

**Farnham, Hart, Rushmore PPG**  
**Minutes of meeting held on January 16<sup>th</sup> 2013**

Present: Wolfgang Hamann (Fleet Medical Centre), Olive Fairbairn (CCG GP), Chandra Mc Gowan (CCG Lay Member), Donald Hepburn (Richmond Surgery), Christine Pointer (Holly Tree Surgery), Ian MacDonald (Downing Street Surgery), Harry Baker (O'Donnell Surgery), Peter Smith (Border Practice), Ian Scott (Milestone Practice), Jane Campbell (Branksomewood Rd Practice), Duncan Peacock (Monteagle Yately, Audrey Goodale (Alexander House), Anne Strong (Hartley Corner), Brian Jupp ( Jenner House), Rob Mellor (Giffard Drive), F Green (Princess Garden Surgery), Robert Jones (Holltree Surgery), John Debenham (Milestone Surgery)

1. Apologies: John Baxter, Robert Davis, Colin Masters, Ron Baker, Frank Rust

2. Approval of minutes

3. Report from CCG: Seasonal winter pressures on beds are a problem at Frimley Park. There are problems with the new A&E. There are high levels of non-elective admissions. The Social services cannot take patients over fast enough.

Comments were made about closed wards at Frimley Park, that the patient's lounge has been closed and that discharges are often delayed because TTOs had not been signed in good time. **Action: report of comments to CCG**

Debbie Fleming replied to John Debenham's letter about a perceived shortage of GPs in Fleet that this was not her problem. The CCG will look into this question. Fleet has not been benchmarked.

A request has been made that a PPG representative should be present during the decisions on commissioning intentions for the year 2014/15.

A comment was made that members of the committee should not be minute takers at the same time, because of their attention will be split between participation and note taking.

4. Introduction by Chandra McGowan, Lay member of CCG: Her appointment is for three days per calendar month. Her brief is to make sure that the view of patients and the public is heard at the CCG. A lot needs to be done to establish a mechanism. She thinks that it will be important for her to be present at FHR PPG meetings. She was invited to attend as many of our meetings as possible.

CV: C McG has lived in Farnham for 25 years. She has two children and was born in Basingstoke. She gained experience in strategic decision making at West Surrey as a member of the commissioning team. She has worked both in the Dept of Health and Dept. of Social Security (Hants. with older people)

During the last 2 years she has been Director of the Charity Enham, which provided her with understanding of the providers perspectives.

Her plans of how to access the views of all population subgroups include targeting the Young, Health watch, Voluntary Groups, Faith groups, Neighbourhood watch etc.

At this point in time, there is no budget for the Lay member.

In the future the lay member and the FHRPPG representative at the CCG will work closely together.

5. Members of the PEG visited Frimley Park to learn about their information gathering procedures from the statistician Suzanne van Hoek. A useful diagram was provided showing the often loose connections between the various organisations and groups existing to establish facts and figures.

Frimley Park publishes many of their statistics on the net. These are available to the PPG. Another set of data is sent to the CCG and can be accessed by the PPG only by permission of the CCG.

A member of PEG visited the district nurse in charge of diabetes care. Diabetes care in the community focuses on type 1 diabetes. A list of possible improvements of this service was obtained and are at the moment being investigated as to the possibility of a PPG initiative in this area.

6. Restricted procedures: Present Guidelines stipulate that procedures to be performed must be clinically helpful.

There are 3 groups restricted procedures:

- a.) completely excluded, but a clinician can apply to a panel for special permission (e.g. cosmetic surgery)
- b.) Restricted: skin lesion, cataracts and tonsillectomies (at least 7 documented episodes of tonsillitis)
- c.) Clinical variations: procedures not to be undertaken in excessive numbers (e.g. hip and knee replacements and hernias)

7. Frank Rust has not yet met his contact to be informed about changes in the organisation of transport to the hospital. He will report at the next meeting. A comment was made that in future individual clinics have to book transport for the next appointment.

8. Fleet doctors: see point 3

9. The extraordinary meeting with Southern Health on community nursing did not respond to questions raised in Dr Higgins' paper. There was no clear outcome. The Lay member will take this problem up at the CCG also

**Action: Donald Hepburn to report at CCG meeting**

10. AOB :

a.) The lay member will look into "further money for better care Quality premium" in the 2013/14 budget

There are 4 national priorities

- a. Reducing potential years of life lost
- b. Avoidable emergency admissions
- c. Improving hospital experience
- d. Reducing hospital infection

Local quality indicators are

- a. reducing alcohol related liver disease
- b. proportion of people needed to manage long term care.
- c. Getting the patient involved before hip replacements
- d. Diabetes, number of people who have received 9 key investigations

b.) Four names for the CCG are under discussion

- a. Hants and Border Clinical Care Group
- b. Hants and Surrey Partnership

- c. Hants and Surrey Edges
- d. Hants and Surrey & Berkshire Borders

Whatever name was chosen, the LHR PPG should adopt the same name.

c.) Largely male nursing staff is in attendance at the Frimley Park MRI unit. This does sometimes cause embarrassment to female patients. **Action: Chairman will write to Andrew Morris.**

The meeting closed at 2040h. The next meeting is scheduled for Feb 27<sup>th</sup>.

W Hamann 20.1.2013