

## CLARENDON LODGE PATIENTS PARTICIPATION GROUP

### DRAFT

#### MINUTES OF MEETING 21/01/14

**Present:** Michael Pearson (Chair), Martin Merson, Anthony Cox, Bridget Winn, John Pickering, Ann James, Sam Grover, Sally Jury, Stephen Gallagher (Practice Manager) John Fullbrook (Senior Partner GP).

**Apologies:** Maureen Hirsch, Ron Buyers

Bridget agreed to take notes of the meeting

#### Minutes of last meeting and matters arising

Michael had written to Dr Fullbrook as requested by the group.

Michael thanked the Practice for agreeing to renew the NAPP membership for 2014.

The minutes were agreed.

#### Meetings attended by members

Michael had attended the CCG patient group meeting. Minutes of this meeting will be sent out to members. There was a presentation at this meeting by Dr Dhesi of Croft Medical centre on the latest issues concerning Primary Care. Stephen agreed to follow this up at the April meeting with a presentation to the group.

Michael had also met with the Centre Manager at the Lillington Children's Centre. She agreed to encourage patients of Clarendon Lodge attending the Centre to join the PRG.

Michael provided the meeting timetable of the CCG patients group to John P and Ann as they had expressed an interest in attending at some future date.

#### AOB and dates of next meetings

John agreed to lead a discussion on the search for new premises at the next meeting.

#### Date of next meetings

**Tuesday February 25<sup>th</sup> (Apologies from Ann and Margaret)**

**Tuesday April 8<sup>th</sup>**

## **Review of Constitution**

It was agreed to remove the requirement for an AGM and hold an annual review meeting in its place. PRG members would be invited to this meeting.

There was a detailed discussion on the frequency of meetings. Some members felt that meeting monthly was now too much but others felt that this was reasonable. Eventually a compromise was reached whereby the number of meetings in the year would be set between 6 and 12. The meetings would be arranged suit both the Practice and members availability. Michael and Stephen to meet to agree the format **Action:-**

**Michael/Stephen**

Given the probable reduction in meetings it was agreed to remove the requirement for a secretary. A notetaker would fill this role. Bridget agreed to carry out this function.

**Action:- Bridget**

A discussion took place on inviting outside speakers to meetings. It was felt that as the purpose of the group was to enhance the Practice only speakers that could fulfil this purpose should be invited. The group agreed to discuss this subject at the next meeting.

Michael requested that ID badges were made available for members. Bridget agreed to provide suitable holders and Stephen said he would provide the wording.

**Action:- Bridget/Stephen**

Dr Fullbrook said that running a PPG was a new experience for the Practice and that its role as a critical friend was welcome. Also being able to use the PPG and PRG as a sounding board was extremely useful in gaining a patients perspective.

Michael agreed to amend the Constitution and distribute it to members for comment.

**Action:- Michael**

## **Work planning**

### **Newsletter**

The February newsletter has been sent out to all PPG and PRG members. There was some discussion about format and the need to remove webpage links from the hard copies. Also it may be possible to have an A3/A5 version. The introduction of Publisher was also discussed. Anthony and Sam will look into this. Anthony thanked Stephen and Emma for their contributions. Stephen will ask the community nurse, Sam, if she is able to contribute to the next edition.

**Action:- Anthony/Sam/Stephen**

### Patient Participation Group

Michael raised the issue of communicating with this group. There are now nearly 30 members signed up. Sam and Michael will discuss how best to arrange an email account for this purpose. Forwarding application forms from the Practice to Michael is working well.

**Action:- Michael/Sam**

### PPG Buddy Groups

Michael reported on the difficulty of getting this going despite an approach from a neighbouring practice. He had raised the issue at the CCG Patients meeting and a sub group was set up. Unfortunately this appears to have foundered. Michael will pursue this matter and report to the next meeting.

**Action:- Michael**

### **Practice News**

Stephen reported that two reception staff have recently left the Practice. Interviews will be held very soon for replacements.

The admin team has also undergone various changes with 3 new members including two clerks and a medical secretary.

Recently the Practice had been successful in bidding to provide enhanced medical services to five local nursing homes. This service has been commissioned by the CCG. Residents of these nursing homes will still be able to have a choice of GP but the enhanced service will only be provided to those residents signed on to Clarendon Lodge.

Stephen would like the Patient Questionnaire to go out next month. He will distribute a draft to the PPG for comment. There was a discussion on whether patients' experiences of referred on services should be part of the questionnaire. Although not directly concerned with the practice this would be useful information for the CCG.

**Action:- Stephen**

Mention was made of the national questionnaire sent out by the NHS. Stephen will send a link to members.

A young person's questionnaire was being developed by the PPG and the Practice. This was nearly ready for distribution. Bridget to liaise with Stephen

**Action:-**

**Bridget**

Stephen and Dr Fullbrook discussed the issue of possible list closure with the Group. Stephen answered the points raised at the last meeting. Dr Fulbrook said that there were at least six applications a day from people anxious to register with Clarendon Lodge. Internal transfer requests were also mounting up. Major problem of capacity and grave concern that if the list continued to grow patient care may be affected. Both Dr Fullbrook and Stephen expressed the view that any application for list closure would not automatically be accepted. The local area team (LAT) responsible for commissioning primary care services may suggest a reduction in enhanced services in order to free up capacity to manage any increase in patient numbers. Any reduction in enhanced services like minor surgery and phlebotomy would result in an increase number of patients requiring these services from secondary care.

It was mentioned that some other nearby practices had considerable capacity and that there was an imbalance in the system. Currently 12700 patients are registered at Clarendon Lodge.

The group agreed to further discuss this possibly intractable problem at the next meeting

Meeting closed at 7.45pm

**REMINDER    *NEXT MEETING:- TUESDAY 25 February***

**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.**