

CLARENDON LODGE PATIENTS PARTICIPATION GROUP

MINUTES OF MEETING 24/09/13

Present: Michael Pearson (Chair), Sally Jury, John Pickering, Bridget Winn, Anthony Cox, Maureen Hirsch, Martin Merson, Ann James, Stephen Gallagher (Practice Manager), Adrian Parsons (GP)

Guest:- Charles Goody - Clinical Commissioning Group Board Member

Apologies: Emma Hadden, Sam Grover, Kate Sayer

The chair asked for a volunteer to take notes in the absence of a secretary. The previous secretary Brian Gould had resigned in order to pursue his other interests. Bridget agreed to take notes. The chair reminded the group that he would be away for the next meeting and a chair and notetaker would be required. After some discussion John agreed to introduce the speakers at the next meeting and Anthony would take notes.

Minutes of last meeting and matters arising

As there were no matters arising from the minutes these were approved.

AOB and meeting dates

Stephen requested that an item on staffing issues be included in this meeting. This was agreed by the Chair.

December meeting date was set for Tuesday 12th

Meetings attended by membership

No formal meetings had been attended as the CCG Patients meeting for September had been cancelled. Stephen had met with the Chair and Anthony on separate occasions in September to discuss PPG business.

Work Planning

- New Premises – John reported no progress on this issue. The chair expressed disappointment that the report he had sent to the Local Area Team (NHS England) had not had a response after 8 weeks. John and Michael agreed to join a meeting at the Practice on Monday concerning new premises. However Stephen felt it unlikely that any progress would be made on this issue.
- Website page – This was now working well with minutes of PPG meeting available and suitable links to other sites such as the CCG. Maureen requested that the page be checked for any spelling mistakes. Stephen felt that everything was OK but would recheck. This project can now be removed from the work plan. Sam will maintain an oversight.

- Reception Areas report - The handrail was due to be fitted shortly and as this was the last item to be implemented it was agreed that this project be removed from the work plan. The Chair thanked the Practice for their work in implementing the issues highlighted in the PPG report.
- Children's project- Bridget gave an update on this. She had been in touch with Healthwatch UK and had obtained useful information re surveying younger patients. A questionnaire designed by Healthwatch was distributed to the group and an agreement made to use this with Clarendon Lodge young patients. It was felt that the questionnaire should be aimed at 13 to 18 year olds. Bridget to pursue this with Healthwatch.
- Recruitment to PRG – The chair reported that 13 members had been recruited to the reference group and that Kate had set up (assisted by Sam) an email account for contact. These members have received an initial message from the chair welcoming them to the group. It was felt that the flu clinics would be a good opportunity to recruit more members.
- Newsletter – Anthony introduced this item and referred members to his paper outlining some ideas. It was agreed to aim at a quarterly edition and to attempt to get the first one out in October. The newsletter would be sent to all Patient Group members, be included on the website and to be available in hard copy at the practice for patients to view. The chair and Anthony to meet to firm up on the ideas. Anthony will approach Sam to see if he is willing to help out on the technical issues. There was a discussion on the title of the newsletter. Ann felt that we should not use acronyms. Anthony to consider this and research some ideas.

Practice News

Stephen stated that the new appointment system seemed to be working well from a Practice perspective. It would only be when the results of the forthcoming patient questionnaire were analysed would they be able to determine how the patients have responded to it. Using a GP to talk to patients requesting appointments is resulting in only one patient in five requiring to see a GP thus freeing up valuable professional time.

The annual patient questionnaire is due soon and Stephen requested that group members send him any ideas about what needed to be included. It was agreed that a shorter form was desirable concentrating on current issues for patients. Stephen to produce a draft for members consideration.

Care Quality Commission – Stephen reported that inspections of GP premises in Warwickshire was well underway and they were expecting to be inspected very soon. The CQC would be likely to interview the chair of the PPG as part of the inspection. All inspection reports would be made public. Chair to email members to ask if anyone able to deputise for him if he is on holiday during an inspection.

Staffing issues – Stephen reported that Dr Colliver was leaving to take up another post. Also Dr Chan would be on extended sick leave for about 6 months. It was not intended to recruit any other GPs at present as currently two excellent GP registrars are working at the Practice.

South Warwickshire Clinical Commissioning Group

The Chair introduced Charles Goody – lay member of the CCG.

Charles described the role of the CCG and how it fitted into the wider NHS framework. He made it clear that the CCG was concerned with the commissioning of secondary care services whereas NHS (England) through the Local Area teams were responsible for commissioning Primary care including GP practices, dentists and pharmacists plus some specialist services such as audiology and cancer care. Of the total budget allocated to South Warwickshire the CCG had responsibility for 75% with the LAT having control of the rest.

There was a discussion on the patient voice and Charles stated that the CCG take this very seriously with the chairs of the PPGs being invited to attend the CCG Patients Involvement meetings on a monthly basis. The CCG was developing its commissioning intentions for next year and both GP groups and Patient groups were included in this process.

Some concern was expressed by members about the “privatisation” of services. Both Charles and Dr Parsons stated that the rules governing the commissioning of services were very strict with clear criteria about quality and efficiency. There was no question of services being commissioned on the criteria of a cheap deal.

Although the group were pleased to hear about the CCGs commitment to involving the patient it was less clear that the LATs had the same intention.

Charles stressed that quality and efficiency of hospital services , namely Warwick , were a CCG priority and described how Warwick Hospital services had improved considerably following the introduction a new management team.

The Chair thanked Charles for his talk and closed the meeting at 7.45pm.

Date of next meeting- Tuesday 22 October at 6.15 pm

Next proposed dates- 19th November and 10th December 2013

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.