

## North East Hampshire Patient Participation Group Meeting

# North East Hampshire Patient Participation Group Meeting

### Meeting Details

**Title:** North East Hampshire Patient Participation Group Meeting  
**Date:** 15<sup>th</sup> February 2012      **Time:** 19:00 - 21:00  
**Venue:** Rushmoor Borough Council, Farnborough GU14 7JU  
**Meeting No:** 04  
**Attendees:**

Lead GP for the North East Hampshire Clinical Commissioning Group			Dr. Olive Fairbairn	√	
Head of Communications and Engagement			Mel McKeown	A	
Hampshire Link			Frank Rust	A	
<b>Alexander House Surgery</b>	Audrey Goodale	√	<b>Monteagle Surgery</b>	Tba	-
<b>Branksomewood Healthcare Centre</b>	Tba	-	<b>North Camp Surgery</b>	Colin Masters	√
<b>Crondall New Surgery</b>	Edna Ranger	-	<b>Oaklands Practice</b>		-
<b>The Border Practice</b>	Denis Shepherd Peter Smith (Dep)	- √	<b>Richmond Surgery</b>	Donald Hepburn Rikki Willis (Dep)	√ -
<b>Fleet Medical Centre</b>	Wolfgang Hamann	√	<b>Princes Gardens Surgery</b>	Ron Baker	√
<b>Giffard Drive Surgery</b>	Marilyn Saker Robert Mellor	- √	<b>Southwood Medical Centre</b>	John Baxter	√
<b>Hartley Corner Surgery</b>	Anne Strong	√	<b>Southlea Group Practice</b>	Tba	-
<b>Jenner House Surgery</b>	Brian Jupp	√	<b>Victoria Practice</b>	Peter Williams	X
<b>Mayfield Medical Centre</b>	Eric Mead Nicola Jones (dep)	√ -	<b>Wellinton Practice</b>	Tba	-
<b>Milestone Surgery</b>	John Debenham	√	<b>Farnham 1</b>	Tba	-
<b>Farnham 2</b>	Tba	√	<b>Farnham 3</b>	Tba	-
<b>Farnham 4</b>	Tba	√	<b>Farnham 5</b>	Tba	-

A = Apologies sent

## North East Hampshire Patient Participation Group Meeting

### Agenda:

- 1.0 Welcome and Introductions**
- 2.0 CCG Candidate Selection**
  - 2.1 Report on CCG Representative Voting – John Baxter
  - 2.2 Agreement on Length of office
- 3.0 CCG Updates**
  - 3.1 CCG Update - Dr. Olive Fairbairn
  - 3.2 Presentation - Mel McKeown
- 4.0 Meeting Officers Selection**
  - 4.1 NEH PPG Chairperson Selection
  - 4.2 NEH PPG Secretary Selection
- 5.0 Sub-Group Updates**
  - 5.1 Missing PPG Representatives**
    - 5.1.1 Sub-Group Update – Ron Baker
  - 5.2 Patient Surveys**
    - 5.2.1 Response to Wolfgang Hamann’s Question – Mel Kckeown
    - 5.2.2 Coordination of statistics across participating practices - Wolfgang Hamann
  - 5.3 Community Nursing experience**
    - 5.3.1 Sub-Group Update – Anne Strong
  - 5.4 Establishing terms of reference**
    - 5.4.1 Sub-Group Update – Donald Hepburn
- 6.0 Any Other Business**
- 7.0 Decisions made at this meeting**
- 8.0 Date of Next Meeting**
- Close**

# North East Hampshire Patient Participation Group Meeting

## Minutes of the Meeting

### 1.0 Welcome and Introductions

The meeting opened with an introduction of those present.

The previous minutes were read and accepted

Derick Wade has unfortunately had to withdrawn from the group as Wednesday meetings clash with his other commitments. We await a new representative for Southlea Group Practice.

### 2.0 CCG Candidate Selection

#### 2.1 Report on CCG Candidate selection Voting.

A report on the candidate selection vote was given. The group accepted Donald Hepburn as the CCG Representative. John Baxter was accepted as Deputy CCG Representative.

The CCG Meetings occur the first Wednesday of each Month at the Aldershot Health Centre.

CCG Representative Voting			
Group / Locality	Representative	Decision	
Alexander House Surgery	Audrey Goodale	Anne Strong	
Brankenswood Healthcare Centre	None at present	No Vote	
Crandall New Surgery	Victoria Beverley	No Vote	
Fleet Medical Centre	Wolfgang Hamann	Donald Hepburn	
Giffard Drive Surgery	Marilyn Saker	Anne Strong	
Hartley Corner Surgery	Anne Strong	Anne Strong	
Jenner House Surgery	Brian Jupp	Donald Hepburn	
Mayfield Medical Centre	Eric Mead	John Baxter	
Milestone Surgery	John Debenham	John Baxter	
Monteagle Surgery	None at present	No Vote	
North Camp Surgery	Colin Masters	Donald Hepburn	
Princes Gardens Surgery	Ron Baker	John Baxter	
Richmond Surgery	Donald Hepburn	Donald Hepburn	
Southlea Group Practice	None at present	No Vote	
Southwood Medical Centre	John Baxter	John Baxter	
The Border Practice	Denis Shepherd	Donald Hepburn	
The Oaklands Practice	None at present	No Vote	
The Wellinton Practice	None at present	No Vote	
Victoria Practice	Peter Williams		
<b>Total Voting for:-</b>	<b>Anne Strong</b>	3	20%
<b>Total Voting for:-</b>	<b>Donald Hepburn</b>	5	33%
<b>Total Voting for:-</b>	<b>John Baxter</b>	4	27%
	<b>Total</b>	<b>15</b>	<b>100%</b>
	No vote	6	
	<b>Total PPG Groups</b>	19	

CCG Representative  
Deputy CCG Representative

#### 2.2 Length of Office.

The group agreed the length of office would be 12 months. New elections would commence in 9 months.

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### 3.0 CCG Updates

#### 3.1 CCG Update - Dr. Olive Fairbairn

A discussion paper was distributed for Review. Olive advised that we were going to expand the group with the inclusion of Farnham from 1<sup>st</sup> April. An additional 5 surgeries would be join the group, Olive would provide more details to follow. We may need to review our name?

#### 3.2 Presentation - Mel McKeown

Mel was unfortunately unable to attend at the last moment. She sent her apologies and intends to give the presentation at our next meeting.

### 4.0 Meeting Officers Selection

#### 4.1 NEH PPG Chairperson Selection

John Debenham was nominated and voted by the group to be our Groups Chairman. Length of office 1 Year.

#### 4.2 NEH PPG Secretary Selection

John Baxter was nominated and voted by the group to be our Groups Secretary. Length of office 1 Year.

### 5.0 Sub-Group Updates

#### 5.1 Missing PPG Representatives

##### 5.1.1 Sub-Group Update – Ron Baker

Ron Baker gave an update on his progress in contacting the missing PPG representatives. In particular

<b>Branksomewood Healthcare Centre</b>	Sally Turnbull Unaware of PPG Olive to write to the Practice head
<b>Monteagle Surgery</b>	Janice Linsall, just setting up a patient group
<b>The Oaklands Practice</b>	Oakland have only set up a virtual group.
<b>The Wellington Practice</b>	Karen Nurse, difficulty in setting up a group.
<b>Crondall New Surgery</b>	Await a patient representative
<b>Southlea Group Practice</b>	Await a replacement representative
<b>Farnham 1</b>	Await details of practise
<b>Farnham 2</b>	Await details of practise
<b>Farnham 3</b>	Await details of practise
<b>Farnham 4</b>	Await details of practise
<b>Farnham 5</b>	Await details of practise

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### 5.2 Patient Surveys

#### 5.2.1 Response to Wolfgang Hamann's Question – Mel Kckeown

Wolfgang accepted this question had been answered.

#### 5.2.2 Coordination of statistics across participating practices - Wolfgang Hamann

Wolfgang Hamann started the discussion on patient surveys. He explored the idea of producing a more unified survey based on the input of all the surgeries. It was felt that the patient surveys should reference back to the patient groups. Wolfgang proposed he would write a paragraph to support this approach and asked that the group forward this to their individual PPGs for discussion. This is provided below.

#### **Draft Proposal for the Collection of Statistical Information at NEHPPG level**

General Practices are required to run infrequent surveys centrally organized by the NHS.

In parallel, PPGs are required to run their own surveys. At the moment, these surveys are designed and organized at practice level. Partly, these surveys are addressing practice specific questions and should therefore continue to be designed by individual practices. However, other questions, like opening hours or provision of services for e.g. diabetic patients are likely to be the same across different practices. For this second type of survey question it would be advantageous to administer it for participating practices across the whole area of the NEH PPG. A typical survey would consist of two sections, a) the practice specific one and b) the second NEH PPG wide one.

The b-sections of surveys would be designed in response to suggestions from individual practices.

The a-sections of surveys would by necessity be evaluated for and at the practice level only. The b-section would be evaluated as pooled as well as practice specific data. It would be up to individual practices whether they wanted their personal results be revealed to other participants or not.

Advantages of this system

1. Economy of labour
2. More powerful statistics because of greater sample size
3. Surveys could be undertaken where individual practices could not generate a survey population large enough (e.g. district nurse service)
4. Maintenance of confidentiality where it is an issue
5. Comparison with other practices, if it is wanted
6. More convincing representation of patient views at the CCG level

I should be grateful, if this draft proposal could be discussed as an agenda item at PPG meetings with feedback to be received by the NEH PPG for its meeting on Wednesday 18<sup>th</sup> April.

A survey committee could be set by the NEH PPG, provided there is support for this draft proposal at PPG level.

W. Hamann

PPG Fleet Medical Centre

17.2.2012

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### 5.3 Community Nursing experience

#### 5.3.1 Sub-Group Update – Anne Strong

Anne Strong reported back several concerns over community nursing work loads for example arising from Hospitals sending patients home early. Anne also highlighted staff training as a particular issue since this was not available within the county. Anne would continue to record the issues and concerns and requested that we continue to send her any further evidence regarding our community nursing experience in our PPGs.

Anne will try to produce a description of service failings and recommendations.

### 5.4 Establishing terms of reference

#### 5.4.1 Sub-Group Update – Donald Hepburn

Donald Hepburn issued an updated Term of Reference this was reviewed and accepted by the group.

### Terms of Reference for NEHPPG

The aim of the Group is to represent the views and needs of our patients to the NEH CCG

To meet this aim the Group will:

- Elect a representative to sit on the NEH CCG. This will give patients a voice, ensuring that their healthcare needs are reflected in the commissioning of care by the CCG. It will also explain to patients the decisions and viewpoint of the CCG.
- Help to research and report on patient needs and experience of care.
- Promote good health and higher levels of health literacy in the area, especially through preventive medicine.

### 6.0 Any Other Business

None

### 7.0 Decisions made at this meeting

The nomination and election of the CCG Representative and Deputy. The nomination and election of the Group Chairman and Secretary. The agreement of the Terms of Reference. The agreement on the Term of office agreed as 12 months.

### 8.0 Date of Next Meeting

The next meeting will be on 21<sup>st</sup> March

Future Meeting Dates: 18<sup>th</sup> April, 16<sup>th</sup> May, 20<sup>th</sup> June

The meeting Closed