

**Chrisp Street Health Centre**  
**Patient Participation Group Meeting Minutes held on 13<sup>th</sup> January 2015**  
**18:00 – 19:40 hours**

**1. Introductions & Welcome**

Chair & Minutes – Simon Robinson, Practice Manager  
 Apologies – Kina Avebury, Oliver Lynton, Dr Khwaja, Dr Smailes  
 All present introduced themselves.

Name / Role		
Bill Colverson, Patient	Lilian Leonard, Patient	Paul Pierre-Louis, Patient
Mary Barclay, Patient	Terry Ellis, Patient	Maria Razack, Patient
Anthony Murphy, Patient	Dr Kambiz Boomla, GP	
Julia Longbottom, Patient	Ripa Begum, Reception	

**2. Data Sharing**

Dr Boomla gave a presentation about electronic record sharing and reporting arrangements. Slides are included as Appendix 1.

Data Type	What Is It?	Opt In or Out	Who Can Access	Current Position	PPG Comments
<b>Summary Care Record</b>	Very cut down summary of the patient record, including medication and allergies available to other NHS organisations	Patient Opts Out of data being shared	When a patient attends A&E, staff ask for consent to view the patient record (for short duration only). There is the possibility for staff to override this, e.g. patient is unconscious	This national initiative is now <b>LIVE</b>	Concern about who may look at the data. (However access to data is fully auditable)
<b>NHS Care.data</b>	“pseudo-anonymised” data about the patients medical record. The model hides the identity of the patient and must be retained in a secure environment	Patient Opts Out of data being shared	The NHS Health & Social Care Information Centre  Initially ran into problems due to concerns that data could be sold on to third parties	Concerns last year that the public had not received enough info stalled the project. A new model is being piloted under scrutiny and is reporting directly to Parliament.	Concerns that 3 <sup>rd</sup> parties may buy the data. Also individual patients could be identifiable by their postcodes. Dr Boomla noted that postcodes are used to help match datasets only and are removed before onwardly used.  However PPG would prefer to see opt in system, rather than opt out.

Data Type	What Is It?	Opt In or Out	Who Can Access	Current Position	PPG Comments
<b>Local data sharing arrangements</b>	Sharing of all/part of the medical record. Used in instances where data sharing felt helpful. For example, palliative care arrangements or Crisis Plans for the frail and elderly to help reduce hospital admissions	Patients opt in to data being shared	Out of Hours, Community Nurses, Health Visitors etc. Also Social Care	Live	Some PPG members had received letters about this
<b>Clinical Effectiveness Group (CEG) at Queen Mary University of London</b>	Anonymised data is collected from 3 boroughs including Tower Hamlets. Data has shown excellent results in diabetes and childhood imms. It has also shown that in a deprived area like Tower Hamlets GPs do 33% more work than the national average, e.g. patients being seen more often.	Not required because anonymised	CEG for local audits. A data sharing agreement is in place with Practices and the CCG	Ongoing	None specified

Other points: -

Caldicott guidelines about sharing have been updated to include a significant addition: - the duty to share data is sometimes as important as keeping it confidential, e.g. Child safeguarding to prevent cases like Victoria Columbie & Baby P. There is sometimes a balance to be struck

Any data that leaves the Practice flows through a secure NHS.net connection to the main NHS data processing centre office in Leeds. Practice Data is then matched to the NHS No, Sex & Date of Birth.

Once it is matched is either NOT anonymised (for Summary Care Record) psuedoanonymised (truncated) for NHS Care Data.

Our web site should be updated and improved in respect to data sharing advice for patients.

Dr Boomla was thanked. The group enjoyed the presentation. There were some comments that the dangers of data sharing could have been emphasised more. The situation in regards to the national picture is fairly fluid.

### 3. Setting Priorities

The Group reviewed this year’s feedback from various sources including surveys and NHS Choices. We are required to identify 3 priorities for the year ahead. The following action plan was agreed for 15-16. The PPG would help by setting up a Monday walking group through Lilian Leonard and forwarding information about the current Shisha campaign. Bill suggested we apply for a “Can-Do” grant and Terry suggested a Health Promotion Quiz in one of the upcoming newsletters.

#### PPG ACTION PLAN FOR 2015/16 (part of 14-15 DES requirements)

Action	Detail
<p><b>i) Continuation to improve phone answering – comes from ongoing satisfaction scores for phone answering from F&amp;F Test, currently 63%</b></p>	<p>Maintain lower number of complaints down, but improve satisfaction scores to at least 70%+ this year            Recruit new apprentice from February to work on Reception            Get more patients signed up for online access            Increase Pharmacy First referrals, so patients can see pharmacist for minor ailments, reducing demand</p>
<p><b>ii) Initiatives to Improving Health Promotion – comes out of the diabetes survey we did where lots of patients expressed a need for help with diet &amp; exercise. Also comment on the young peoples survey about getting more articles in the newsletter.</b></p>	<p>Work closely with Poplar Network around health eating and exercise initiatives, e.g. increasing referrals for the Fit for Sport programme; also ensure patients have the opportunity to participate in health promotion workshops and the practice and in the community.            Lilian to lead walking group setting off from CSHC weekly on Mondays            Improve attendance for Retinal Screening at Mile End.            Apply for a “Can Do” grant to support this            Getting more Health Promotional material in our newsletter and on the website and a young people’s section. THINK to provide article on Shisha pipes and link to youtube video for our web site. Terry proposed a health quiz in one of our newsletters</p>
<p><b>iii) Access &amp; Appointments</b></p>	<p>Continue with text messaging reminders – once bug fixed!            Reception to phone patients who are most likely to DNA            Ensure reason is obtained for appointments so people are directed appropriately            Review possibilities for online consultations (likely to be part of wider CCG plan)            Encourage routine appointments with own GP which may decrease waiting times when waiting to be called in – no need to explain your problem all over again with someone new!</p>

#### **4. Any other business**

The Group had been sent the latest newsletter prior to the meeting. Some members were sorry to hear that Dr Rawesh would not be returning to the Practice following her recent spell on maternity leave.

The Group were shown the Friends & Family survey and encouraged to complete this.

The Group were asked if some members could support the Practice by coming along to meet the CQC Inspection Team (when the time for our visit arises). Some members would try to may themselves available.

2015 meeting dates were set as follows:

- 24 March – early in order to finalise PPG annual report for NHS

- 14 July

- 13 October

- 12 January