

CLARENDON LODGE PATIENTS PARTICIPATION GROUP

NOTES OF MEETING 08/04/14

Present: Michael Pearson (Chair), Martin Merson, Maureen Hirsch, John Pickering, Ann James, Bridget Winn, Sam Grover, Emma Haddon (Reception Manager), Dr John Fullbrook (Senior Partner), Marcia Davis, Jean Quinn, Martin Blows, Anna Pollert.

Visitor:- Barry Franklin - Chair of Whitnash PPG

Apologies: Ron Buyers, Anthony Cox, Stephen Gallagher (Practice Manager)

Welcome and introductions

Michael welcomed the new members – Marcia, Jean, Martin and Anna to the meeting. He also welcomed Barry from the Whitnash PPG.

Bridget offered to do the notes of the meeting. Michael explained that Stephen was unable to attend as he was carrying out interviews for a Nurse Manager this evening.

Notes of last meeting and matters arising

The data opt out arrangements were discussed. The Practice still needs to be informed through reception if any patient does not wish their medical data to be shared. There will now be a 6 month delay before data is collected. Emma said that they had had very little information to go on regarding patient opt out and had set up a simple system where patient's wishes to opt out were recorded in writing.

As there were no other matters arising the notes were approved.

Meetings attended

Michael reported on his attendance at the NHS Expo conference. There was an interesting seminar on GP appointments systems. Michael has passed the information on to Stephen.

All the main speakers at the conference including Sir David Nicholson and Jeremy Hunt emphasised the governments commitment to patient involvement at all levels.

Michael had attended a Patient Leader workshop this morning in Coventry. This was sponsored by NHS England who were now getting involved in Patient Participation. However overlaps are occurring as the LATs are covering the same ground as the Practice Patients survey in order to look into the quality of GP services.

Some discussion was then held about the CCG Patients meeting. Barry said he had attended two but would not be going again. However, his deputy would be attending. The meetings are becoming too big and difficult to manage. Michael will attend the next meeting (tomorrow) to raise the issue of PPG buddy groups.

AOB and date of next meeting

There was no AOB raised. The next full meeting was set for **Tuesday 17 June**.

Michael suggested that the Patient members should meet on Tuesday **20 May** at the usual time to discuss the next item on the agenda – The Patient Participation Awareness week sponsored by the National Association of Patient Participation Groups of which we are a member. Anne and Bridget would be unable to attend but other members were willing to contribute. Emma said she would be interested in attending.

Patient Awareness Week

This was to be held between the 2nd and 7th of June. This is an annual event whereby PPGs nationally are urged to raise the profile of patient involvement. It is hoped that this year the Practice will be able to participate in some form or other. This will be discussed on 20 May. Michael to circulate some ideas before the meeting. **Action:- Michael**

The Constitution

The amended constitution was subject to a discussion at a previous meeting and various amendments made. The main amendment was to meeting frequency – now 8 meetings per year instead of 12. Dr Fullbrook said that the Practice was willing to commit to 6 meetings per year which was now reflected in the constitution.

There followed a general discussion before the constitution was finally approved.

Work Planning

a. Newsletter

Newsletter 3 now ready for distribution. The article written by the Community Nurse Sam was well received. Anthony had indicated that he would like another 2 articles by Practice staff to go into further newsletters. There was a general discussion about the newsletter. Should it be focussed solely on PPG matters and concentrate less on the Practice staff?

Emma said that the Practice did produce its own newsletter from time to time with much the same information as the PPG newsletter. Although newsletters were useful, patients still did not have a full knowledge of all the services provided, including on line booking. Could the newsletter reach more patients? Emma and John said that patients' emails were not made available outside the secure NHS network, for obvious reasons. Even if patients themselves agreed to let the PPG have their email address for the newsletter, there were

hundreds of patients who hardly ever visited the Practice and it was these patients that had the least information. It was felt that some factual information about number of patients seen and number of extra services provided eg phlebotomy could help counteract the sometimes negative view taken of GP practices. Dr Fullbrook pointed out that he generally worked a 12 hour day and he and his team were totally committed to the best patient care.

Martin was interested in whether there were any comparisons made with other Practices around the number of patients seen daily.

It was felt by the meeting that it would be beneficial if the PPG could find a way of reflecting this commitment of the Practice within future newsletters. Michael to discuss with Anthony

Action:- Michael

b. Children's Project

Emma reported that the young peoples questionnaires designed by Bridget and Stephen were now ready to be distributed.

c. PPG buddy groups

Michael and Barry reported on the difficulty in getting these off the ground. The CCG had offered to help but no results so far. Dr Fullbrook asked if all practices have a PPG. Michael said that he believed so but they seemed to be run in different ways. There was no prescribed right way. Buddy groups could help determining best practice and provide support to new groups or struggling groups. The matter will be pursued with the CCG.

d. Premises issues

John Pickering reported briefly on a meeting he had attended at the Practice concerning the search for new premises. Apparently only a new build would now fit the requirements of the Practice. Given the restructuring of the NHS and the uncertainty of funding new premises it is unlikely that Clarendon Lodge would be offered new premises in the foreseeable future. In its current setting the Practice presents a relatively low cost to the NHS. If the Practice was offered a new build property then the costs to the NHS would treble.

e. Pharmacy Project

Michael stated that this project was on hold as NHS (England) were conducting their own survey locally. Michael reported that all of the local pharmacies had a consulting room for privacy if required but, of course, compared to GPs, their consultations were few and far between. People are being encouraged to make more use of pharmacies for advice etc but there was still an issue with quality, consistency and training in talking to patients.

Practice News

Dr Fullbrook and Emma presented this item. The patients survey results have now been finalised and an action plan developed. The plan has been distributed to the PPG.

The PPG had been consulted and Sam attended a practice meeting on this topic. 500 patients had taken part in the survey which was very pleasing.

Dr Fullbrook outlined the action to be taken by the Practice as a result of the survey, along with the agreed timescales.

The new phone system (local number) is going live on 11th April. The number will be **01926 331401**. Emma was anticipating complaints about getting through due to the change. It may now be a longer wait to have calls answered than before. Only 9 lines available at the surgery. Every effort is being made to reduce the 8am rush.

The surgery will eventually move to opening on the 2nd Saturday of the month, in the morning. This will be pre booked appointments only. Also there was to be a concerted effort to publicise the extended opening hours. The survey showed that many patients were still not aware that they could prebook an evening appointment on certain weekdays.

Dr Fullbrook was concerned about the government's intention to make surgeries open all hours.

Survey showed dissatisfaction with the car parking. Lack of space is a real issue. Patients were advised not to park in the car park if at all possible.

On line service is being promoted as a useful way forward in reducing the 8am problem. Around 3000 patients now registered to use it. Comments about this service had been very positive.

Dr Fullbrook welcomed any help the PPG could provide in ensuring a successful implementation of the action plan.

Government funding for PPGs has now finished and there will be no requirement to continue with the annual patient survey. Stephen has suggested that the PPG may like to conduct its own survey in future with support from the Practice.

Michael to discuss these issues with Stephen.

Action:- Michael

Michael thanked all the members for their attendance and contributions.

The meeting ended at 7.45pm.

Reminders:-

Next meeting 20 May

Full meeting 17 June

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.

NAAP – National Association of Patient Participation Groups.