

## **CLARENDON LODGE PATIENTS PARTICIPATION GROUP**

### **MINUTES OF MEETING 10/12/13**

**Present:** Michael Pearson(Chair), Martin Merson, Anthony Cox, Bridget Winn, John Pickering, Ann James

**Apologies:** Sally Jury, Maureen Hirsch, Sam Grover.

Bridget agreed to take notes of the meeting

### **Minutes of last meeting and matters arising**

Anthony had sent members the information on avoiding waste concerning prescribed medication. Latest e bulletin from NAPP sent out by Michael. The confidentiality issue was followed up by Stephen and Michael. It is up to the Practice to decide whether to introduce a confidentiality agreement for PPG members.

Anthony reported that the newsletter was on target for January. Michael and Stephen had submitted some useful information. Emma will provide a short perspective on the reception side of the Practice.

The minutes were agreed.

### **Meetings attended by members**

Michael reported that he had met with Alison of Boots Pharmacy and had obtained a list of services available to the public from all pharmacies. He will now visit other local pharmacies to check their services before issuing the list to members for comment. He noted that the latest e bulletin from NAPP described how the government is anxious that pharmacies play a wider role in primary care and help relieve the burden on GPs.

Michael and Bridget had attended the HealthWatch meeting run by young people who presented their own views on using primary care services

The next meeting of the CCG Patients group will be the 11<sup>th</sup> December. John, Ann and Bridget expressed an interest in attending future meetings in order to look at the wider role of PPGs in contributing to the decision making in commissioning health services.

### **AOB and dates of next meetings**

Stephen had requested that the group discuss the list closure application that is being considered by the Practice. He also requested some input into the Patient Questionnaire that will be going out to a range of patients in 2014.

Michael agreed that these topics will be discussed after the main business.

## Date of next meetings

**21 January 2014**

**18 or 25 February 2014 ( to be agreed at next meeting)**

**25 March 2014**

## Review of activities during 2013 and planning for 2014

- i. The Constitution – this was successfully developed during the early part of 2013 and has worked well in underpinning the group's activities. The next meeting (the AGM) will provide an opportunity to review the document.
- ii. The Website Page – this has been another success and ensures that the patients can easily access the PPG minutes, obtain information about the PPG and apply to join the group if they so wish.
- iii. Reception area survey – almost all of the recommendations were implemented by the Practice and the group expressed their thanks for this. The handrail to enable people to safely access the first floor waiting room is now in place. It was not considered necessary to repeat the survey in the near future unless circumstances change or the 2014 questionnaire raises reception issues.
- iv. Recruitment to the PRG – Over 24 patients had now applied to join the PRG e mail group. Difficulty has arisen with Kate retiring from the group as she was co-ordinating the list. It is hoped to resolve this problem early in the New Year and to develop an effective feedback system for the PRG to assist and inform the practice of patient issues . Stephen has suggested an approach to the Lillington Mother and Baby clinic with a view to recruiting young mothers. Michael to follow this up in the New Year.
- v. Children's project – This is going well and will continue into 2014
- vi. Buddy PPG Groups – It is hoped to develop closer links with neighbouring PPGs during 2014. Stephen has been approached by Sherbourne Practice concerning this issue. Michael to follow this up at the CCG Patients Meetings
- vii. Invited guests – Michael asked the groups views on whether they would like to continue with inviting guest speakers to the PPG meetings. All felt that this was a positive move but would like local providers to be invited. Mental health services, Addiction services, End of life and residential care for instance. All felt that the presentation by Sam Day, the community liaison nurse, was of great interest and would like her to be invited back at some stage.

viii. Local seminars – If effective liaison is developed with neighbouring PPGs then it may be possible to offer a local conference on the health issues affecting the NE Leamington area with a view to health education and prevention.

### **Practice issues**

#### **The Patient Questionnaire 2014**

The group felt that the main issue now with the questionnaire was one of length. After two years of patient feedback the main issues of concern are now well known and these need to be highlighted. It was felt that the opportunity for patients to comment freely on the question topics were really helpful rather than a yes/no or scaled answer although it was appreciated that this method would be timeconsuming to analyse. However the group expressed a willingness to assist in this.

It was noted that a neighbouring practice had condensed the questions into two sides of A4 which might be a consideration. There did not appear to be any requirements laid down about the type of questions that could be asked. The main requirement was that the questionnaire reached a wide range of patients in terms of age, gender, ethnicity etc.

If a new, shorter style questionnaire was acceptable then John said that he was willing to assist in the design of this. Otherwise the group was quite happy to comment on and assist with any questionnaire developed by Stephen.

#### **Closure of the Patient List.**

As the Practice are considering applying to close their list to new patients next year, the group was asked for their views. There was a considered debate on this issue. The group was broadly in favour of the move but did have some serious reservations.

It was accepted that the current list size of 12690 was putting a great strain on the Practice. The PPG has already been involved in attempting to highlight the problems with the LAT but without success. John had also attended a meeting concerning the search for new premises and felt that the report of this meeting this would help the debate. He would like to discuss this report at a future meeting.

The PPG accepts that the current building is inadequate for a modern primary care practice and is now incapable of any further expansion. The GPs and Practice staff are operating in cramped and difficult conditions and it does them great credit that despite this they can still offer an excellent level of service. However the group recognised that this does come at a price and are well aware of the level of stress caused by constantly striving to maintain standards within an unhelpful physical environment.

However the group is aware that applying to close the list to address the above problems could raise even more difficult issues.

- i. The government is determined that patient's choice is paramount and are to allow patients from outside of practice boundaries to join whichever surgery they choose. Closing a list would be counter to this policy.
- ii. Families registered with the practice may have extra family members joining them and will wish them to be registered with the family Practice
- iii. It may be necessary to have an appeals process for those patients refused registration and this would be very time consuming
- iv. Neighbouring practices may come under strain because of the list closure
- v. The CCG is unlikely to support such a move given the emphasis on patient choice nationally.

It is accepted that the Practice is between a rock and a hard place. Having worked hard to provide an excellent service in difficult conditions and having been forced to drop its service to patients outside of its boundary, numbers are rising again. There is a great concern within the PPG that if numbers reach 13000 again then the quality of service will decline.

Whilst understanding why the Practice may wish to consider closing its list, the PPG would appreciate understanding some of the detailed reasoning behind the move and whether the above points have been raised and addressed.

Michael will follow this up with Stephen so that the PPG can further debate this serious issue at the next meeting.

### **And finally...**

The PPG was formed around one year ago and has achieved a considerable amount in a short space of time. However none of this would have been possible without the continuous support of the Practice. The PPG requested that the Chair, Michael Pearson, write to Dr Fullbrook on their behalf expressing their appreciation.

### **REMINDER    ***NEXT MEETING:- TUESDAY 21 JANUARY*****

***This will be the AGM and an opportunity to review the Constitution.***

### **Abbreviations**

**CCG – Clinical Commissioning Group**

**LAT – Local Area Team NHS ( England)**

**PPG – Patients Participation Group**

**PRG – Patients Reference Group – a virtual group providing feedback to the PPG.**