

Clarendon Lodge Patients Group
Notes of meeting of 12/3/13

Present: Sally Jury Maureen Hirsch Michael Pearson Sam Grover Gerald Haseldine Martin Merson Emma Hadden Ann James Rebecca Alsop Stephen Gallagher John Fullbrook Kate Sayer, Bridgit Winn.

Apols: Anthony Cox Brian Gould Saskia Sutton.

1. Introductions: Rebecca Alsop introduced to Group as newish GP who is interested in participating.

Later Tom Harper was introduced briefly - one of the Practice GPs who will be involved in our next meeting.

2. News: Michael mentioned the NHS Change Day being celebrated today, including a celebration in Leamington itself, including various activities in the Royal Priors.

3. Meetings: There is a CCG Patients' Group meeting tomorrow (13/3/13) in Stratford. Maureen Hirsch will be attending that meeting.

Michael suggested that the structure of the agenda would be changed somewhat to allow for the inclusion of CCG (Clinical Contracting Group) matters in our meetings.

4. Constitution: This had been presented for discussion by the Group, then taken to the Practice and then back to the Group for final approval. There was one matter still to be settled: the possible inclusion of members of this Group in recruitment interviews. Tonight John Fullbrook told us that this had been found acceptable by the Practice with various safeguards and

considerations. We will all have to be sensitive and considerate in approaching this until it is clear what feels right. It was agreed to sign off the constitution now as considered.

4a. Attendance from the Practice at Patients Group meetings: It was agreed that for the moment the Patients' Group will meet generally once a month, but that the Practice will be officially attending every second meeting. This would not always be the same person. It may be that one of the doctors with a special interest which they want to discuss with the group would attend instead of John Fullbrook, for example.

Emma Haddon will attend most meetings, following up her work as the Secretary to the Group as it was forming.

John Fullbrook said that the Practice was really pleased that the Group is now up and running and realise that the Group will be useful in many ways to the Practice and look forward to an important relationship with us.

5. Website development. Discussion of how to proceed. Emphasis to be external or internal? Sam, at the moment, supported developing a website for the Group quite separately from the Practice website. It could be easier to manage our website and add and remove material. Stephen and John pointed out the possible advantages of appearing directly under the umbrella of the Practice: some endorsement by the inclusion. Further thought on this to be part of all the Group's members for the next meeting.

6. Telephone System: Practice willing to give up 084 system, though various other possibilities all have problems of their own. For example, if we revert back to 01926 then can only have 16 queueing at any one time, which would necessitate more phoning back. Stephen will do some more work on this and try whittling options down to 2 and then bring it back to the Group. Stephen is liaising with Bridgit Winn from the Patients' Group on this.

It was emphasised that the Practice does not and has not made money on the 084 option and this has never been a consideration.

8. Patient Questionnaire analysis. Gerald had carried out some analysis of the responses and this had been made available to the Group and the Practice to consider initially. The Practice is working towards the development of an Action Plan, using the responses and also using the Patient Group to assist.

Main concerns in Questionnaire were to do with the Phone/Appointments system. The Action Plan will work to meet the problems identified with these two areas.

Another area highlighted by responses to the Questionnaire was the physical environment of the waiting rooms and the rest of the building on public view. The Practice has agreed that one or two of the Group will be welcome to come in and observe the environment in its

entirety and make some recommendations for change. Sally and Gerald volunteered to begin this work. Obviously the Practice has been trying to solve the problems of access for those patients with difficulty in getting up and down stairs for several years already. They have attempted to get other premises but with no success. Suggestions for change should recognise these attempts. Not every problem with the building has a solution.

9. Communication with members without computers.

Sally J reported on her progress approaching one Sheltered Accommodation locally. The warden was very receptive to any method of facilitating the residents contact with the CLMP's Patient Group and their possible participation in the activities of our group. This seemed a good model to follow up with other similar residences. Perhaps some other members could help out in that way? Michael suggested that we as a group could help the Practice by putting in some legwork on this. The Practice has a high number of patients in housing for older people, so this work is important.

10.Thanks to Sally for this work and to Gerald for his work on analysing the responses to the Questionnaire and also to Sam for his thinking around the website. Thanks too, in anticipation, to Bridgit for her work on the phone system.

11. Date of next meeting: Tuesday 23rd April at 6.15 pm.
Finish:7.45 Among other items we will have a contribution about the work of CCGs from Faheem Sheikh, of the local CCG and Tom Harper will talk about the work he has been doing around making changes/improvements to the appointment system.