derek had both attended the Healthwatch Ealing meeting on evening of Tuesday 16 July. This was essentially a HWE recruiting drive and an opportunity for those present (about 100-120) to voice their views on what HWE should be working on: all the ideas were captured in facilitated group discussions and voiced suggestions ranged from NHS Dentistry to GP Training and Mental Health Care concerns.

There was also a presentation from Patrick Vernon of Healthwatch England. One of the areas which Healthwatch England are currently focussing on is getting the NHS Complaints Procedures to work and fit for purpose.

If possible Keith will include more information on Healthwatch in the next August monthly package. **Action: Keith**

2. **NAPP Conference.** Keith has already circulated reports of the NAPP Conference held in Bristol on 8 June which he and Sennen attended. This was a very worthwhile day which focussed on primary care in the digital age; it provided good perspectives on the challenges facing the NHS and patient access to (online) records. Keith and Sennen also made some useful contacts.

If anyone would like access to the members' area of the NAPP website to view the presentations, then please ask Keith for the login details.

3. **Monthly Package.** All agreed that this was working well and was valuable.
4. **CQC.** CQC have recently issued a document on guidelines for PPGs working with CQC. This has not been reviewed yet; Keith will report further in due course.
5. **What to Expect from Your Doctor.** This is a new booklet from GMC and is written from a medical profession perspective rather than a patient one; nevertheless it is a valuable resource. Keith to discuss with Paul the possibility of giving a copy to all new patients and making a supply available in the waiting area. **Action: Keith** *Paul to investigate*

The booklet is also available online and Keith will attach a copy to the August monthly package. **Action: Keith**

6. **Practice Survey.** It would be worth starting to build this in September to avoid a the last minute rush of the previous two years. The Practice may also wish to use some questions from the MORI poll as these have been built by experts and refined over the years.
7. **Telephone System.** The suggestion has been made that it may be preferred if the Practice telephone system should play music (rather than a "beep, beep" sound) while callers are held in the queue. The meeting was overwhelmingly against "music on hold".
8. **Status of PPG.** Sennen is concerned that in the current litigious environment the PPG could be vulnerable given possible issues of insurance and confidentiality. Keith has briefly discussed this with Paul and, at least at present, the PPG is a part of the Practice organisation and as such covered by the Practice's insurance. Keith and Paul should confirm this in writing. **Action: Keith/Paul** Agreed and documented
Should the PPG become an independent entity (eg. if we seek charity status) then it would probably not be a part of the Practice and would need to arrange independent insurance. But that is a consideration for some time in the future.
9. **PPG Expenses.** The meeting was concerned that Keith and Sennen funded themselves to attend the NAPP Conference whereas apparently most other PPG member delegates were funded by their Practices; Keith is also on occasion mailing the few printed copies of the monthly package at his expense. The meeting was concerned that Keith, Sennen (and in future maybe others) are spending their own money to support the PPG; it was felt that the Practice should be reimbursing reasonably incurred expenses. In fairness Paul has always agreed with this. Keith agreed to discuss with Paul establishing some ground rules, and a process, for PPG members to be reimbursed reasonable expenses incurred on behalf of the PPG. **Action: Keith** Agreed and process being implemented

7. Alternative Meeting Venues

1. Keith asked for information on possible meeting venues close to the Practice, which are not expensive and suitable for a meeting of a couple of dozen people.
2. St Gabriel's Church facilities (Northolt Road, South Harrow) were suggested, but are probably not ideal as they are well outside the Practice's core catchment area.
3. Derek agreed to investigate the possibility of us using the local Baptist Church Hall.

Action: Derek

4. Stan has subsequently investigated 2nd Northolt Scout Hut in Russell Road. Keith will follow up on this. **Action: Keith**

8. AOB

1. None

9. Next Meeting

1. Tuesday 17 September; 1400 hrs; St Barnabas Church Hall
2. An agenda will be circulated with the September monthly package around 8 September.

Keith C Marshall
Chairman
25 July 2013

2013 Meeting Dates

Date	Time	Venue
Tuesday 17 September	1400-1530	St Barnabas Church Hall
Monday 11 November (provisional date)	1800-1930	Surgery

Glossary

BMC	Barnabas Medical Centre
BP	Blood Pressure
CCG	Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DBS	Disclosure & Barring Service (formerly CRB)
ECCG	Ealing CCG
GMC	General Medical Council
HCA	Healthcare Assistant
HWE	Healthwatch Ealing (formerly Ealing LINK)
LB	London Borough
LBE	London Borough of Ealing
NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

Text in underlined italic is post-meeting updates.

Meeting 17 September 2013 Minutes

Present: Jean Alden, Danny Boggust, Rani Chana, Sennen Chiu (Vice-Chairman), Derek Coles, Jean Corey, Malcolm Corey, Lyn Duffus, Derek Goss, Beth Hales (Healthwatch Ealing), Karen Hamida, Sheila Hayles, Dr Kooner, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Sushila Patel, Jacqui Piper, Paul Ranken (Practice Manager).

Apologies: Janet Bettaccini, Dr Bhatoa, Amrita Dhaliwal, Jill Downey, Theresa Fitzgerald, Sylvia Francis, Norma Khwaja, Dr Knight, Stan Owen, Dr Parmar.

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete, or discussed later in the meeting, except for the following:
 - 3.1.d** PPG members delivering letters for the Practice is with Paul to decide if and when this is appropriate.
 - 3.6** Keith cannot access website stats from outside an NHS domain. This will be looked at in the Practice when access and time available. **Action: Keith**
 - 3.7** Keith & Noreen to update the PPG display board during October. Thoughts on content will be welcome. **Action: Keith/Noreen**
 - 5.3** Keith still has to discuss establishment of local PPG networks with Jill Downey. **Action: Keith**
 - 6.5** Printed copies of "What to Expect from Your Doctor" are not available. David Mitchell offered to look at making the website text into a booklet. **Action: DavidM**
Subsequently thought by Paul not to be the best way forward; there should be a link on the Practice website.
2. The minutes of the meeting on 17 July 2013 were approved.

2. 2014 Meeting Dates

1. How to schedule meetings for 2014 was discussed. The following points were considered:
 - There is no one good time for everyone; whatever time/day is chosen someone will be excluded.
 - From the known demographics the most popular times are Mon AM, Mon eve, Tue AM, Tue eve, Thu eve. Next most popular are Mon PM, Fri eve, Tue PM, Thu PM, Wed eve.
 - Mornings, Monday daytime and Thursday daytime do not work for the Practice.
 - Should meetings be at set days, times and venues?
 - Are meetings every 2 months frequent enough?
 - Possible venues are the Medical Centre, St Barnabas Church Hall, Greenford Baptist Church and 2nd Northolt Scout Hut in Russell Road.
2. Opinions expressed included:
 - Friday evenings are disliked for meetings.
 - Monday and Wednesday evenings work well for the doctors and fit with part-time doctors' working patterns.

- St Barnabas Church Hall is an especially convenient venue, and we might look to hold all meetings there given that the group is now large enough that space in the Medical Centre can be cramped.
 - More distant venues are less desirable.
 - Alternating early evening and afternoon would seem to be ideal in giving as many as possible the chance to attend some meetings.
 - There is no obvious reason for more frequent meetings.
3. Consequently it was agreed that, where possible:
 - Meetings be standardised as alternately Monday early evening (1800) and Tuesday afternoon (1400).
 - Meetings to be in St Barnabas Church Hall if possible. Other venues to be considered only if the Church Hall is not available.
 - Meeting every two months is sufficient.
 4. Keith will arrange 2014 meeting dates in light of the above. **Action: Keith**
 5. Thanks to all those who suggested alternative venues.

3. Introduction to Healthwatch Ealing

1. The meeting welcomed Beth Hales, Outreach Officer for Healthwatch Ealing.
2. The role of Healthwatch is as a patient champion for all health and social care services, to ensure the patient has a voice, which is heard, in the commissioning and running of these services. To quote a Healthwatch leaflet:

Local Healthwatch help people get the best out of their local health and social care services; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future.

Local Healthwatch:

- *provides people with information, advice and support about local health and social care services*
 - *gathers the views and experiences of local people on the way services are delivered and have the power to enter and view adult health and social care services to get a feel for how they are delivering*
 - *influences the way services are designed and delivered based on evidence from those who use services*
 - *influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board*
 - *passes information and recommendations to other local Healthwatch, Healthwatch England and the Care Quality Commission*
3. Healthwatch Ealing is one of a network of such organisations across the country which were established by the Health & Social Care Act 2012 and builds on a 35 year history of patient involvement organisations. Government wants patients to be engaged in health and social care provision.
 4. Healthwatch Ealing conforms to the national Healthwatch branding.
 5. Local Healthwatch organisations are funded by the local authority, have a mandatory seat on the local authority's Health and Wellbeing Board and are also responsible to Healthwatch England. *As the Healthwatch funding is not ring-fenced it could be subject to local authority budget cuts, although LB Ealing have historically been good at protecting such funding.*
 6. Healthwatch England have a statutory requirement to report annually to parliament and also have a right to the ear of the Health Minister.
 7. However it is important to note that Healthwatch can monitor, investigate, research and make recommendations, but it does not have the power to enforce recommendations

and is not a regulator. However experience has shown that more progress can be made by partnership rather than enforcement.

8. One important service that Healthwatch Ealing provides is an information (signposting) service which is available on 0800 014 7306 or email info@healthwatchealing.co.uk. The service maintains a database of all health and social care service in the borough.
9. It is also important to note that Healthwatch does not provide a complaints channel for individual grievances; such channels already exist within the NHS.
10. Beth provided a number of Healthwatch leaflets. The most important is the "Your Voice" card which solicits patient feedback (good as well as bad) on services. Although often anecdotal such feedback, when aggregated, provides important evidence of how well services are functioning.
11. Supplies of some leaflets will be made available in the Medical Centre.
12. Healthwatch Ealing has over 1000 members. Everyone was encouraged to join Healthwatch, if only to receive information on local services *etc.* Active members of Healthwatch work on specific projects and can represent local people at a variety of healthcare forums.
13. For further information see the Healthwatch Ealing website www.healthwatchealing.co.uk or contact Keith.

4. PPG Projects List

Quick updates on the most active projects:

1. **Transport for Patients.** This has been discussed in detail between Paul, Sennen and Keith. It seems to be endlessly hard to organise with many potential hurdles; the temptation is to consign it to the "too difficult drawer". However it is worth keeping in mind and Keith still intends to contact the Pinn Practice to see how they organise this (attempts so far have failed). The CCG are not aware of other practices in Ealing which are offering such a service. **Action: Keith**
2. **Noticeboards / Magazines / Leaflets.** Lyn and Jacqui have volunteered to keep the noticeboards and leaflets tidy and oversee the magazines. Hopefully once established this should not take more than 30 minutes of a person once a week. Keith is also willing to take part in this but will not mastermind it. Agreed that Keith, Lyn, Jacqui should meet briefly with Paul to agree ground rules *etc.* **Action: Lyn/Jacqui/Keith** Meeting subsequently arranged for 15/10 at 1000.
3. **Book Exchange.** Noreen, Sennen and Sylvia have agreed to take part in this; Keith will also join the group but again will not manage it. Sheila is able to get a supply of (paperback?) books. Noreen agreed to lead the group. Initial organisation may require a brief meeting with Paul. **Action: Noreen**
Paul will measure the spaces and get shelves built. **Action: Paul**
Noreen and team to organise stock. **Action: Noreen**
Keith will get a rubber stamp for the books when wording is agreed. **Action: Keith**

5. Practice Updates

1. No recent staff changes.
2. No news on funding for the Practice extension.

6. Ealing CCG Updates

1. No updates in the absence of Jill Downey and Dr Parmar.

7. PPG Updates

1. Keith and Paul are now having monthly contact meetings. As the business is normally not confidential Paul has agreed that the minutes should be published. Keith will put the minutes on the Practice website and include them with the monthly package. **Action: Keith**
2. **Healthwatch Ealing.** The output from the Healthwatch July open meeting has been published. This is being used as the basis for setting priorities and projects which will be

discussed at an Active Members' Meeting on 18 September.

Keith has been asked to represent Healthwatch Ealing (and hence local residents) on the HWE Primary Care Reference Group which will be working with Healthwatch England on access to GP Services.

Keith has also been asked to represent HWE at an NHS London meeting on GP Revalidation on 8 October.

Practice Survey. Keith and Paul will start work on this at their next contact meeting on 1 October. **Action: Keith/Paul**

3. **Barnabas Bulletin.** The next issue is due out in early December so copy is needed by mid-November. Copy should be sent either to Jacqui (jaxandthecats@aol.com), Keith or Paul.

Jean Cory suggested that something be included to guide people on when to use 111 and when to use 999. **Action: Jacqui**

Jean also suggested the inclusion of something on the health hazards of dead foxes, which Ealing council will not now remove. This should be considered, although it was thought to be a public health matter rather than a medical one. **Action: Jacqui**

8. AOB

1. None

9. Next Meeting

1. Monday 11 November; 1800 hrs; Barnabas Medical Centre
2. An agenda will be circulated with the November monthly package around 3 November. We hope to have someone from the CCG to talk about the 111 service.

Keith C Marshall
Chairman
30 September 2013

Glossary

BMC	Barnabas Medical Centre
BP	Blood Pressure
CCG	Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DBS	Disclosure & Barring Service (formerly CRB)
ECCG	Ealing CCG
GMC	General Medical Council
HCA	Healthcare Assistant
HWE	Healthwatch Ealing (formerly Ealing LINK)
LB	London Borough
LBE	London Borough of Ealing
NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

Text in underlined italic is post-meeting updates.

**Meeting 11 November 2013
Annual General Meeting
Minutes**

Present: Danny Boggust, Sennen Chiu (Vice-Chairman), , Jean Corey, Malcolm Corey, Jill Downey (Ealing CCG), Lyn Duffus, Theresa Fitzgerald, Derek Goss, Karen Hamida, Sheila Hayles, Dr Knight, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Stan Owen, Dr Parmar, Sushila Patel, Jacqui Piper, Dr Vijayadeva Shanker (Ealing CCG).

Apologies: Jean Alden, Janet Bettaccini, Derek Coles, Amrita Dhaliwal, Paul Ranken (Practice Manager).

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete, or discussed later in the meeting, except for the following which were carried forward:
1.3.6 Keith cannot access website stats from outside an NHS domain. This will be looked at in the Practice when access and time available. **Action: Keith**
1.3.7 Keith & Noreen to update the PPG display board. Thoughts on content will be welcome. **Action: Keith/Noreen**
4.1 Transport for Patients. Keith still to contact the Pinn Practice to see how they organise transport (attempts so far have failed). **Action: Keith**
2. The minutes of the meeting on 17 September 2013 were approved and signed by Keith.

2. Annual Report

1. Keith presented the Annual Report which had been previously circulated with the monthly members' bulletin. (Copy attached)
2. Malcolm asked whether a copy of the Annual Report would go to NAPP. Keith agreed that it would be a good idea. **Action: Keith**
3. The Annual Report was accepted unanimously and signed by Keith.
4. Sennen asked if we needed a constitution. Keith replied that we have agreed Terms of Reference that cover the same ground. These should also be sent to NAPP. **Action: Keith**
5. Sennen also asked whether we needed a small executive committee to take decisions. Keith said that he thought that it was not needed at this stage, especially given the current size of the group, but that we would form one if it became necessary in the future.

3. Presentation on 111 Service (Dr Vijayadeva Shanker, Ealing CCG)

1. Shankar spoke about the 111 service which is now running in Ealing: its history, objectives and experiences to date.
2. 111 arose out of NHS Direct taking too long to respond in ringing callers back, and the high cost of calls. This is being addressed by 111 providing continuous calls (not call-back) and having a higher ratio of clinically trained staff. It is also helped by using the (UK developed) NHS Pathway system, which provides guided triage for clinicians and non-clinicians and leads to resolution, referral to a clinician/service or a 999 call.
3. The success rate with NHS Pathway is high. Nationally over 8 million calls have been received and when used correctly there has been only one recorded failure. NHS

Pathway is updated regularly as new circumstances arise. NHS Pathway also uses the full Directory of Services which defines the services available in every area and their opening hours.

4. The target is to answer 95% of calls within 60 seconds. At least 1% of calls to 111 have to be audited and 5% of calls are randomly chosen for follow-up surveys. All complaints are investigated.
5. 111 are able to despatch an ambulance by direct contact with the London Ambulance Service, although currently this takes a couple of minutes longer to initiate than a 999 call due to incompatible technologies and the fact that 111 are not legally permitted to track the caller's details and location (as 999 do).
6. 12% of calls in Ealing result in an ambulance being sent. This is higher than 999 and NHS Direct, but it does appear appropriate.
7. Long term it seems logical for the 111 and 999 services to merge, although this is not currently planned and is unlikely to be soon as LAS use a different triage system for 999 calls.
8. All 111 call handlers are monitored and undergo continual improvement training.
9. The Ealing 111 service is being provided by Harmoni and was soft-launched earlier this year in order to ensure the service is running correctly. 2014 should see more publicity and a formalised service.

4. Annual Practice Survey

1. Keith asked the partners present about the focus this year's Survey needs. Dr Parmar said that they were looking at this and would get back to him but suggested that out of hospital services was one possible area. Dr Knight felt that we should stick to questions/issues that could be dealt with.
2. Once the focus area is agreed we will look at using questions from the MORI survey in order that we can benchmark against MORI. **Action: Keith/Paul**
3. The Practice would need to have the survey results by the last week of January 2014 as the report has to be lodged by the end of February.
4. The issue of translation was raised. Jill pointed out that we could recruit helpers who were native speakers of the non-English languages most used by the patients. The partners felt that we should certainly go with offering translation if possible but that translating the actual survey was not expected to be feasible.
5. Keith asked if members were prepared to support this year's survey by manning the waiting area during survey week, as was done last year. There was unanimous agreement to do this. Once survey week is fixed Keith will contact members to ask for volunteers. **Action: Keith**

5. Local Support Groups

1. Sennen suggested that we/the Practice might wish to set up links with support groups for relatively common conditions where patients tend to need support, eg. prostate cancer.
2. Jill and Dr Parmar pointed out that there were already many local support groups, many of which were listed in the Ealing Self-Help Directory. The issue was often one of patients finding the groups.
3. Jacqui undertook to include something on local support groups in a future Practice newsletter. **Action: Jacqui**
4. Some other PPGs have set up Practice specific support groups. Jill can provide details if required.
5. Keith will look at putting more on support groups, especially for carers, on the Practice website. **Action: Keith**

6. Practice Updates

1. Dr Dhinsa is now a salaried member of the medical team.

2. The recently-appointed Health Care Assistant, Niki Onufriou is making domiciliary visits when required.
3. Sennen suggested that the Practice might consider using the District Nurses to see any patients requiring more than half an hour so that the appointments system can allocate a fair fixed time slot to every patient alike. While agreeing that this is a good idea, Dr Knight explained that this is not currently the role of the District Nurses who are not Practice employees.

7. Ealing CCG Updates

1. *Shaping a Healthier Future* went to review and there were detailed findings which has resulted in the Secretary of State supporting SaHF but also committing some version of A&E to continue at Ealing and Charing Cross Hospitals, which implies 24/7 consultants and diagnostics. Professor Keogh's report was due that week, and would include clarification of response to blue-light incidents which would have an effect on how A&E services are provided. Work has already started to look at the future shape of Ealing Hospital.
2. NWL NHS has been selected as one of 14 areas to pilot "joined up care", ie. properly coordinated health and social care.
3. It was commented that most NWL hospitals were ranked near the bottom of the national ratings.
4. The CCG is currently developing its commissioning plans for the 12 months beginning April 2014. There will be an "easy read" version.
5. The CCG has just produced its first newsletter. Jill to ensure Keith is sent a copy.

Action: Jill

8. PPG Updates

1. Lyn and Jacqui are now taking time once a fortnight to review/tidy the noticeboards, leaflets and magazines in the waiting area.
2. Noreen, with several others, is working on getting the book exchange working. Paul has installed the shelves, so this can now proceed.
3. If anyone wishes to donate magazine or books then please hand them to reception who will pass them to the appropriate team.
4. Keith suggested that the next meeting, in January, should review the projects list and the status of ongoing projects.
5. 2014 meeting dates are attached at the foot of these minutes.

9. AOB

1. David proposed a vote of thanks to Keith, Sennen, the doctors and other staff, which was warmly agreed by all present.

10. Next Meeting

1. Tuesday 14 January 2014; 1400 hrs; St Barnabas Church Hall
2. An agenda will be circulated with the January monthly bulletin around 5 January.

Keith C Marshall
Chairman
26 November 2013

Text in underlined italic is post-meeting updates.

Glossary

BMC	Barnabas Medical Centre
BP	Blood Pressure
CCG	Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DBS	Disclosure & Barring Service (formerly CRB)
ECCG	Ealing CCG
GMC	General Medical Council
HCA	Healthcare Assistant
HWE	Healthwatch Ealing (formerly Ealing LINK)
LAS	London Ambulance Service
LB	London Borough
LBE	London Borough of Ealing
NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

2014 Meeting Schedule

Meeting Date	Time	Venue
Tue 14/01/2014	1400	St Barnabas Church Hall
Mon 10/03/2014	1800	Barnabas Medical Centre
Tue 13/05/2014	1400	St Barnabas Church Hall
Mon 14/07/2014	1800	Barnabas Medical Centre
Tue 16/09/2014	1400	St Barnabas Church Hall
Mon 10/11/2014 (AGM)	1800	Barnabas Medical Centre

Annual Report 2013 (February 2012 to 31 October 2013)

Welcome to this the first annual report of the Barnabas Medical Centre Patient Participation Group (barnabas.ppg).

Although this is termed an "annual report" this first report covers the initial 21 months of the PPG's operation, from February 2012 to October 2013 inclusive. Future annual reports will cover calendar years beginning 1 November and should be presented to the PPG AGM around November each year.

This report is presented in a simple "bullet point" style to facilitate quick and easy reading.

Summary

- Overall the PPG has had a very successful first period.
- In its first 21 months the group has grown from nothing to 90 registered patient members of whom about 20 are active.
- Significant work to help the Practice has been undertaken and further projects are under way.
- The group now has to build on these good foundations and grow both in size and activity.

PPG Formation and Development

- In February 2012 the Practice invited a number of patients to attend one of two meetings and to help form the group.
- In October 2012 the present author presented to the Practice and the group proposals for a basic structure and governance of the group by the patients. These proposals were accepted and formed the basis for the PPG's Terms of Reference which were formally agreed in January 2013.
- Also in October 2012 Keith Marshall was elected as PPG Chairman, to serve until the AGM in 2014.
- Following a suggestion by Dr Knight it was agreed the group should also have a Vice-Chairman, and Sennen Chiu was elected in May 2013 and will serve until the AGM in 2015.
- The recruitment of patient members has been a key early activity:
 - The group started in February 2012 with 13 patient members
 - A further 22 patient members joined the group as a result of a number of half-day recruitment sessions ("PPG Days") during November 2012
 - More "PPG Days" were held in early June 2013 to coincide with Patient Participation Week; these resulted in 41 more members joining
 - Allowing for a trickle of other new members, and the inevitable loss of a small number, at 31 October 2013 the group has 90 registered patient members.
- All members of the Practice staff are members of the PPG and the Ealing CCG PPE also has a standing invitation to meetings.
- During the period being reported there have been 10 meetings of the PPG and over 20 different patients have attended at least one meeting. These 20 are considered to be the active members.
- All PPG meetings are open; all meetings are formally minuted and the minutes posted on the Practice website as well as being sent to all PPG members.
- Where possible the days and times of meetings have been varied to allow as many as possible to attend at least occasionally.
- The Chairman sends (where possible by email) a monthly bulletin to PPG members. This typically contains information about meetings, PPG activity and items of special local healthcare interest.
- The PPG joined the National Association of Patient Participation (NAPP) in April 2013.
- The Practice has agreed to the reimbursement of reasonable expenses incurred on PPG business.
- It is agreed, and documented, that the PPG is a formal part of the Practice organisation, rather than being a separate body, and as such is covered by the Practice's insurance etc.

Achievements

Over the period of this report the PPG has notched up a number of achievements.

- There is a PPG presence on the Practice website, the group has its own email account and there is a (not yet very active) Facebook group.
- The group helped the Practice with two annual surveys:
 - Initially the group was consulted on the questions used in, and actions resulting from, the first survey in February 2012. Due to the sampling method used the response to this survey was poor.
 - The group determined to improve the response and usefulness of the second survey in February 2013. As well as being consulted on the questions and design, the group managed the administration of the survey by having a presence in the Practice waiting area during the designated survey week; members encouraged (and where necessary assisted) patients to complete the survey and as a result there were over 500 responses. These responses were analysed and reported on by the present author.
- PPG meetings have heard short talks on the 111 service, Ealing Clinical Commissioning Group (ECCG), Crossroads Care West London, the Shaping a Healthier Future hospital consultation and Healthwatch Ealing
- The group has drawn up a list of possible projects which it could undertake
- The group initiated a quarterly newsletter, *Barnabas Bulletin*, for the Practice which is being edited by member Jacqui Piper. Three issues have been produced so far with the fourth due in early December 2013.
- The possibility of volunteers providing transport to the surgery (and possibly local hospitals) for elderly and infirm patients has been looked at. This is a very complex area with many legal and organisational pitfalls. Although the prevailing view is that it is too difficult compared with the benefits, the idea remains under consideration.
- Members Lyn Duffus and Jacqui Piper have recently started work on reviewing and managing the waiting area noticeboards, leaflet displays and magazines for the Practice.
- Noreen Marshall with Sennen Chiu, Sylvia Francis and Sheila Hayles are in the process of setting up a book exchange in the waiting area. The objective is to provide an alternative to magazines for patients to read while they wait and also to help improve both adult and children's literacy.
- A permanent PPG awareness notice is provided in the medical centre
- A section of useful links, for example to local self-help groups, has been established on the Practice website.
- Keith Marshall (Chairman) and Sennen Chiu (Vice-Chairman) attended the NAPP one-day conference in early June 2013. This provided valuable ideas, background and networking.
- The PPG has been represented by Keith Marshall at Ealing LINK (to March 2013) and HealthWatch Ealing (from April 2013), and as a result also at a number of NHS England (London) consultation meetings. At least one other PPG member, Derek Coles, is also an active member of Healthwatch Ealing.

Looking Forward

The PPG has achieved an excellent start. However the group needs to build on this foundation:

- It is necessary to keep growing the membership and "PPG Days" would seem to be one good way to do this.
- One area where the group can make a difference is by helping the Practice design, administer and analyse the annual patient survey. Work is now starting on the next survey.
- Additional activities depend on volunteers willing to be involved and actively take on projects for the PPG and Practice. Only in this way can the PPG hope to realise some of the excellent ideas which have been suggested and make a real difference to the overall healthcare provided by Barnabas Medical Centre.

Keith Marshall
Chairman, Barnabas Medical Centre PPG
3 November 2013